294932640160 **Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 cale-dar year, or tax year beginning ,2018, and ending ,20  B Check if applicable  CName of organization NORD STERN REGION OF PORSCHE CLUB OF AMERICA  41-1827550  Doing business as  41-1827550  Name change  Initial return  9145 BRECKENRIDGE LANE	931  144,946.  Yes No Yes No structions)
Address change   Name change   Name change   Number and street (or P O box if mail is not delivered to street address)   Room/suite   E Telephone number   9145 BRECKENRIDGE LANE   (952) 975-55	144,946.  Yes No Yes No structions)
Name change   Initial return   9145 BRECKENRIDGE LANE   City or town, state or province, country, and ZIP or foreign postal code   EDEN PRAIRIE, MN 55347   G Gross receipts \$	144,946.  Yes No Yes No structions)
Initial return   9145 BRECKENRIDGE LANE   (952) 975-55     Final return/terminated   EDEN PRAIRIE, MN 55347   G Gross receipts \$   Amended return   Application pending   F Name and address of principal officer   JEFFERY BLUHM, 9145 BRECKENRIDGE LANE, EDEN PRAIRIE, MN 55347   H(a) is this a group return for subordinates of principal officer   JEFFERY BLUHM, 9145 BRECKENRIDGE LANE, EDEN PRAIRIE, MN 55347   H(b) Are all subordinates included? If "No," attach a list (see in H(c) Group exemption number ▶   K Form of organization   Corporation   Trust   Association   Other ▶   L Year of formation   1990   M State of legal dor	144,946.  Yes No Yes No structions)
Final return/terminated  Amended return  Application pending  F Name and address of principal officer  JEFFERY BLUHM, 9145 BRECKENRIDGE LANE, EDEN PRAIRIE, MN 55347  I Tax-exempt status	144,946.  Yes No Yes No structions)
Amended return  Application pending  F Name and address of principal officer  JEFFERY BLUHM, 9145 BRECKENRIDGE LANE, EDEN PRAIRIE, MN 55347  I Tax-exempt status  Sol1(c)(3)  Website: ► N/A  K Form of organization ★ Corporation Trust Association Other ► L Year of formation  Part I Summary  1 Briefly describe the organization's mission or most significant activities: DRIVER IMPROVEMENT AND S  PARTICIPATION AT CLUB TRACK EVENTS.  2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net as a Number of voting members of the governing body (Part VI, line 1a).  3 Number of independent voting members of the governing body (Part VI, line 1b).  4 Number of independent voting members of the governing body (Part VI, line 1b).  5 Total number of individuals employed in calendar year 2018 (Part V, line 2a).  5 Total number of volunteers (estimate if necessary).  6 Total unrelated business revenue from Part VIII, column (C), line 12.  7 Total unrelated business revenue from Part VIII, column (C), line 12.	Yes No Yes No Incide MN  AFE
Application pending F Name and address of principal officer  JEFFERY BLUHM, 9145 BRECKENRIDGE LANE, EDEN PRAIRIE, MN 55347  I Tax-exempt status	Yes No Yes No Incide MN  AFE
JEFFERY BLUHM, 9145 BRECKENRIDGE LANE, EDEN PRAIRIE, MN 55347  I Tax-exempt status	Yes No No structions)
I Tax-exempt status	micile MN  AFE
Website: ▶ N/A	AFE
K   Form of organization   Corporation   Trust   Association   Other   L Year of formation   1990   M State of legal dor	AFE
Part I Summary  1 Briefly describe the organization's mission or most significant activities: DRIVER IMPROVEMENT AND S PARTICIPATION AT CLUB TRACK EVENTS.  2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net as Number of voting members of the governing body (Part VI, line 1a)	AFE
Briefly describe the organization's mission or most significant activities: DRIVER IMPROVEMENT AND S PARTICIPATION AT CLUB TRACK EVENTS.  Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net as Number of voting members of the governing body (Part VI, line 1a)	
PARTICIPATION AT CLUB TRACK EVENTS.  Check this box  if the organization discontinued its operations or disposed of more than 25% of its net as Number of voting members of the governing body (Part VI, line 1a)	
Check this box  if the organization discontinued its operations or disposed of more than 25% of its net as Number of voting members of the governing body (Part VI, line 1a)	sets.
Number of independent voting members of the governing body (Part VI, line 1b)	sets.
Number of independent voting members of the governing body (Part VI, line 1b)	isets.
Number of independent voting members of the governing body (Part VI, line 1b)	
Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<del></del> 7
(-),	
(-),	0
(-),	25
► I b Net unrelated husiness taxable income from Form 990-T line 38	1,399.
() The direction business taxable meeting from 1 only 30-1, line 50	-24,252.
	rrent Year
8 Contributions and grants (Part VIII, line 1h)	13,435.
9 Program service revenue (Part VIII, line 2g)	131,418.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93.
The state of the s	
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 201, 879.	144,946.
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,985.
14 Benefits paid to or for members (Part IX, column (A), line 4)	
9 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)   17 Other expenses (Part IX, column (A), line 25)	
b Total fundraising expenses (Part IX, column (D), line 25) ▶	
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	156,256.
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 214, 254.	162,241.
19 Revenue less expenses. Subtract line 18 from line 12	-17,295.
Beginning of Current Year English Total assets (Part X, line 16)	d of Year
ទីទី <b>20</b> Total assets (Part X, line 16)	152,179.
21 Total liabilities (Part X, line 26)	
22 Net assets or fund balances. Subtract line 21 from line 20	152,179.
Part II Signature Block	
Under penalties of penuty I declare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowled	ge 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	
91319	
Sign Signature of officer Date	
Here JEFFERY J BLUHM, TREASURER	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Charle VI ( PTI	N
Paid Preparer  JAMES J. BOCK CPA  Check M if self-employed P0	1259581
Use Only Firm's name ► JAMES J. BOCK CPG Firm's EIN ► 41-154  Firm's address ► 299 COON RAPIDS BLVD., #101, COON RAPIDS, MN 55433 Phone no (763) 780	. 44 91 (1)
May the IRS discuss this return with the preparer shown above? (see instructions)	

