

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)

2004

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 2004 calendar year, or tax year beginning JULY 1, 2004, and ending JUNE 30, 2005

- 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 <u>OREGON ADULT SOCCER ASSOCIATION, INC.</u>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1750 SW SKYLINE BLVD</u> <u>121</u>	
	City or town, state or country, and ZIP + 4 <u>PORTLAND, OR 97221</u>	

D Employer identification number <u>93-0704480</u>
E Telephone number <u>503-292-1814</u>
F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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 ▶ 150,540

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)			23,505
	3 Membership dues and assessments			126,774
	4 Interest on savings and temporary cash investments			255
	5 Dividends and interest from securities			
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c
7 Other investment income (describe ▶ _____)			7	
	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a	8b	
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	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	
	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)			6	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 150,540	
Expenses	13 Program services (from line 44, column (B))			13 108,077
	14 Management and general (from line 44, column (C))			14 11,564
	15 Fundraising (from line 44, column (D))			
	16 Payments to affiliates (attach schedule)			16 1,100
	17 Total expenses (add lines 16 and 44, column (A))			17 120,741
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18 29,799
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 62,915
	20 Other changes in net assets or fund balances (attach explanation)			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 92,714

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 \$ _____ noncash \$ _____)	22			
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	36,694	33,025	3,669
27	Pension plan contributions	27			
28	Other employee benefits	28	1,690	1,605	85
29	Payroll taxes	29	3,776	3,398	378
30	Professional fundraising fees	30			
31	Accounting fees	31	2,986		2,986
32	Legal fees	32			
33	Supplies	33	9,449	8,940	509
34	Telephone	34	3,395	3,225	170
35	Postage and shipping	35	1,027	952	75
36	Occupancy	36	6,793	6,459	334
37	Equipment rental and maintenance	37	629	598	31
38	Printing and publications	38	3,078	3,078	
39	Travel	39	11,909	11,909	
40	Conferences, conventions, and meetings	40	1,992	300	1,692
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	1,699	1,699	
43	Other expenses not covered above (itemize): a _____	43a			
	b SEE ATTACHMENT 2	43b	34,524	32,889	1,635
	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	44	119,641	108,077	11,564

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		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 \$ _____)	84,459
b	TOURNAMENTS (SEE ATTACHMENT 2) (Grants and allocations \$ _____)	23,618
c	_____ (Grants and allocations \$ _____)	
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)	108,077

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

		(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	60,770	46	89,528
	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)	459	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	19,294	57a		
b	Less: accumulated depreciation (attach schedule)	19,294	57b	57c	
58	Other assets (describe <input type="checkbox"/> SEE ATTACHMENT 3)	1,636	58	3,136	
59	Total assets (add lines 45 through 58) (must equal line 74)	62,915	59	92,714	
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)	0	66	0	
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	62,915	72	92,714
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)	62,915	73	92,714	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	62,915	74	92,714	

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 27 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	
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	

a	Total expenses and losses per audited financial statements . . . ▶	a	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	
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	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 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 28 of the instructions.

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 <input type="checkbox"/> 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 C		
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 NA		
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 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="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 <input type="text" value="0"/>		C
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		0
90a List the states with which a copy of this return is filed <input type="text" value="OREGON"/>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b 2		
91 The books are in care of <input type="text" value="JOHN VAN ALLEN"/> Telephone no. <input type="text" value="(503) 292-1814"/> Located at <input type="text" value="1750 SW SKYLINE BLVD, #121, PORTLAND OR"/> ZIP + 4 <input type="text" value="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.)

	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					21,650
b FINES					1,855
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					126,774
95 Interest on savings and temporary cash investments			14	255	
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			01	6	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				261	150,279
105 Total (add line 104, columns (B), (D), and (E))					150,540

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	DUES REVENUE CONTRIBUTES IMPORTANTLY BY ALLOWING THE OASA TO SUPPORT, GOVERN, COORDINATE, AND ADMINISTER SOCCER IN THE STATE OF OREGON.

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: 2/6/06

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

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

2004

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 ▶		

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
4a	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
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)			2,500		2,500
16 Membership fees received					0
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	152,157	136,123	112,140	131,850	532,270
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	64	127	335	842	1,368
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	152,221	136,250	114,975	132,692	536,138
24 Line 23 minus line 17	64	127	2,835	842	3,868
25 Enter 1% of line 23	1,522	1,363	1,150	1,327	
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 2000 through 2003 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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 <u>2,500</u> 16 <u>0</u> 17 <u>532,270</u> 20 <u>0</u> 21 <u>0</u> ▶					27c 534,770
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u> ▶					27d 0
e Public support (line 27c total minus line 27d total) ▶					27e 534,770
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f 536,138
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 99.74 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 0.26 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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— 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	
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) 2004	(b) 2003	(c) 2002	(d) 2001	(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 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	
j 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 11 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?

