

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

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part I

1

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	188,635	173,628
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	2,870	10,102
25 Total assets	191,505	183,730
26 Total liabilities (describe in Schedule O)	45,951	26,022
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	145,554	157,708

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

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?

SOCIAL CLUB/AUTO CLUB

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

28

See Additional Data Table

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

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
STEVE MILLER President	10.00	0		
PEG RYAN Vice President	10.00	0		
CAROL HEDSTROM Secretary	3.00	0		
RANDY HOMES Treasurer	3.00	0		
LARRY HANNAN PAST PRESIDENT	5.00	0		
PHYLLIS THIEMANN BOARD MEMBER	2.00	0		
LARRY TRACEWELL BOARD MEMBER	3.00	0		
TOM FLOYD BOARD MEMBER	3.00	0		
HEINZ HOLZAPFEL BOARD MEMBER	10.00	0		

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		No

Part VI Section 501(c)(3) Organizations Only

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

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		

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

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ► _____

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here

Signature of officer

2021-04-20

Date

RANDY HOMES TREASURER
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name James J Huynh CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00979056
	Firm's name ► Kern & Thompson LLC			Firm's EIN ► 93-1157146	
	Firm's address ► 1800 SW First Avenue Suite 410 Portland, OR 97201			Phone no. (503) 222-3338	

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

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 93-0599455
Name: Porsche Club of America-Oregon Region

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p>28 CLUB ORGANIZES AND HOLDS FOR ITS MEMBERS: CLUB SOCIAL EVENTS, MEMBER CAR DISPLAY EVENTS, AND DRIVER EDUCATION EVENTS. (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a</p>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Porsche Club of America-Oregon Region

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.

2020**Open to Public
Inspection****Employer identification number**

93-0599455

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1003	Information Technology \$2799

990 Schedule O, Supplemental Information

Return Reference		Explanation
Other Expenses.2	EVENT COSTS \$8094	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	MEMBERSHIP SERVICES \$7799

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	AX EVENT \$7181

990 Schedule O, Supplemental Information

Return Reference		Explanation
Other Expenses.5	CLUB EXPENSES \$7169	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.6	TAX & LICENSES \$2313

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1005	Accounts Receivable - Beginning \$803 Accounts Receivable - Ending \$3407

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1011	Prepaid Expenses and Deferred Charges - Beginning \$2067 Prepaid Expenses and Deferred Charges - Ending \$6695

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1001	Accounts Payable and Accrued Expenses - Beginning \$9901 Accounts Payable and Accrued Expenses - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1	CREDIT CARD PAYABLE - Beginning \$201 CREDIT CARD PAYABLE - Ending \$147

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.2	DEPOSITS - Beginning \$35849 DEPOSITS - Ending \$25875