(Rev January 2020)

Department of the Treasury

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 1545-0047

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

Open to Public

	inter	nal Revenu	e Service	► Go to www.irs.gov/Form990 for instructions and the late	st information.	1110	Inspection
	Α	For the 2	019 calend	dar year, or tax year beginning , 2019, and end	ing NOKD	-	, 20
	В	Check if a	pplicable	C Name of organization NORD STERN REGION OF PORSCHE CLUB	OF AMERIC	D Emple	oyer identification number
	П	Address cl	hange	Doing business as	01 11121(10)	_	327550
	$\Box$	Name cha	-	Number and street (or P.O box if mail is not delivered to street address)	Room/suite		none number
	=	Initial retur	•	9145 BRECKENRIDGE LANE	Noom/suite		975-5931
	$\vdash$		'' n/terminated	City or town, state or province, country, and ZIP or foreign postal code	<del></del>	1932	1913 3931
	$\vdash$			EDEN PRAIRIE, MN 55347		<b> </b>	
	$\vdash$	Amended			122		receipts \$ 225,712.
	Ш	Application	n pending	F Name and address of principal officer		-	or subordinates? Yes No
	_			JEFFERY BLUHM, 9145 BRECKENRIDGE LANE, EDEN PRAIRIE, MN 5	A - 7		
67		Tax-exem		501(c)(3)			st (see instructions)
		Website:			H(c) Group		<del></del>
00	_			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation 199	M State	of legal domicile MN
		art I	Summa	<del>-</del> <del>-</del>			<del></del>
				cribe the organization's mission or most significant activities: ${ t DRIV}$	ER IMPROV	EMENT	AND SAFE
	Governance	_ <u>.</u>	PARTICI	PATION AT CLUB TRACK EVENTS.			-
	ī.		· • • • • • • • • • • • • • • • • • • •				
0	Ve			box ▶ ☐ If the organization discontinued its operations or dispose		า 25% of	its net assets.
र्जे	င္ဟ	3 1	Number of	voting members of the governing body (Part VI, line a) ceived US	Bank - USB	3	7
5	<b>∘</b> ŏ			independent voting members of the governing body (Part VI, line31)	Ήo) .⊢	4	7
Λ	ţį	5 T	otal numb	per of individuals employed in calendar year 2019 (Part V, line 2a) 4	6 6060 · ·	5	0
<b>a</b> =	Activities &			per of volunteers (estimate if necessary)	3 ZUZU	6	25
3	Ac	7a ⊺	otal unrel	ated business revenue from Part VIII, column (C), line 12		7a	13,828.
PEUC PE				red business taxable income from Form 990-T, line 39	n, UT	7b	0.
					Prior Ye	ar	Current Year
	a)	8 0	Contributio	ons and grants (Part VIII, line 1h)	1.3	3,435.	11,568.
2 8 PAZ ZJANKWZB:21	Revenue			ervice revenue (Part VIII, line 2g)		,418.	214,073.
	Š			t income (Part VIII, column (A), lines 3, 4, and 7d)		93.	71.
	ď			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	- 93.	
₹.				ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1.4	,946.	225 712
柔				I similar amounts paid (Part IX, column (A), lines 1–3)			225,712.
<b>142</b>				aid to or for members (Part IX, column (A), line 4)	985.	5,564.	
77				her compensation, employee benefits (Part IX, column (A), lines 5–10)			<del></del>
Ś	Expenses						<del></del>
æ	ě			al fundraising fees (Part IX, column (A), line 11e)			
<b>⊘</b> ED	X			aising expenses (Part IX, column (D), line 25)			· · · · · · · · · · · · · · · · · · ·
				enses (Part IX, column (A), lines 11a–11d, 11f–24e)		,256.	236,420.
3				nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,241.	241,984.
250		<b>19</b> F	Revenue le	ess expenses. Subtract line 18 from line 12	-17	,295.	-16,272.
200	Assets or d Balances				Beginning of Cu		End of Year
_	sset	20 T		s (Part X, line 16)	152	2,179.	135,907.
	Net A	l		ties (Part X, line 26)			
r	_			or fund balances. Subtract line 21 from line 20	152	2,179.	135,907.
cachid	Pa	art II	Signatu	re Block			
<del>5</del>	Un	der penalti	es of periury	I declare that I have examined this return, including accompanying schedules and sta	atements, and to t	ne best of n	ny knowledge and belief, it is
Ź	true	e, correct, a	and complet	Declaration of proparer (other than officer) is based on all information of which prepare	arer has any knowl	edge 	
い					L	11/9	130
	Siç	ın	Signati	ure of officer	Da	te	<b>-</b>
ı	He	re	JEFI	FERY J BLUHM, TREASURER			
<b> -</b> -				r print name and title	-		
9	D-	: al	Print/Type	preparer's name Preparer's signature	Date ,	Check	X if PTIN
$\mathcal{Z}$	Pa		JAMES	J. BOCK CPA	10/24/4		P01259581
F980T		eparer	F .		Firm		41-1542496
1-	US	e Only					63) 780-5230
2	Mar	v the IRS		this return with the preparer shown above? (see instructions)			
$\triangle$						<del>· · · ·</del>	
•	ror	raperwo	iik meduct	ion Act Notice, see the separate instructions. BAA	REV 06/02/20 PRO	_	Form <b>990</b> (2019)

