

Return of Organization Exempt From Income Tax

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

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning JULY 1, 2002, and ending JUNE 30, 2003

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

Please use IRS label or print or type. See Specific instructions.	C Name of organization OREGON ADULT SOCCER ASSOCIATION, INC		D Employer identification number 93-0704480
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 503-292-1814
	1750 SW SKYLINE BLVD		
	City or town, state or country, and ZIP + 4 PORTLAND OR 97221		F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and I are not applicable to section 527 organizations

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 instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN ▶

G Web site: ▶ WWW.OREGONADULTSOCCER.COM

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

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.

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 ▶ 137,453

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:			
a	Direct public support		
b	Indirect public support		
c	Government contributions (grants)		
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	19,879
3	Membership dues and assessments	3	116,244
4	Interest on savings and temporary cash investments	4	127
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less: rental expenses		
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	
b	Less: cost or other basis and sales expenses		
c	Gain or (loss) (attach schedule)		
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		
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	1,203
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	137,453
13 Program services (from line 44, column (B))		13	117,125
14 Management and general (from line 44, column (C))		14	12,106
15 Fundraising (from line 44, column (D))		15	
16 Payments to affiliates (attach schedule)		16	1,100
17 Total expenses (add lines 16 and 44, column (A))		17	130,331
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18	7,122
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	33,584
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	40,706

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 page 21 of the instructions.)

Table with columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations (attach schedule), 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 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, depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize): a SEE ATTACHMENT 1, b SEE ATTACHMENT 1, c, d, e. 44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.

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 page 24 of the instructions.)

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.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

Table with columns: Description, Amount. Rows include: a SOCCER ADMINISTRATION (SEE ATTACHMENT 2) (Grants and allocations \$ _____) 80,861; b TOURNAMENTS (SEE ATTACHMENT 2) (Grants and allocations \$ _____) 34,694; c PROMOTION OF SOCCER (SEE ATTACHMENT 2) (Grants and allocations \$ 1,530) 1,570; 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) 117,125

Part IV Balance Sheets (See page 24 of the instructions.)

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
Assets	45 Cash — non-interest-bearing	50	45	50
	46 Savings and temporary cash investments	30,398	46	33,513
	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	507
	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		
58 Other assets (describe <input type="checkbox"/> SEE ATTACHMENT 3)		0	57c	0
		2,636	58	2,636
59 Total assets (add lines 45 through 58) (must equal line 74)		33,584	59	40,706
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 <input type="checkbox"/>)		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		33,584	72
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)		33,584	73	40,706
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		33,584	74	40,706

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 page 26 of the instructions.)

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
b	Amounts included on line a but not on line 12, Form 990:		
	(1) Net unrealized gains on investments \$		
	(2) Donated services and use of facilities \$		
	(3) Recoveries of prior year grants \$		
	(4) Other (specify): \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	0
d	Amounts included on line 12, Form 990 but not on line a :		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify): \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

a	Total expenses and losses per audited financial statements		N/A
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities \$		
	(2) Prior year adjustments reported on line 20, Form 990 \$		
	(3) Losses reported on line 20, Form 990 \$		
	(4) Other (specify): \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	0
d	Amounts included on line 17, Form 990 but not on line a :		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify): \$		
	Add amounts on lines (1) and (2)	d	
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 page 26 of the instructions.)

(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 page 26 of the instructions.

Part VI Other Information (See page 27 of the instructions.)		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		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.	X	
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		NA
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		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	NA
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
85a	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
86a	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
87a	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 _____; section 4912 _____; section 4955 _____		
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, 2002 (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 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 page 31 of the instructions.)

	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					11,415
b SUPPORT FROM AFFILIATES					7,789
c FINES					675
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					116,244
95 Interest on savings and temporary cash investments			14	127	
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	1,203	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,330	136,123
105 Total (add line 104, columns (B), (D), and (E))					137,453

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 page 32 of the instructions.)

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 WAS REIMURSED TOURNAMENT COSTS BY AFFILIATED ORGANIZATIONS.
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 page 32 of the instructions.)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

(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: JAMES H BRINKMAN Signature of officer Date: _____

Type or print name and title: _____

Preparer's signature: _____ Date: 5/12/04 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, #312, PORTLAND OR Phone no.: (503) 244-3512

SCHEDULE A
Form 990 or 990-EZ

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

OMB No. 1545-0047

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)
▶ **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 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) 2002

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.) 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.		X
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?		X
b Lending of money or other extension of credit?	X	
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4 Do you have a section 403(b) annuity plan for your employees?		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 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.)
 - 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 ► _____
 - 0 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.)
 - 1a 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.)
 - 1b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 2 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.)
 - 3 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

- 4 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,500				2,500
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	112,140	131,850	157,399	112,815	514,204
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	335	842	1,669	2,225	5,071
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.	114,975	132,692	159,068	115,040	521,775
24 Line 23 minus line 17.	2,835	842	1,669	2,225	7,571
25 Enter 1% of line 23	1,150	1,327	1,591	1,150	
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 1998 through 2001 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: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
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: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines: 15 <u>2,500</u> 16 _____ 17 <u>514,204</u> 20 _____ 21 _____ ▶					27c 516,704
d Add: Line 27a total _____ and line 27b total _____ ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e 516,704
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶					27f 521,775
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 99.03 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 0.97 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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)

