

# Return of Organization Exempt From Income Tax

**2000**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2000 calendar year, or tax year period beginning **JULY 1**, 2000, and ending **JUNE 30**, 2001

- B** Check if applicable:  
 Change of address  
 Change of name  
 Initial return  
 Final return  
 Amended return

**C** Name of organization  
**OREGON ADULT SOCCER ASSOCIATION, INC**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1750 SW SKYLINE BLVD** **121**  
 City or town, state or country, and ZIP code  
**PORTLAND OR 97221**

**D** Employer identification number  
**93-0704480**  
**E** Telephone number  
**503-292-1814**  
**F** Check  if application pending

**G** Organization type (check only one) ▶  501(c)( 3 ) ◀ (insert no.)  527 or  4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**J** Accounting method:  Cash  Accrual  Other (specify) ▶

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See inst.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit group exemption no. (GEN) ▶  
**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a		
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		18,142
	3	Membership dues and assessments	3		162,498
	4	Interest on savings and temporary cash investments	4		842
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8a			
		8b			
		8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11		3,455	
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		184,937	
Expenses	13	Program services (from line 44, column (B))	13		124,160
	14	Management and general (from line 44, column (C))	14		10,597
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		61,890
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17		196,647
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		(11,710)
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		47,912
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		36,202

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance, 24 Benefits paid, 25 Compensation of officers, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, 43 Other expenses, and 44 Total functional expenses.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? [ ] Yes [X] No. If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? SEE ATTACHMENT 2. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Table with 2 columns: Description of program service and Program Service Expenses. Rows include: a SOCCER ADMINISTRATION (SEE ATTACHMENT 2) with 82,412; b TOURNAMENTS (SEE ATTACHMENT 2) with 35,927; c FIELD MAINTENANCE (SEE ATTACHMENT 2) with 2,066; d NEWSLETTER (SEE ATTACHMENT 2) with 3,755; e Other program services; f Total of Program Service Expenses (should equal line 44, column (B), Program services) with 124,160.

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash — non-interest-bearing . . . . .		50
	46 Savings and temporary cash investments . . . . .	45,294	35,152
	47a Accounts receivable . . . . .	47a	
	b Less: allowance for doubtful accounts . . . . .	47b	47c
	48a Pledges receivable . . . . .	48a	
	b Less: allowance for doubtful accounts . . . . .	48b	48c
	49 Grants receivable . . . . .		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50
	51a Other notes and loans receivable (attach schedule) . . . . .	51a	
	b Less: allowance for doubtful accounts . . . . .	51b	51c
	52 Inventories for sale or use . . . . .		52
	53 Prepaid expenses and deferred charges . . . . .		53
	54 Investments — securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55a Investments — land, buildings, and equipment: basis . . . . .	55a	
	b Less: accumulated depreciation (attach schedule) . . . . .	55b	55c
56 Investments — other (attach schedule) . . . . .		56	
57a Land, buildings, and equipment: basis . . . . .	57a 16,529		
b Less: accumulated depreciation (attach schedule) . . . . .	57b 16,529	57c 0	
58 Other assets (describe <input type="checkbox"/> SEE ATTACHMENT 3 ) . . . . .	2,618	58 2,000	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	47,912	59 36,202	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .		60
	61 Grants payable . . . . .		61
	62 Deferred revenue . . . . .		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a
	b Mortgages and other notes payable (attach schedule) . . . . .		64b
	65 Other liabilities (describe <input type="checkbox"/> ) . . . . .		65
66 <b>Total liabilities</b> (add lines 60 through 65) . . . . .		66	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted . . . . .		67
	68 Temporarily restricted . . . . .		68
	69 Permanently restricted . . . . .		69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds . . . . .		70
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .	47,912	72 36,202
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) . . . . .	47,912	73 36,202	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) . . . . .	47,912	74 36,202	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p><b>a</b> Total revenue, gains, and other support per audited financial statements . . . . ▶ <b>a</b> N/A</p> <p><b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments . . . \$ _____</p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants . . . . . \$ _____</p> <p>(4) Other (specify): _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶ <b>c</b> 0</p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . . \$ _____</p> <p>(2) Other (specify): _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) and (2) . . . ▶ <b>d</b></p> <p><b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b>) . . . . . ▶ <b>e</b> 0</p>	<p><b>a</b> Total expenses and losses per audited financial statements . . . . . ▶ <b>a</b> N/A</p> <p><b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$ _____</p> <p>(3) Losses reported on line 20, Form 990 . . \$ _____</p> <p>(4) Other (specify): _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶ <b>c</b> 0</p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . . . \$ _____</p> <p>(2) Other (specify): _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) and (2) . . . ▶ <b>d</b></p> <p><b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b>) . . . . . ▶ <b>e</b> 0</p>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHMENT 3				

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? . . . . . ▶  Yes  No  
If "Yes," attach schedule — see Specific Instructions on page 26.