Form **990** (2019)

;				
	00 (2019)  Statement of Program Service	e Accomplishments		Page 2
	Check if Schedule O contains a	response or note to any line in this Par	<u>tIII</u>	<u> </u>
1	Briefly describe the organization's miss			
	DRIVER IMPROVEMENT AND SAF			·
	PARTICIPATION AT CLUB TRAC	K EVENTS.		
		·		
2	Did the organization undertake any sig prior Form 990 or 990-EZ?	pnificant program services during the yea	r which were not listed on the	☐ Yes ⊠ No
3	Did the organization cease conducti	ng, or make significant changes in ho	w it conducts, any program	☐ Yes ⊠ No
4	Describe the organization's program s expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any	service accomplishments for each of its to constant (s)(4) organizations are required to report (s), for each program service reported.	hree largest program services, the amount of grants and alloo	, as measured by cations to others
4a	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	ORGANIZATION PROVIDES TRAC PROMOTING SAFE HIGH SPEED	K AND INSTRUCTION FOR PURPORTION FOR MEMBERS.	SE OF	
		·		
4b	(Code:) (Expenses \$	ıncluding grants of \$	) (Revenue \$	)
		<del></del>		
		·		
				·
			••••••••••••	
	(0.1			
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
	••	·····	***************************************	
		·····		
	Other and an analysis of the state of the st	Should C		
<b>4</b> 0	Other program services (Describe on S	cneaule U.)		

) (Revenue \$

including grants of \$

(Expenses \$

Total program service expenses ▶



## 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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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? <i>If "Yes,"</i> 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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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		×
20a	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		-
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? If "Yes," complete Schedule I, Parts I and II	21		×
	PEV 06/02/20 PRO	_	000	(0040)

Part	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	23		×
	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		
C 	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 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		-
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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? If "Yes," complete Schedule M	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? If "Yes," complete Schedule R, Part 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	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		, - <del>-</del>	•	
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page .
ı aı t	· Statements negarding other ins rinings and rax 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 0		Tes	142
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	24.97**.	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	17 17	35.5	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_×	<u></u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b	×	
4a	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)?	4a		×
b	If "Yes," enter the name of the foreign country ▶	City City	200 E	100
~	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 year?	5a	rottr. °ar.	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>  ^</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
ua	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).	nt 15 to 1 25		<u>त्र</u> ाच्या
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	#10000 #10000		اري دا ايسم، واريخ
_	and services provided to the payor?	7a	\$3600 CHE	<b>X</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		J
d	If "Yes," indicate the number of Forms 8282 filed during the year		120mm 15	X
, e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Tarial Carlot	×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			2,57
_	sponsoring organization have excess business holdings at any time during the year?	8	<del>7</del>	
9	Sponsoring organizations maintaining donor advised funds.	79A 77	1. Te* .	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	nametrino	5750923775
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0.		2) Y 7 ( 1) 14	
11	Section 501(c)(12) organizations. Enter:	F. Fact		
а	Gross income from members or shareholders			- / - 4
, <b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources			म्यू प्रश्नित्य स्थापना
	against amounts due or received from them.)			1 18
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	A. F. Mil. 104	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			35, 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	lone(2) av	ation in the	1" ( ) 1 hada 6
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			8 5 b
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			211
С	Enter the amount of reserves on hand \			14,72
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	- 25m5.4	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	i		
	excess parachute payment(s) during the year?	15	ATIPST	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	THE REAL PROPERTY.		ro de Sa
10	no organization an educational institution subject to the section 4500 excise tax on net investment income?	16		l

If "Yes," complete Form 4720, Schedule O.

