

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)

2003

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 2003 calendar year, or tax year beginning JULY 1, 2003, **and ending** JUNE 30, 2004

- 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

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 + 4
PORTLAND OR 97221

D Employer identification number
93-0704480

E Telephone number
(503) 292-1814

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: 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.

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 Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 152,552

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

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		19,775
	3	Membership dues and assessments	3		132,382
	4	Interest on savings and temporary cash investments	4		64
	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			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d		8d			
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	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			
Revenue	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		331	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		152,552	
Expenses	13	Program services (from line 44, column (B))	13		115,288
	14	Management and general (from line 44, column (C))	14		13,855
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		1,200
	17	Total expenses (add lines 16 and 44, column (A))	17		130,343
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		22,209
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		40,706
	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		62,915

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 page 22 of the instructions.)

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>1,100</u> noncash \$ _____)	22 1,100	1,100		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26 30,212	28,701	1,511	
27	Pension plan contributions	27			
28	Other employee benefits	28 1,898	1,803	95	
29	Payroll taxes	29 2,987	2,838	149	
30	Professional fundraising fees	30			
31	Accounting fees	31 3,170		3,170	
32	Legal fees	32			
33	Supplies	33 15,222	14,189	1,033	
34	Telephone	34 5,986	5,687	299	
35	Postage and shipping	35 1,788	1,688	100	
36	Occupancy	36 7,167	6,809	358	
37	Equipment rental and maintenance	37 400	380	20	
38	Printing and publications	38 1,896	1,801	95	
39	Travel	39 13,939	13,939		
40	Conferences, conventions, and meetings	40 5,537	175	5,362	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 1,586	1,586		
43	Other expenses not covered above (itemize): a	43a			
	SEE ATTACHMENT 1	43b 36,255	34,592	1,663	
b		43c			
c		43d			
d		43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 129,143	115,288	13,855	

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 25 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.)

a	SOCCER ADMINISTRATION (SEE ATTACHMENT 2)				
	(Grants and allocations \$ _____)				88,484
b	TOURNAMENTS (SEE ATTACHMENT 2)				
	(Grants and allocations \$ _____)				25,704
c	PROMOTION OF SOCCER (SEE ATTACHMENT 2)				
	(Grants and allocations \$ _____)		1,100		1,100
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				115,288

Part IV Balance Sheets (See page 25 of the instructions.)

		(A)		(B)	
		Beginning of year		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	38,513	46		60,770
	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)	507	50		459
	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	19,181			
b Less: accumulated depreciation (attach schedule)	57b	19,181		57c	
58 Other assets (describe <input type="checkbox"/> SEE ATTACHMENT 3)		1,636	58		
59 Total assets (add lines 45 through 58) (must equal line 74)		40,706	59		
				62,915	
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	40,706	72		62,915
	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)	40,706	73		62,915
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	40,706	74		62,915

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 VI Other Information (See page 28 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	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 and 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
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, 2003 (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 page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	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	
93 Program service revenue:					
a SOCCER COMPETITION INCOME					18,505
b FINES					1,270
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					132,380
95 Interest on savings and temporary cash investments			14	64	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property inventory					
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	331	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				395	152,157
105 Total (add line 104, columns (B), (D), and (E))					152,552

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 34 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	PLAYERS PAID DISCIPLINARY FINES.
94	MEN, WOMEN, AND LEAGUES PAID MONEY TO PLAY ORGANIZED SOCCER.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 34 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

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date 5/11/05

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

EIN _____ Phone no. (503) 244-3512

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
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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) 2002	(b) 2001	(c) 2000	(d) 1999	(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	136,123	112,140	131,850	157,399	537,512
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	127	335	842	1,669	2,973
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	136,250	114,975	132,692	159,068	542,985
24 Line 23 minus line 17	127	2,835	842	1,669	5,473
25 Enter 1% of line 23	1,363	1,150	1,327	1,591	

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 1999 through 2002 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:

(2002) _____ (2001) _____ (2000) _____ (1999) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), 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:

(2002) _____ (2001) _____ (2000) _____ (1999) _____

c Add: Amounts from column (e) for lines: 15 <u>2,500</u> 16 _____ 17 <u>537,512</u> 20 _____ 21 _____	27c	540,012
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	540,012
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	542,985
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.45 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0.55 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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 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		(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 --		
	If the amount on line 40 is — The lobbying nontaxable amount is —		
	Not over \$500,000 20% of the amount on line 40	} 41	
	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) ^f	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) 2003	(b) 2002	(c) 2001	(d) 2000	(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		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.)