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 05/20/19 PRO

Form 990 (2018)

Part		ccomplishments sponse or note to any line in this Pa	art III	
<u>1</u>	Briefly describe the organization's mission	1:	41(111	<u> U</u>
	DRIVER IMPROVEMENT AND SAFE			
	PARTICIPATION AT CLUB TRACK			
2	Did the organization undertake any signif	icant program services during the year	ar which were not listed on the	
	prior Form 990 or 990-EZ?			]Yes ⊠No
•	If "Yes," describe these new services on S			
3	Did the organization cease conducting, services?	-	, , ,	<b>-</b>
				]Yes ⊠ No
4	If "Yes," describe these changes on Sche			
•	Describe the organization's program servexpenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	organizations are required to report	three largest program services, a the amount of grants and allocate	s measured by tions to others,
4a	(Code:) (Expenses \$	including grants of \$	\/Revenue \$	
	ORGANIZATION PROVIDES TRACK PROMOTING SAFE HIGH SPEED DR			
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
			•	
		•••••••••••••••••••••••••••••••••••••••		
			•••••••••••••••••••••••••••••••••••••••	
			·•••	
		••	······	
		•••••		
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
				·
		•		
			·	
				·
				·
4d	Other program services (Describe in Sche	dule ()		
	(Expenses \$ including gra		,	
	Total program service expenses ▶	) (1 10 v c 1 1 0 v c 1 0 v		



## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	169	×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<del></del>
3				×
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			×
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		×
14a	Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
		14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	_	×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>-``</del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #E:\(\text{Ke}\tilde{\text{No}}\text{Portable le Schedule I, Parts I and II \tag{I} \tag{I} \tag{I} \tag{I} \text{III}	21		×
		ــــــــــــــــــــــــــــــــــــــ		

