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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: Solid Axle Corvette Club Inc. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 5045 Fruitville Rd 161. City or town, state or country, and ZIP + 4: Sarasota, FL 34232

D Employer identification number: 93-1153679. E Telephone number: (941) 377-1040. F Group Exemption Number

G Accounting method: Accrual. I Website: www.solidaxle.org. J Tax-Exempt status: 501(c)(3)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 38,706 | 22 | 60,820 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 6,014 | 24 | 5,488 |
| 25 Total assets | 44,720 | 25 | 66,308 |
| 26 Total liabilities (describe in Schedule O) | 11,596 | 26 | 26,812 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 33,124 | 27 | 39,496 |

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

The preservation and enjoyment of the 1953-1962 Chevrolet Corvette

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| | | |
|---|------------|--------|
| 28 Printed and mailed a quarterly newsletter with relevant and technical article, supported various events including a National Convention and local Chapter meets, maintained a website including a technical FAQ section (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 38,609 |
| 29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 38,609 |

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Yes No

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

33 No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34 No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35a No

b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)

35b No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36 No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a

b Did the organization file Form 1120-POL for this year?

37b No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a No

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9

39a 0

b Gross receipts, included on line 9, for public use of club facilities

39b 0

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b No

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40e No

41 List the states with which a copy of this return is filed

42a The organization's books are in care of William D Herron CPA Telephone no (941) 377-1040 Located at 5045 Fruitville Rd 161 Sarasota, FL ZIP +4 34232

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b No

If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country

42c No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43

44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.

44a No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b No

c Did the organization receive any payments for indoor tanning services during the year?

44c No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d No

Yes No

Table with 3 columns: Question number, Question text, Yes, No. Rows 45, 45a, 46.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question number, Question text, Yes, No. Rows 47, 48, 49a, 49b.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here section with fields for Signature of officer, Date, and Type or print name and title.

Paid Preparer's Use Only section with fields for Preparer's signature, Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name, address, and ZIP + 4, EIN, and Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Additional Data

Software ID:
Software Version:
EIN: 93-1153679
Name: Solid Axle Corvette Club Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|---|---|--|---|
| Max Brockhouse 215 Cedar Dr Chapin, IL 62628 | President 1 00 | 0 | | |
| Brad Bean 12 Place De La Fontaine Miramar Beach, FL 32550 | Vice President 1 00 | 0 | | |
| Lucy Badenhoop PO Box 2288 North Highlands, CA 95660 | Charter Manager 1 00 | 0 | | |
| William D Herron 5033 Bunyan St Sarasota, FL 34232 | Treasurer 1 00 | 0 | | |
| Bruce Fuhrman 2264 Glenbrook Ave Camarillo, CA 93010 | Secretary 1 00 | 0 | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
Solid Axle Corvette Club Inc

Employer identification number

93-1153679

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | Part I Line 8 Other Income Advertising Sales 200 Natl Convention profit 785 Total - Line 8 985 Part I Line 16 Other Expenses Advertising 552 Bank Charges 59 Conferences & Meetings 865 Database Mgmt 2000 Insurance 2771 ISP & Website Fees 288 Licenses & Fees 50 Travel 2640 Total - Line 16 9225 Part II Line 24 Other Assets Beginning of Yr Advance to Local Chapters 1500 Inventory 4514 Total - Line 24A 6014 Part II Line 24 Other Assets End of Yr Advance to Local Chapters 975 Inventory 4513 Total - Line 24B 5488 Part II Line 26 Other Liabilities Beginning of Yr Prepaid Membership Dues 11596 Total - Line 26A 11596 Part II Line 26 Other Liabilities End of Yr Prepaid Membership Dues 26812 Total - Line 26B 26812 |