N/A

		Yes	No
9	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?	29	
0	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?	30	
1	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?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
2	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.)			
.....			
.....			
3	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 9 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768) N/A

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

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
3	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
7	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
3	Total lobbying expenditures (add lines 36 and 37)	38	
3	Other exempt purpose expenditures	39	
3	Total exempt purpose expenditures (add lines 38 and 39)	40	
1	Lobbying nontaxable amount. Enter the amount from the following 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	
2	Grassroots nontaxable amount (enter 25% of line 41)	42	
3	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
4	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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
5	Lobbying nontaxable amount				
6	Lobbying ceiling amount (150% of line 45(e))				
7	Total lobbying expenditures				
8	Grassroots nontaxable amount				
9	Grassroots ceiling amount (150% of line 48(e))				
9	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 11 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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash		X
(ii) Other assets		X
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment, or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations	X	
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	X	

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
(vi)	100	NORTHWEST UNITED WOMEN'S SOCCER, INC	NUWS PAID LEAGUE AFFILIATION FEE
c	480	NORTHWEST UNITED WOMEN'S SOCCER, INC	NUWS REIMBURSED COST OF SHARED EQUIPMENT STORAGE FACILITY

a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
NORTHWEST UNITED WOMEN'S SOCCER, INC	501(C)(4)	SHARE EQUIPMENT STORAGE FACILITY

OREGON ADULT SOCCER ASSOCIATION, INC
 EIN 93-0704480
 ATTACHMENT 1
 FORM 990
 JUNE 30, 2003

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	1,000
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	\$ 1,835	\$ 1,513	\$ 317
Competition expense	24,281	24,281*	
Host Select Team 2002	10,008	10,008#	
USSF event expense	406	406	
Business insurance	712		712
Web page	6,681	6,681	
Miscellaneous	198	99	99
Advertising	223	223	
Temporary help	261	235	26
Corporate fees	115		115
Promotional expenses	<u>235</u>	<u>40</u>	<u>195</u>
Total	<u>\$44,955</u>	<u>\$43,491</u>	<u>\$1,464</u>

* Competition expenses include such costs as field rental, referees, trophies, prize money, hospitality, programs, photocopies, supplies, and on-going storage of tournament paraphernalia.

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

OREGON ADULT SOCCER ASSOCIATION, INC
EIN 93-0704480
ATTACHMENT 2
FORM 990
JUNE 30, 2003

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

OASA paid Portland Family Entertainment \$540 in support of the women's national soccer team.

OASA paid \$990 for soccer field maintenance. \$500 cash was paid to the Delta Turf Fund; OASA also gave \$490 of purchased materials.

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	\$17,595	\$ 0	\$17,595	\$ 0

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 - Nine leagues, comprising approximately 293 teams with 5,562 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. \$80,861.

Tournaments - The OASA organized and managed or otherwise supported local, regional, and national tournament competitions, including the Veterans Cup, Oregon Classic, the Kennedy Cup, and Select Team 2002. In addition, the OASA supported a Select Team of players chosen to participate in regional and national competitions. \$34,694.

Promotion of Soccer - The OASA provided support to the women's national soccer team and helped with maintenance of soccer fields. \$1,570.

OREGON ADULT SOCCER ASSOCIATION, INC
 EIN 93-0704480
 ATTACHMENT 3
 FORM 990
 JUNE 30, 2003

RECEIVABLES FROM OFFICERS - Form 990, Part IV, Line 50

Jevan Williams, Vice President and Secretary, inadvertently charged \$507 of personal expenditures on the OASA credit card. Subsequent to year end Jevan reimbursed the OASA this amount.

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	
Rent security deposit	<u>636</u>	<u>636</u>
Total	<u>\$2,636</u>	<u>\$1,636</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
Jerry Gompers	Ref Admin	.2	0	0	0
Linda Butler	Bd member	.2	0	0	0
Nini Fortino	Bd member	.2	0	0	0
Liane Krichner	Bd member	.2	0	0	0
Tara Witt	Bd member	.2	0	0	0
Brent Hamilton	Bd member	.2	0	0	0
Hugh Kalani	Bd member	.2	0	0	0
Ron Storzbach	Bd member	.2	0	0	0
Walt Weyler	Bd member	.2	0	0	0
Barbara Anderson	Bd member	.2	0	0	0
Ginger Bradbury	Bd member	.2	0	0	0
Henry Bradbury	Bd member	.2	0	0	0
Tim Gero	Bd member	.2	0	0	0
Mary Trembly	Bd member	.2	0	0	0
Ben Nunez	Bd member	.2	0	0	0
Tim Smith	Bd member	.2	0	0	0
Bob Dietz	Bd member	.2	0	0	0
Jessie Macias	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, 2003

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

Jevan Williams, Vice President and Secretary, inadvertently charged \$507 of personal expenditures on the OASA credit card. Subsequent to year end Jevan reimbursed the OASA this amount.

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) 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>John Van Allen</u>
Tournament administration expense	\$ 863	
OASA meetings	26	\$ 364
Travel to meetings	2,180	1,204
Office expense	<u>165</u>	<u> </u>
Totals	<u>\$3,234</u>	<u>\$1,568</u>