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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 private foundations)

OMB No 1545-1150

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

A For the 2016 calendar year, or tax year beginning 2016, and ending 20

B Check if applicable

- Address change
- Name change
- Initial return
- Final 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) **Po Box 2288** Room/suite  
 City or town, state or province, country, and ZIP or foreign postal code **North Highlands CA 95660**

D Employer identification number **93-1153679**

E Telephone number **916-216-7040**

F Group Exemption Number **2**

G Accounting Method  Cash  Accrual Other (specify) **2**

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

I Website **2**

J Tax-exempt status (check only one) —  501(c)(3)  501(c) **(7)** (insert no)  4947(a)(1) or  527

K Form of organization  Corporation  Trust  Association  Other

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, 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 (see the instructions for Part I) 2**

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

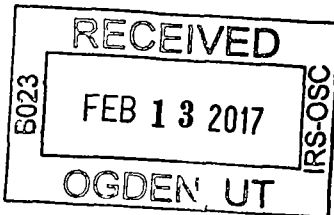
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	17,433.7
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	40,853.08
	4	Investment income	4	1513.1
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	42,611.76
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe in Schedule O)	16	45,269.44	
17	Total expenses Add lines 10 through 16	17		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,657.68	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	33,735.00	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	31,076.51	

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For Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

Form 990-EZ (2016)



**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	66,810	64,743
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	66,810	64,743
26 Total liabilities (describe in Schedule O)	33,076	33,166
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,734	31,577

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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, optional for others)

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28		
29	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 31a
32	Total program service expenses (add lines 28a through 31a)	32

**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LUCY BADENHOOP TREASURER	0	0	0	0
MAX BROCKHOUSE PRESIDENT	0	0	0	0
BRADLEY BEAN VICE PRES	0	0	0	0
BRUCE FUHRMAN SECRETARY	0	0	0	0
KEN AMRICK EDITOR	0	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b N/A"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a 0"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b 0"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text" value="NA"/> , section 4912 <input type="text" value="NA"/> , section 4955 <input type="text" value="NA"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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		
41	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
42a	The organization's books are in care of <input type="text" value="LUCY BADENHOOP"/> Telephone no <input type="text" value="916-216-7040"/> Located at <input type="text" value="PO Box 2288 W. HIGHLANDS CA"/> ZIP + 4 <input type="text" value="95660"/>		
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)? If "Yes," enter the name of the foreign country <input type="text"/>		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>		X
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 <input type="text" value="43 NA NA"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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 title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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 business address of each independent contractor, (b) Type of service, (c) Compensation

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 must attach a completed Schedule A

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: Signature of officer: Lucy Badenhoop, Date: 8 FEB 2017, Type or print name and title: Lucy Badenhoop, TREASURER

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2016

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Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Solid Axle Corvette Club, Inc

Employer identification number

93-1153679

FORM 990-EZ Additional DBAS

PO Box 2288

North Highlands CA 95660

FORM 990-EZ Part I line 16 Other Expenses

Bank Charges 45.00

Bus Regis Fees 50.00

PO Box Rent 130.00

Data Base Maint 2000.00

ISP+website 288.00

Magazine Pub 31,086.60

Office Exp 319.99

Postage 780.96

Insurance 7,244.00

Misc (NEM tickets) 600.00

Travel 2,724.89

TOTAL

45,269.44

FORM 990-EZ Part II Line 26 Total Liabilities

Beginning 33,076 Ending 33,666

FORM 990-EZ Part III Primary Exempt Purpose

The preservation & enjoyment of the 1953-1962 Corvette.

FORM 990-EZ Part III Line 28 Service Accomplishments

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No 51056K

Schedule O (Form 990 or 990-EZ) (2016)

Printed and mailed a quarterly newsletter with technical articles. Supported various events including a national convention and local chapter meetings. Maintain a website that includes a technical FAQ section. Over 1200 members owning one or more 1953-1962 Corvettes, have obtained assistance in restoring and maintaining their vehicles.