Part	IV Checklist of Required Schedules (continued)	,		
		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	ļ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38 Dort	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		- 62	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)									
				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
•	Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 0	233355	200						
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	. Do					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	·	3a	5403						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Si		3b	_×	<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or off a financial account in a foreign country (such as a bank account, securities account, or other financial account.)	ner authority over, noial account)?	4a		×					
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a	F5.4955.41	×					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	•	5b		×					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	00, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions	?	6a		×					
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or								
	gifts were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods								
_	and services provided to the payor?		7a		×					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for which it was	l _							
	required to file Form 8282?		7c	Direction.	×					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7-	2002	95250					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal beneath or indirectly, on a personal beneath or indirectly, on a personal beneath or indirectly, and indirectly, on a personal beneath or indirectly, to pay premiums of a personal beneath or indirectly, to pay premiums of a personal beneath or indirectly, to pay premiums of a personal beneath or indirectly, to pay premiums of a personal beneath or indirectly, to pay premiums of a personal beneath or indirectly.		7e 7f	$\vdash$	×					
	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g	$\vdash$	^					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi		7 <u>9</u>	<del>  </del>						
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m		1000		a bad					
	sponsoring organization have excess business holdings at any time during the year?		8	E.O	24. J-16.					
	Sponsoring organizations maintaining donor advised funds.		Y S							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	son?	9b							
	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b> 0.								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	1 <b>0b</b> 0.	150							
	Section 501(c)(12) organizations. Enter:	1 1								
	Gross income from members or shareholders	11a								
	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)	11b								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a	Shipperstay.	aces					
	Section 501(c)(29) qualified nonprofit health insurance issuers.	[120]								
	Is the organization licensed to issue qualified health plans in more than one state?		13a	ZARY, ARE	100					
	Note. See the instructions for additional information the organization must report on Schedul	 en	TO A		***					
	Enter the amount of reserves the organization is required to maintain by the states in which	c 0.		E de la						
	the organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c		32						
	Did the organization receive any payments for indoor tanning services during the tax year? .		14a	19921 17921	×					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S	Schedule O .	14b							
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in									
	excess parachute payment(s) during the year?		15							
	If "Yes," see instructions and file Form 4720, Schedule N.		T.A.							
	Is the organization an educational institution subject to the section 4968 excise tax on net inve	estment income?	16							
	If "Yes," complete Form 4720, Schedule O.		<b>取標</b>							

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Scheck if Schedule O contains a response or note to any line in this Part VI	See ins	tructi	
Secti	ion A. Governing Body and Management	<u> </u>	•	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6 7-	Did the organization have members or stockholders?	6	×	-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	al competition of	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a b	The governing body?	8a	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	×	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	ada l	×
Jecti	on B. Folicies (This Section B requests information about policies not required by the internal never	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	* ***		100
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13 14	Did the organization have a written whistleblower policy?	13 14	×	×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164		
Secti	on C. Disclosure	16b		L
17	List the states with which a copy of this Form 990 is required to be filed MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Don request Other (explain in Schedule O)	 Γ (Sec	tion 5	 501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	•	-	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re JEFFERY BLUHM, 9145 BRECKENRIDGE LANE, EDEN PRAIRIE, MN 55347 (612)270-480		<b>&gt;</b>	

orm	000	1001	٥١	
-orm	990	1201	01	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related	box, office	(do not che box, unless officer and			on ore than one on is both an ector/trustee) Former		(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee	·	(W-2/1099-MISC)		organization and related organizations
(1) RYAN MCGEE DIRECTOR	1.00	×						0.	0.	0.
(2) LARA DANT PRESIDENT	4.00	×		×				0.	0.	0.
(3) BETSEY PORTER SECRETARY	3.00	×		×				0.	0.	0.
(4) JEFFERY BLUHM TREASURER	3.00	×		×		***		0.	0.	0.
(5) PAUL INGEBRITSEN DIRECTOR	1.00	×						0.	0.	0.
(6) ROGER JOHNSON VICE PRESIDENT	3.00	×		×			<del></del>	0.	0.	0.
(7) MIKE SABERS DIRECTOR	1.00	×						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)								_	<u> </u>	
(13)										
(14)										<u> </u>

°Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	. (A) Name and title	(B) Average hours per	box, u	unles	Pos heck ss pe	erson	e than o	h an	compensation	(E) Reportable	
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)		<del>                                     </del>						-	1		+
(16)						-					
(17)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						-		
(18)		<del>                                     </del>						$\vdash$	-		
(19)			-					$\vdash$			
(20)		<del> </del>						$\vdash$			
(21)								<del> </del>			
(22)								<u> </u>			
(23)						H		-			
(24)						$\vdash$			-		<u> </u>
(25)		<del>                                     </del>		H							
1b c d	Sub-total	VII, Section		•	•			<b>&gt; &gt; &gt;</b>	0.	0	
2	Total number of individuals (including but reportable compensation from the organic	t not limited						<u>-</u> e) w			
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	fficer, direct	tor, c	or tr	usti ind	ee,	key e		oloyee, or high		
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater tha	portat an \$1	ble o	com ,000	nper )? <i>II</i>	nsatio f "Yes	on a	and other comp	ensation from	the the
5	Did any person listed on line 1a receive of for services rendered to the organization?	or accrue co	omper	nsat	tıon	fror	m any	y un:	related organiz	ation or individ	lual <b>Carlo</b>
Section	on B. Independent Contractors										
1	Complete this table for your five highest of compensation from the organization. Repyear.										
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
				_	_						
				_	_	_					
2	Total number of independent contractor received more than \$100,000 of compensations.							) th	nose listed abo	ove) who	uid princips, halving an mais says of

	990 (201	<u> </u>				· <u> </u>	·····		Page 9
Par	t VIII								
anise at 1	Service of	Check if Schedule C	) contains a	resp	onse or note t	<del></del>			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns	S	1a	The second secon	e de la companya de			
ara our	b		<u> </u>	1b	13,435.		44.27		
S, O	С	Fundraising events .	[	1c		- 1.4 m			
Giff Far	d	Related organizations	s	1d			# 1 T		
Si.	е	Government grants (cor		1e					
er S	f	All other contributions, g							
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f							
o Dr	g	Noncash contributions includ				12 425		And the same of	Participation of the
	h	Total. Add lines 1a–1f			13,435.				
Program Service Revenue	. 2a	DDOCDAM ADUEDE	TCTNC	- }-	Business Code 711210	1 200		1 200	
ě	. Za	PROGRAM ADVERTISING PROGRAM FEES		<del> </del>	711210	1,399. 130,019.	130,019.	1,399.	0.
93		***************************************		-	711210	130,019.	130,019.	0.	0.
ΘZ	d			-					
S	e								
g	f	All other program ser		-					
P	g	Total. Add lines 2a-2		_		131,418.		6-16-12-14-12-14-0	
	3	Investment income	(including d	livide	nds, interest,				1034 13 SEASON PARAGONALISM SEASON PROPERTY OF SEASON PROPERTY SEASON PROPERTY OF SEASON
		and other similar amo	ounts)		🕨	93.	93.	0.	0.
•	4	Income from investmen	t of tax-exemp	pt bor	nd proceeds ▶				
	5	Royalties	<u></u>		<u></u> ▶				
			(ı) Real		(II) Personal		2.00		
	6a	Gross rents							
	b <sub>_1</sub>	Less: rental expenses				pening a second			
	C^	Rental income or (loss)  Net rental income or (	(1000)			ut 3/40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		es a Raine	
			(i) Securities	s	(ii) Other				
•	7a	Gross amount from sales of assets other than inventory	(1) 0000	-+	(1.7 0 1.7 1.5				
	h	Less: cost or other basis		-					
		and sales expenses .				100	Carlotte and the Carlot		
	С	Gain or (loss)	_				A SAME		
	d	Net gain or (loss) .		• •	<b>&gt;</b>	***************************************			
4				Γ					
חת	8a	Gross income from fu	ındraısıng	ł					
ÿVe		events (not including \$		.			Carrier		
~		of contributions reporte							
Other Revenue	_	See Part IV, line 18 .					* / /44		
· ŏ	b	Less: direct expenses							
	C	Net income or (loss) for Gross income from ga			vents . >			ilan kaupatulan kanadan	
	) Ja	See Part IV, line 19 .				a de la composição de l		100	77 1 2 4 (4)
	ь	Less: direct expenses							
	Č	Net income or (loss) f			ities ▶	SE S			SEP. J. ASSEL J. Compare Comp. 19
	_	Gross sales of in			100				
		returns and allowance		a			Marie College	pic de estado	
	b	Less: cost of goods s	old	ь	<u> </u>		etingstein gezijk st		
	С	Net income or (loss) f		invei	ntory ▶			A GOOD TO A STANK	A TOTAL CONTROL OF THE PARTY OF
		Miscellaneous R	levenue		Business Code	<b>Water</b> ange			
	11à			T					
	b			L					
	C						_		
	d	All other revenue .		L			in the state of th	Trespective Series and and an experience	Stational property and all transportances where the
	е	Total. Add lines 11a-	·11a		🕨				MACHINE TO THE PARTY OF

1,399.

