

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2001 calendar year, or tax year beginning JULY 1, 2001, and ending JUNE 30, 2002

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: OREGON ADULT SOCCER ASSOCIATION, INC. Address: 1750 SW SKYLINE BLVD, PORTLAND OR 97221

D Employer identification number: 93-0704480. E Telephone number: 503-292-1814. F Accounting method: Cash

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

G Web site: WWW.OREGONADULTSOCCER.COM. J Organization type: 501(c)(3)

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

K Check here if the organization's gross receipts are normally not more than \$25,000.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 114,975

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

Table with 21 rows and 4 columns: Description, Sub-row, Amount, Total. Rows include Revenue (1-12), Expenses (13-17), and Net Assets (18-21).

For Paperwork Reduction Act Notice, see 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 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>2,008</u> noncash \$ _____)	2,008	2,008		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages	32,039	30,437	1,602	
27	Pension plan contributions				
28	Other employee benefits	1,344	1,277	67	
29	Payroll taxes	3,393	3,223	170	
30	Professional fundraising fees				
31	Accounting fees	2,459		2,459	
32	Legal fees				
33	Supplies	7,631	7,208	423	
34	Telephone	3,185	3,026	159	
35	Postage and shipping	1,655	1,555	100	
36	Occupancy	6,121	5,815	306	
37	Equipment rental and maintenance	601	571	30	
38	Printing and publications	1,592	1,512	80	
39	Travel	17,067	17,067		
40	Conferences, conventions, and meetings	2,249		2,249	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	1,066	1,013	53	
43	Other expenses not covered above (itemize): a	43a			
	b SEE ATTACHMENT 1	34,083	32,729	1,354	
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	116,493	107,441	9,052	

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes 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 24.)

What is the organization's primary exempt purpose? SEE ATTACHMENT 2		Program Service Expenses
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.)		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	SOCCER ADMINISTRATION (SEE ATTACHMENT 2) _____ _____ _____ (Grants and allocations \$ _____)	78,000
b	TOURNAMENTS (SEE ATTACHMENT 2) _____ _____ _____ (Grants and allocations \$ _____)	27,433
c	PROMOTION OF SOCCER (SEE ATTACHMENT 2) _____ _____ _____ (Grants and allocations \$ _____)	2,008
d	_____ _____ _____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	107,441

Part IV Balance Sheets (See Specific Instructions on page 24.)

		(A) Beginning of year	(B) End of year		
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash — non-interest-bearing	50	45	50
	46	Savings and temporary cash investments	35,152	46	30,898
	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	17,595	
	b	Less: accumulated depreciation (attach schedule)	57b	17,595	57c
	58	Other assets (describe ► SEE ATTACHMENT 3)	1,000	58	2,636
59	Total assets (add lines 45 through 58) (must equal line 74)	36,202	59	33,584	
Liabilities	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 ►)	65		
66	Total liabilities (add lines 60 through 65)	66			
Net Assets or Fund Balances	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	36,202	72	33,584
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	36,202	73	33,584
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	36,202	74	33,584

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 26.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements ▶	a	N/A	a Total expenses and losses per audited financial statements ▶	a	N/A
b Amounts included on line a but not on line 12, Form 990:			b Amounts included on line a but not on line 17, Form 990:		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities . . \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 . . . \$		
(4) Other (specify): _____ \$			(4) Other (specify): _____ \$		
Add amounts on lines (1) through (4) ▶	b		Add amounts on lines (1) through (4) ▶	b	
c Line a minus line b ▶	c	0	c Line a minus line b ▶	c	0
d Amounts included on line 12, Form 990 but not on line a :			d Amounts included on line 17, Form 990 but not on line a :		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify): _____ \$			(2) Other (specify): _____ \$		
Add amounts on lines (1) and (2) . . ▶	d		Add amounts on lines (1) and (2) . . ▶	d	
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e	0	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 26.)

(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 27.