51 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?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
 - (ii) Other assets
- b Other transactions:
- (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)	X	
b(iv)		X
b(v)		X
b(vi)	X	
c	X	

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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
b(iii)	80	NORTHWEST UNITED WOMEN'S SOCCER, INC	OASA RENTED NETS FROM NUWS
b(vi)	100	NORTHWEST UNITED WOMEN'S SOCCER, INC	NUWS PAID LEAGUE AFFILIATION FEE TO OASA
c	240	NORTHWEST UNITED WOMEN'S SOCCER, INC	NUWS REIMBURSED COST OF SHARED EQUIPMENT STORAGE FACILITY

52a 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, 2004

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

Oregon Adult Soccer Association, Inc. ("OASA") submits various fees to the United States Adult 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	\$ 200
State affiliation fee: For the general use of Region IV, USASA	<u>1,000</u>
Total paid	<u>\$1,200</u>

USASA
 9152 Kent Ave, Suite C50
 Lawrence IN 46216

Region IV, USASA
 1396 Betty Lane
 Las Vegas NV 89110

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

OASA gave \$1000 in support of the Women's World Cup.
 OASA gave \$100 in support of Special Olympics.

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>\$19,181</u>	<u>\$ 1,586</u>	<u>\$17,595</u>	<u>\$ -0-</u>

OREGON ADULT SOCCER ASSOCIATION, INC
 EIN 93-0704480
 ATTACHMENT 2
 FORM 990
 JUNE 30, 2004

OTHER EXPENSES - Form 990, Part II, Line 43

	<u>Total</u>	<u>Program</u>	<u>Management</u>
Bank fees	\$ 2,299	\$ 2,174	\$ 125
Competition expense	25,704	25,704*	
Business insurance	764		764
Web page	5,495	5,495	
Miscellaneous	1,271	640	631
Advertising	232	232	
Temporary help	365	347	18
Corporate fees	<u>125</u>	<u> </u>	<u>125</u>
 Total	 <u>\$36,255</u>	 <u>\$34,592</u>	 <u>\$1,663</u>

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

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 - Seven leagues and the 5,293 players in those leagues 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 and promoting soccer. \$88,484.

Tournaments - The OASA organized and managed or otherwise supported local, regional, and national tournament competitions, including the Veterans Cup, Oregon Classic, and the Kennedy Cup. \$25,704.

Promotion of Soccer - The OASA provided support to the Women's World Cup and Special Olympics. \$1,100.

OREGON ADULT SOCCER ASSOCIATION, INC
 EIN 93-0704480
 ATTACHMENT 3
 FORM 990
 JUNE 30, 2004

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

Jevan Williams, Vice President and Secretary, inadvertently charged \$459 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
Rent security deposit	<u>636</u>	<u>636</u>
Total	<u>\$1,636</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
Kristy Brewster	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
Mary Tremblay	Bd member	.2	0	0	0
Ben Nunez	Bd member	.2	0	0	0
Janet Berri	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, 2004

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

Jevan Williams, Vice President and Secretary, inadvertently charged \$459 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. Kristen Hamilton received compensation for services. All expenses were supported by invoices or other documentation and approved by the Treasurer. These expenses are as follows.

	<u>J Roger Hamilton</u>	<u>John Van Allen</u>	<u>Kristen Hamilton</u>
Tournament administration expense	\$ 615		
OASA meetings	29	\$ 611	
Travel to meetings	2,644		
Office equipment		1,586	
Office expense	48		
Wages/services	_____	_____	<u>\$1,615</u>
Totals	<u>\$3,336</u>	<u>\$2,197</u>	<u>\$1,615</u>

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization OREGON ADULT SOCCER ASSOCIATION, INC	Employer identification number 93-0704480
	Number, street, and room or suite no. If a P.O. box, see instructions. 1750 SW SKYLINE BLVD, SUITE 121	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND OR 97221	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2005.
- 5 For calendar year _____, or other tax year beginning JULY 1, 2003 and ending JUNE 30, 2004.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE THE ACCOUNTING PROCESS SO THAT AN ACCURATE RETURN CAN BE FILED.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature James H Brinkman Title CPA Date 2/14/05

Notice to Applicant — To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name JAMES H BRINKMAN	FEB 28 2005
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 9570 SW BARBUR, SUITE 312	
	City or town, province or state, and country (including postal or ZIP code) PORTLAND OR 97219	

EXTENSION APPROVED

SUBMISSION PROCESSING