144,946.

130,112.

Total revenue. See instructions

	90 (2018)				Page 10
	Statement of Functional Expenses		A !!	<del></del>	
Section	on 501(c)(3) and 501(c)(4) organizations must co				
<del></del>	Check if Schedule O contains a respon	nse or note to any I	ine in this Part IX	· · · · · · ·	
8b, 9t	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,985.	5,985.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits		•		
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	550.	"	550.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		<b>SELLIPE CHI</b>		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	387.		387.	
14	Information technology	,	•	33.1	
15	Royalties				
16	Occupancy				
17	Travel		1		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,833.	2,833.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	3,950.		3,950.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	PRINTING AND MAILING	22,488.			
b	TRACK RENTAL	70,331.	70,331.		
C					
d	All other expanses	55 345	65 515	-	
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	55,717.			
25 26	Joint costs. Complete this line only if the	162,241.	157,354.	4,887.	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 73,999. 47,950. Savings and temporary cash investments . '. . . . . . . . 95,715. 2 104,469. 2 3 4 -358.Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . 7 7 Notes and loans receivable, net . . . . . 118. 118. 8. 8 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation . . . . . . 10c 11 11 12 Investments - other securities. See Part IV, line 11 . . . . 12 Investments—program-related. See Part IV, line 11 . . . . . . 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 169,474. 152,179 16 16 17 17 18 18 19 19 20 20 21 Y Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 23 23 24 / Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . . 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗵 and

> 152,179. Form **990** (2018)

152,179.

152,179.

30

31

32

33

169,474.

169,474.

169,474.

complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . . . . .

Total liabilities and net assets/fund balances .

Paid-in or capital surplus, or land, building, or equipment fund . . . :

Retained earnings, endowment, accumulated income, or other funds.

5

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32

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Part	XI Reconciliation of Net Assets				
	· Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		44,9	46.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	62,2	41.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	17,2	95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	69,4	74.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	]			
	33, column (B))	10	1	52,1	79.
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u> .		<del> ;</del>	
			Francisco III	Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ır	n iii		
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			KRAD CUTE. AL.	X AHSTLATLERS
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r 🎏		27
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
D	Were the organization's financial statements audited by an independent accountant?		2b	delicherinant.	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a j		
	separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the agreement of the arguments and selection of an independent accounts the agreement of the arguments are also as a selection of an independent accounts the agreement of the arguments are also as a selection of an independent accounts the agreement of the arguments are also as a selection of an independent accounts the agreement of the arguments are also as a selection of an independent accounts are also as a selection of an independent accounts are also as a selection of an independent accounts are also as a selection of an independent accounts are also as a selection of an independent accounts are also as a selection of an independent accounts are also as a selection of an independent accounts are also as a selection of a selec		1	Sistemania.	ineda becies:
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain ir			
20		£			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorth if	ີ່ 3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rao th			
IJ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	- Squired addition of addition, explain why in deficación of and describe any steps taken to undergo such a	uuito.		n <b>990</b>	(2018)
			. 011		(20.0)

## 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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018 **Open to Public** Inspection

OMB No. 1545-0047

Name of the organization Employer identification number NORD STERN REGION OF PORSCHE CLUB OF AMERICA 41-1827550 Pt VI, Line 6: CLUB MEMBERS PAY ANNUAL DUES. Pt VI, Line 7a: MEMBERS ELECT DIRECTORS ON PERIODIC BASIS. Pt VI, Line 11b: TREASURER REVIEWS 990 RECEIVED FROM ACCOUNTANT AND THEN THE FORM IS REVIEWED BY THE BOARD PRIOR TO FILING. Pt VI, Line 12c: DISCUSSED AT LEAST ANNUALLY AT BOARD MEETING TO KEEP MEMBERS AWARE. Pt IX, Line 24e: Description: AMABULANCE, Total: \$44,746 Program services: \$44,746 Description: TRACK OPER EXPENSE Total: \$2,297 Program services: \$2,297 Description: TROPHIES & AWARDS Total: \$588 Program services: \$588 Description: CLUB MERCHANDISE Total: \$2,203 Program services: \$2,203 Description: MISCELLANEOUS Total: \$5,883 Program services: \$5,883