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in						
	Check if Schedule O contains a response or note to any line in this Part VI					
Secti	on A. Governing Body and Management					
		ı			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a				
	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 on Schedule O.					
h		46	_			
b	Enter the number of voting members included on line 1a, above, who are independent.	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?			2		×
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or or			3		×
4	Did the organization make any significant changes to its governing documents since the prior For	m 990	was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization	on's a	ssets?.	5		×
6	Did the organization have members or stockholders?			6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?			7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approva					
	stockholders, or persons other than the governing body?			7b		×
8	Did the organization contemporaneously document the meetings held or written actions un	derta	ken during			
_	the year by the following:					
a	The governing body?			8a	<u>×</u>	<del> </del>
ь 9	Each committee with authority to act on behalf of the governing body?			8b	_X	<del>                                     </del>
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule	0 .	reactied at	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the		ernal Rever		nde )	ı
					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 o affiliates, and branches to ensure their operations are consistent with the organization's exemption.	f such	chapters,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before			11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		J			
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	e rise	to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the parameter of the describe in Schedule O how this was done.	oolicy 	? If "Yes,"	12c	×	
13	Did the organization have a written whistleblower policy?			13		×
14	Did the organization have a written document retention and destruction policy?			14	×	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	The organization's CEO, Executive Director, or top management official			15a		×
b	Other officers or key employees of the organization			15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarly attached entity during the year?		rangement	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		valuate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o saf	equard the	16b		
Section	on C. Disclosure			100		
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 (3)s only) available for public inspection. Indicate how you made these available. Check all tha   Own website  Another's website  Upon request  Other (explain on So	t appl	y.	「(Sect	tion 5	i01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docu and financial statements available to the public during the tax year.	ument	s, conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization JEFFERY BLUHM, 9145 BRECKENRIDGE LANE, EDEN PRAIRIE, MN 55347	n's b (612	ooks and re	cords   8	<b>&gt;</b>	

	(2019)	

# 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any relate	d org	aniz			ompe	ensa	ted any current	officer, director,	or trustee.	
(A) Name and title	(B) Average hours per week	box,	unles er an	Pos neck	rson	e than is both or/trus	h an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) RYAN MCGEE	1.00								_	_	
DIRECTOR (2) LARA DANT	1 00	×	-	-	<u> </u>	ļ	╁┈	0.	0.	0.	
DIRECTOR	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	×		×				0.	0.	0.	
(7) CHIP SMITH VICE PRESIDENT	1.00	×		×				0.	0.	0.	
(8)											
(9)											
(10)											
(11)											
(12)											
(13)	-										
(14)				_							

Part	VII Section A. Officers, Directors,	<u>rustees,</u>	Key I	Emp	ploy	yee	s, an	<u>d H</u>	lighest Compe	nsated E	mplo	yees (continued,
	(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	rson	e than one the thick the t	ee)	(D)  Reportable compensation from the	(E) Reportab compensa from relat	tion	(F) Estimated amount of other
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizati (W-2/1099-N	วทร	compensation from the organization and related organizations
(15)												
(16)					ļ							
(17)												
(18)			<u> </u>									
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Subtotal			•	•	•		<b>&gt; &gt; &gt;</b>	0.		0.	0
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) w		e than \$100		
3	Did the organization list any former of employee on line 1a? If "Yes," complete of the complet								oyee, or highes			Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or indiv		
Section	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	ress							(B) Description of serv	rices		(C) Compensation
2	Total number of independent contractor	•	-					th	ose listed abov	e) who	<b>.</b>	

- al	t VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
					- <b>-</b>		(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512-514			
Grants	1a b c	Federated campaig Membership dues Fundraising events			1a 1b 1c	11,568.		noncome Propried India					
s, Gifts, milar An	d,	Helated organization	ns . (cont	 rihutians)	1d 1e								
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contribution and similar amounts no Noncash contribution	ot inclu	ided above	1f								
Cont	h	lines 1a–1f 1g				\$ ▶ Business Code	11,568.						
Program Service Revenue	2a b c	PROGRAM ADVER PROGRAM FEES	TISI	NG ,		711210 711210	13,828. 200,245.	0. 200,245.	13,828.	0.			
Program Reve	d e f	All other program se											
,	3	Total. Add lines 2a- Investment income other similar amoun	(ıncl	udıng divi	dends	s, interest, and	214,073.	71.	0.	0.			
	5 `	(i) Real			· .	ond proceeds >		C-C p agence, spranger Chili reservi sida agenc	Andreas Andreas Andreas				
1	6a b c	Gross rents Less. rental expenses Hontal income or (loss)	6a 6b 6c					ogeneimen en e					
1	d 7a	Net rental income o Gross amount from sales of assets	,	(I) Securi		(II) Other							
enne/	b	other than inventory Less. cost or other basis and sales expenses .	7a 7b		* e	,							
Other Rev	c d 8a	Gain or (loss) Net gain or (loss) Gross income from	  m fu	 ndraising		<u>.</u>							
0		events (not including of contributions rep 1c). See Part IV, line	ported 18		8a	,			TO THE RESIDENCE OF THE PARTY O				
	b	Less: direct expension Net income or (loss)			8b	nts •		nium in die Gebeuren Gebeuren in die Gebeuren					
-	9a b	Gross income f activities. See Part I Less: direct expens	iom V, line	gamıng e 19 .	9a 9b								
	10a	Net income or (loss) Gross sales of ir returns and allowan	ovento ces	ory, less	10a	es <b>&gt;</b>							
<u>~</u>	b c	Less: cost of goods Net income or (loss)			10b evento	ory <b>&gt;</b> Business Code							
Miscellaneous Revenue	11a b c		·					100000000000000000000000000000000000000	The state of the s	20 Sept. 1 and 50 Help Diff. Subsection.			
Misc	d e 12	All other revenue Total. Add lines 11a Total revenue. See					225,712.	200 316	13,828.	0.			