Part VI Other Information (See Specific Instructions on page 26.)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . .	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b		NA
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a		X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 . . . . .	81a		0
b	Did the organization file Form 1120-POL for this year? . . . . .	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) . . . . .	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b		NA
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a		NA
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b		NA
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	85a		NA
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		NA
c	Dues, assessments, and similar amounts from members . . . . .	85c		NA
d	Section 162(e) lobbying and political expenditures . . . . .	85d		NA
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e		NA
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f		0
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? . . . . .	85g		NA
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h		NA
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a		NA
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b		NA
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . .	87a		NA
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	87b		NA
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0; section 4912 ► 0; section 4955 ► 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . .			0
90a	List the states with which a copy of this return is filed ► OREGON			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.) . . . . .	90b		
91	The books are in care of ► JOHN VAN ALLEN Telephone no. ► (503) 292-1814 Located at ► 1750 SW SKYLINE BLVD, PORTLAND, OR ZIP code ► 97221			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	92		NA

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a SOCCER COMPETITION INCOME					12,823
b PROMOTE INTERNATIONAL AND					
c NATIONAL GAMES					4,002
d FINES					1,317
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					162,498
95 Interest on savings and temporary cash investments			14	842	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS/REIMBURSEMENTS			01	3,455	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				4,297	180,640
105 Total (add line 104, columns (B), (D), and (E))					184,937

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	OASA PROMOTED SOCCER BY ORGANIZING TOURNAMENTS.
93b	OASA PROMOTED 2000 WOMEN'S WORLD CUP AND NIKE FRIENDSHIP GAMES.
93c	PLAYERS PAID DISCIPLINARY FINES.
94	MEN, WOMEN, TEAMS, AND LEAGUES PAID MONEY TO PLAY ORGANIZED SOCCER.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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. (Important: See General Instruction W, on page 14.)

**TAXPAYER COPY**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

Preparer's signature: \_\_\_\_\_ Date: 11/06/2001 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed) and address, and ZIP code: JAMES H BRINKMAN  
9570 SW BARBUR, PORTLAND, OR  
EIN: \_\_\_\_\_ Phone no: (503) 244-3512

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information — (See separate instructions.)**

**2000**

Department of the Treasury  
Internal Revenue Service

**▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

OREGON ADULT SOCCER ASSOCIATION, INC

Employer identification number

93-0704480

**Part I**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 .....				

**Part II**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services .....		

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

**Part III Statements About Activities**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? ..... If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ ..... Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b> Sale, exchange, or leasing of property? .....	2a	X
<b>b</b> Lending of money or other extension of credit? .....	2b	X
<b>c</b> Furnishing of goods, services, or facilities? .....	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	2d	X
<b>e</b> Transfer of any part of its income or assets? ..... If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? .....	3	X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees? .....	4a	X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.**

Calendar year (or fiscal year beginning in) .....	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....					
16 Membership fees received .....					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose .....	232,776	190,452	189,052	142,523	754,803
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....	1,669	2,225	987	810	5,691
19 Net income from unrelated business activities not included in line 18 .....					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....				257	257
23 Total of lines 15 through 22 .....	234,445	192,677	190,039	143,590	760,751
24 Line 23 minus line 17 .....	1,669	2,225	987	1,067	5,948
25 Enter 1% of line 23 .....	2,344	1,927	1,900	1,436	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 .....					26a
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts .....					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) .....					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ .....					26d
e Public support (line 26c minus line 26d total) .....					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 754,803 20 _____ 21 _____ .....					27c 754,803
d Add: Line 27a total _____ and line 27b total _____ .....					27d
e Public support (line 27c total minus line 27d total) .....					27e 754,803
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) .....					27f 760,751
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					27g 99.22 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					27h 0.75 %
18 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

**Part V**

**Private School Questionnaire (See page 5 of the instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)** N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
4a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
_____			
5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