Part VI Other Information (See Specific Instructions on page 27.)		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 direct or indirect political expenditures. See line 81 instructions 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 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 on line 85f?	85g	NA
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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, 2001 (See instructions.) 90b 3		
91	The books are in care of ► JOHN VAN ALLEN Telephone no. ► (503) 292-1814 Located at ► 1750 SW SKYLINE BLVD, #121, PORTLAND OR ZIP + 4 ► 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 32.)

	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	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a SOCCER COMPETITION INCOME					15,910
b FINES					520
c SUPPORT FROM AFFILIATES					3,500
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					92,210
95 Interest on savings and temporary cash investments			14	335	
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 _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				335	112,140
105 Total (add line 104, columns (B), (D), and (E))					112,475

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 32.)

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	PLAYERS PAID DISCIPLINARY FINES.
93c	OASA WAS REIMBURSED TOURNAMNET COSTS BY AFFILIATED ORGANIZATIONS.
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 33.)

(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 33.)

- (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.

Please Sign Here

Signature of officer: JAMES H BRINKMAN Date: _____

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: 1/24/03

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. W): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: JAMES H BRINKMAN, 9570 SW BARBUR, PORTLAND, OR

EIN: _____ Phone no.: (503) 244-3512

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No. 1545-0047

2001

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 2 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 the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1 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 ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1		X
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.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4		X
Note: 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.			

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 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.)

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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(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 related to the organization's charitable, etc., purpose	131,850	157,399	112,815	123,873	525,937
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	842	1,669	2,225	987	5,723
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					
23 Total of lines 15 through 22.	132,692	159,068	115,040	124,860	531,660
24 Line 23 minus line 17	842	1,669	2,225	987	5,723
25 Enter 1% of line 23.	1,327	1,591	1,150	1,249	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶ 26a					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total 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," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified person"), prepare a list for your records 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.) Do not file this list with your return. 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: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 <u>525,937</u> 20 _____ 21 _____ ▶ 27c 525,937					
d Add: Line 27a total _____ and line 27b total _____ ▶ 27d					
e Public support (line 27c total minus line 27d total) ▶ 27e 525,937					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f 531,660					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 98.92 %					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 1.08 %					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.		

35 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 ..		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table —														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is —</td> <td style="width: 50%;">The lobbying nontaxable amount is —</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>	If the amount on line 40 is —	The lobbying nontaxable amount is —	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	41	
If the amount on line 40 is —	The lobbying nontaxable amount is —														
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														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e)).					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 12 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
a Volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i 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, 2002

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") and to Region IV of the USASA, as required by the affiliation agreements with those organizations. These fees are as follows:

State affiliation fee: For the general use of the USASA	\$ 100
State affiliation fee: For the general use of Region IV, USASA	<u>1,000</u>
Total paid	<u>\$1,100</u>

USASA
 9152 Kent Ave, Suite C50
 Lawrence IN 46216

Region IV, USASA
 1396 Betty Lane
 Las Vegas NV 89110

OTHER EXPENSES - Form 990, Part II, Line 43

	<u>Total</u>	<u>Program</u>	<u>Management</u>
Bank fees	1,452	1,197	\$ 255
Competition expense	16,689	16,689*	
Host Select Team 2001 and 2002	10,569	10,569#	
Business insurance	653		653
Web page	1,383	1,383	
Miscellaneous	347	127	220
Advertising	224	224	
Small equipment	2,372	2,253	119
Temporary help	124	112	12
Corporate fees	95		95
National Cup team fees	<u>175</u>	<u>175</u>	
Total	<u>\$34,083</u>	<u>\$32,729</u>	<u>\$1,354</u>

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

Host Select Team 2001 and Select Team 2002 expenses include such costs as field rental, bus and van transportation for teams, security, clean-up, laundry, and hospitality at the event.

OREGON ADULT SOCCER ASSOCIATION, INC
EIN 93-0704480
ATTACHMENT 2
FORM 990
JUNE 30, 2002

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

Region IV of the USASA was given \$1,000 for support of the organization. OASA paid \$1,008 for soccer field maintenance at Camp Withycombe.