					Page 1U
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	e or note to any lin	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,564.	5,564.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				· [一直要求法中的经验是"App 10日,1945年,一年的第二日
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	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	Other salaries and wages				,
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
		· · · · · · · · · · · · · · · · · · ·			
b	Legal				
C	Accounting	550.		550.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		AND		
f	Investment management fees				
g .	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	3,466.		3,466.	
14	Information technology			,	
15	Royalties				
16	Occupancy			-	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
40	•	24 647	24 647	<del>                                     </del>	
19	Conferences, conventions, and meetings .	24,647.	24,647.	ļ	
20	Interest	·			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				, `
24	Other expenses. Itemize expenses not covered above (List miscollaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column	Oddyllasow, www. 7 m. 2 y Cia, in Oddinana (1997) Company from the Company of the	annumunganing managan sa	The control of the co	are room to thing in a management of the second of the sec
	(A) amount, list line 24e expenses on Schedule O.)		เนองการทำนุกลูเป็นแก้เป็นนำกลุกมหลัง รัฐกิจการแก้น	and contracting and a man and a property of the	and the state of t
а	PRINTING AND MAILING	27,590.	27,590.		
b	TRACK RENTAL	107,986.	107,986.		
C					
d					
е	All other expenses	72,181.	72,181.		
25	Total functional expenses. Add lines 1 through 24e	241,984.	237,968.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	2.2,301.	23,7,300.	1,010.	
	fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	<u> </u>			000

## Part X<sup>a</sup> Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	ırt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	47,950.	1	54,216.
	2	Savings and temporary cash investments	104,469.	2	81,931.
	3	Pledges and grants receivable, net		_3	
	4	Accounts receivable, net	-358.	4	-358.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	in the support of the		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	Announce of the second
छ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	118.	8	118.
As	9	Prepaid expenses and deferred charges		9	,
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	p.	Less: accumulated depreciation 10b		10c	
	.11	Investments—publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	152,179.	16	135,907.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21 ·	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
ا تُـــ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities Add lines 17 through 25		26	
seo		Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33.		20	
la	27	Net assets without donor restrictions		<u>-1.00</u> 2	
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	SECTION SECTIO
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	152,179.	31	135,907.
¥	32	Total net assets or fund balances	152,179.	32	135,907.
ž	33	Total liabilities and net assets/fund balances	152,179.	33	135,907.
			==-,=-,=-		=30,301.

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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					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	25,7	12.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	41,9	84.	
3	Revenue less expenses. Subtract line 2 from line 1	3		16,2	72.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	52,1	79.	
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 on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	35,9	07.	
Part XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·			
	A			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," e Schedule O.	xplain	ın i		·	
20			2a			
2a	, , , , , , , , , , , , , , , , , , , ,				×	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			,		
b			2b		×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit		The second second		â	
	separate basis, consolidated basis, or both:	lea on	а			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	فطحنمت				
C	the audit, review, or compilation of its financial statements and selection of an independent accounta					
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	(piairi		,		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	ho		السو	
- Cu	Single Audit Act and OMB Circular A-133?		3a		×	
b		erao t				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a					
	REV 06/02/20 PRO				(2010)	

# 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.

► Attach to Form 990 or 990-EZ.

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

2019 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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, RESCUE & SAFETY Total: \$43,342 Description: TRACK OPER EXPENSE Total: \$1,372 Description: TROPHIES & AWARDS Total: \$202 Description: CLUB MERCHANDISE Total: \$7,239 Description: FACILITY RENTAL Total: \$2,594 Description: INSURANCE Total: \$4,850 Description: SECURITY Total: \$4,410 Description: SPEAKERS Total: \$3,327 Description: TRAVEL Total: \$1,863

Schedule O (Form 990 of 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
NORD STERN REGION OF PORSCHE CLUB OF AMERICA	41-1827550
	<u> </u>
Description: MISCELLANEOUS	
Total: \$2,982	
10001. 707700	
	·····
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	(

Schedule O (Form 990 or 990-EZ) (2019)