- Check here  **a** if the organization belongs to an affiliated group.  
 Check here  **b** if you checked "a" above and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for All electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is —</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is —</b></td> </tr> <tr> <td>Not over \$500,000 .....</td> <td>20% of the amount on line 40 .....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .....</td> <td>\$100,000 plus 15% of the excess over \$500,000 .....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000 .....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 .....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td> </tr> <tr> <td>Over \$17,000,000 .....</td> <td>\$1,000,000 .....</td> </tr> </table>		<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>	Not over \$500,000 .....	20% of the amount on line 40 .....	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	Over \$17,000,000 .....	\$1,000,000 .....	<b>41</b>	
<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>														
Not over \$500,000 .....	20% of the amount on line 40 .....														
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....														
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....														
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....														
Over \$17,000,000 .....	\$1,000,000 .....														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Media advertisements .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Mailings to members, legislators, or the public .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Publications, or published or broadcast statements .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>f</b> Grants to other organizations for lobbying purposes .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Total lobbying expenditures (add lines c through h) .....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



OREGON ADULT SOCCER ASSOCIATION, INC  
 EIN 93-0704480  
 ATTACHMENT 1  
 FORM 990  
 JUNE 30, 2001

PAYMENTS TO AFFILIATES - Form 990, Part I, Line 16

Oregon Adult Soccer Association, Inc. ("OASA") submits various fees to the United States Amateur Soccer Association ("USASA"), as required by the affiliation agreement with that organization. These fees are as follows:

State affiliation fee: For the general use of the USASA	\$ 1,100
Team Fee: \$50 dollars for each registered team. Of this, \$25 is for liability insurance; the remaining \$25 is for the general use of the USASA.	13,350
Player Fee: \$10.75 for each registered player. Of this, \$7.75 is for secondary accident insurance; the remaining \$3.00 is for the general use of the USASA.	<u>47,440</u>
Total paid to USASA	<u>\$61,890</u>

OTHER EXPENSES - Form 990, Part II, Line 43

	<u>Total</u>	<u>Program</u>	<u>Management</u>
Bank fees	1,842	1,379	\$ 463
Competition expense	25,303	25,303*	
USSF event expense	3,532	3,532	
Host Select Team 2001	5,517	5,517#	
Host Nike 2000 Women's World Cup	1,575	1,575	
Business insurance	589		589
Web page	619	619	
Miscellaneous	841	420	421
Advertising	250	250	
Computer expense	1,105	1,050	55
Copies	409	204	205
Promotion	1,475	66	1,409
Corporate fees	<u>85</u>	<u>          </u>	<u>85</u>
Total	<u>\$43,142</u>	<u>\$39,915</u>	<u>\$3,227</u>

\* Competition expenses include such costs as field rental, referees, hospitality, programs, photocopies, and supplies.

# Host Select Team 2001 expenses include such costs as field rental, bus and van transportation for teams, laundry, and hospitality at the event.

OREGON ADULT SOCCER ASSOCIATION, INC  
EIN 93-0704480  
ATTACHMENT 2  
FORM 990  
JUNE 30, 2001

GRANTS AND ALLOCATIONS - Form 990, Part II, Line 22

The City of Portland was given \$2,000 for soccer field maintenance.

EQUIPMENT & DEPRECIATION - Part II, Line 42 and Part IV, Line 57

	<u>Cost</u>	<u>Current Deprec</u>	<u>Prior Deprec</u>	<u>Book Value</u>
Equipment	\$ <u>16,529</u>	\$ <u>2,536</u>	\$ <u>13,993</u>	\$ <u>-0-</u>

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - Form 990, Part III

Primary Purpose:

The OASA is organized and operated exclusively to develop, promote, and administer soccer among amateur players, men and women, in the State of Oregon. OASA is affiliated with United States Soccer Federation, Inc. and United States Amateur Soccer Association and is the sanctioning body for those two organizations in Oregon.

Programs:

**Soccer Administration** - Six leagues, comprising 265 teams with 4,413 players, were registered with the OASA during the year. The OASA oversaw the recruitment, development, and promotion of referees. Officers attended regional and national meetings for the purpose of administering soccer. \$82,412.

**Tournaments** - The OASA organized and managed local, regional, and national tournament competitions, including the Kennedy Cup, the National Cup, the Oregon Classic, and the Nike 2000 Women's World Cup. In addition, the OASA supported a Select Team of players chosen to participate in regional and national competitions. \$35,927.

**Promotion of Soccer** - The OASA supported the City of Portland for maintenance of its soccer fields. \$2,066.

**Newsletter** - The OASA provided a newsletter to players. \$3,755