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>\$17,595</u>	<u>\$1,066</u>	<u>\$16,529</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 259 teams with 5,226 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. \$78,000.

Tournaments - The OASA organized and managed local, regional, and national tournament competitions, including the Oregon Classic, the Kennedy Cup, and the National Cup. In addition, the OASA supported a Select Team of players chosen to participate in regional and national competitions. \$27,433.

Promotion of Soccer - The OASA provided support to the Region IV, USASA, and helped with maintenance of soccer fields at Camp Withycombe. \$2,008.

OREGON ADULT SOCCER ASSOCIATION, INC
 EIN 93-0704480
 ATTACHMENT 3
 FORM 990
 JUNE 30, 2002

OTHER ASSETS - Form 990, Part IV, Line 58

	<u>Beginning of year</u>	<u>End of year</u>
Due from USASA - Select Team performance bond	\$1,000	\$1,000
Due from USASA - bond for two teams		1,000
Security deposit	_____	<u>636</u>
Total	<u>\$1,000</u>	<u>\$2,636</u>

LIST OF OFFICERS AND DIRECTORS - Form 990, Part V

<u>Name</u>	<u>Title</u>	<u>Hours per wk</u>	<u>Compen- sation</u>	<u>Benefit Plans</u>	<u>Allowances</u>
J Roger Hamilton	Pres	5.0	\$0	\$0	\$0
Shonna Williams	VP	1.0	0	0	0
Barbara Skotte	VP	1.0	0	0	0
Jevan Williams	VP/Sec	2.0	0	0	0
John Van Allen	VP/Treas	1.0	0	0	0
Doug Morasch	VP/Registr	.2	0	0	0
Barbara Anderson	Bd member	.2	0	0	0
Eric Beck	Ref Admin	.2	0	0	0
Ginger Bradbury	Bd member	.2	0	0	0
Linda Butler	Bd member	.2	0	0	0
Terry Christopher	Bd member	.2	0	0	0
Bob Dietz	Bd member	.2	0	0	0
Nini Fortino	Bd member	.2	0	0	0
Tim Gero	Bd member	.2	0	0	0
Brent Hamilton	Bd member	.2	0	0	0
Hugh Kalani	Bd member	.2	0	0	0
Ben Nunez	Bd member	.2	0	0	0
Tim Smith	Bd member	.2	0	0	0
Mary Tremblay	Bd member	.2	0	0	0
Nancy Walsh	Bd member	.2	0	0	0
Walt Weyler	Bd member	.2	0	0	0
Liane Whitaker	Bd member	.2	0	0	0

All officers and directors may be contacted through the OASA's mailing address: 1750 SW Skyline Blvd, Suite 121, Portland, OR 97221; telephone (503) 297-1814.

OREGON ADULT SOCCER ASSOCIATION, INC
EIN 93-0704480
ATTACHMENT 4
FORM 990
JUNE 30, 2002

STATEMENTS ABOUT ACTIVITIES - Schedule A, Part III, Line 2d

Payment of compensation (or payment or reimbursement of expenses if more than \$1,000):

J Roger Hamilton (President), Jevan Williams (VP and Secretary), and John Van Allen (Treasurer) incurred costs on behalf of the OASA. The OASA reimbursed these individuals for the money they paid out-of-pocket. All expenses were supported by invoices or other documentation and approved by the Treasurer. These reimbursed expenses are as follows.

	<u>J Roger Hamilton</u>	<u>Jevan Williams</u>	<u>John Van Allen</u>
Tournament administration expense	\$ 604	\$ 108	
Tournament referees		5,880	
Office expense	108		
Postage & delivery expense	170		
OASA meetings		34	641
Travel to meetings	<u>2,918</u>	<u>\$ 150</u>	<u>915</u>
Totals	<u>\$3,800</u>	<u>\$6,172</u>	<u>\$1,556</u>