	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
b(iii)	80	NORTHWEST UNITED WOMEN'S SOCCER, INC	OASA RENTED GOAL NETS FROM NUWS
b(vi)	100	NORTHWEST UNITED WOMEN'S SOCCER, INC	NUWS PAID LEAGUE AFFILIATION FEE TO OASA
b(vi)	100	GREATER PORTLAND SOCCER DISTRICT, INC	GPSD PAID LEAGUE AFFILIATION FEE TO OASA

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)	COMMON DIRECTORS
GREATER PORTLAND SOCCER DISTRICT, INC	501(c)(4)	COMMON DIRECTORS

OREGON ADULT SOCCER ASSOCIATION, INC.
 EIN 93-0704480
 ATTACHMENT 1
 FORM 990
 JUNE 30, 2005

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	\$ 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

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>\$19,294</u>	<u>\$ 1,699</u>	<u>\$17,595</u>	<u>\$ -0-</u>

OREGON ADULT SOCCER ASSOCIATION, INC.
 EIN 93-0704480
 ATTACHMENT 2
 FORM 990
 JUNE 30, 2005

OTHER EXPENSES - Form 990, Part II, Line 43

	<u>Total</u>	<u>Program</u>	<u>Management</u>
Competition expense:			
Referee assignor	\$ 1,140	\$ 1,140	
Referees	10,324	10,324	
Storage	1,008	1,008	
Team subsidy	1,000	1,000	
Tournament entry fees	700	700	
Field rental	3,579	3,579	
Hospitality food	1,771	1,771	
Contract labor	1,013	1,013	
Portable restrooms	635	635	
Miscellaneous expense	1,052	1,052	
Bank fees	175		\$ 175
Credit card fees	1,990	1,990	
Business insurance	792		792
Web page	4,734	4,497	237
Miscellaneous	140		140
Advertising	180	180	
Temporary help	2,792	2,652	140
Corporate fees	151		151
Promotional pins	<u>1,348</u>	<u>1,348</u>	
 Total	 <u>\$34,524</u>	 <u>\$32,889</u>	 <u>\$1,635</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 adult 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 - Eight leagues and the 6,042 players in those leagues were registered with the OASA during the year. Every player received an ID card. Officers attended regional and national meetings for the purpose of administering and promoting soccer. \$84,459.

Tournaments - The OASA organized and managed or otherwise supported local, regional, and national tournament competitions, including the National Cup and the Oregon Classic. \$23,618.

OREGON ADULT SOCCER ASSOCIATION, INC.
 EIN 93-0704480
 ATTACHMENT 3
 FORM 990
 JUNE 30, 2005

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	\$2,500
Rent security deposit	<u>636</u>	<u>636</u>
Total	<u>\$1,636</u>	<u>\$3,136</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/Dir	5.0	\$0	\$0	\$0
Shonna Williams	VP/Dir	1.0	0	0	0
Barbara Skotte	VP/Dir	1.0	0	0	0
Anthony Jackson	VP/Dir	1.0	0	0	0
Jevan Williams	VP/Sec/Dir	2.0	0	0	0
John Van Allen	VP/Treas/Dir	1.0	0	0	0
Doug Morasch	VP/Registr/ Director	.2	0	0	0
Barbara Anderson	Director	.2	0	0	0
Janet Berri	Director	.2	0	0	0
Justin Bigelow	Director	.2	0	0	0
Ginger Bradbury	Director	.2	0	0	0
Henry Bradbury	Director	.2	0	0	0
Kristy Brewster	Director	.2	0	0	0
Linda Butler	Director	.2	0	0	0
Eric Chapin	Director	.2	0	0	0
Bob Dietz	Director	.2	0	0	0
Nini Fortino	Director	.2	0	0	0
Jerry Gompers	Ref Admin/ Director	.2	0	0	0
Brent Hamilton	Director	.2	0	0	0
Hugh Kalani	Director	.2	0	0	0
Liane Krichner	Director	.2	0	0	0
Mary Morasch	Director	.2	0	0	0
Ben Nunez	Director	.2	0	0	0
Ignacio Sanchez	Director	.2	0	0	0
Tim Smith	Director	.2	0	0	0
Ron Storzbach	Director	.2	0	0	0
Walt Weyler	Director	.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, SCHEDULE A
JUNE 30, 2005

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 in the fiscal year ended June 30, 2004. Jevan reimbursed the OASA this amount in fiscal year ended June 30, 2005.

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), John Van Allen (Treasurer), and Jevan Williams (Secretary) 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 expenses are as follows.

	<u>J Roger Hamilton</u>	<u>John Van Allen</u>	<u>Jevan Williams</u>
Tournament administration expense	\$ 345		\$ 826
Travel to tournaments	471		
OASA meetings	169	\$ 658	160
Travel to meetings	2,450		2,862
Office equipment		1,699	
Office expense	<u>35</u>	<u>1,024</u>	<u>316</u>
Totals	<u>\$3,470</u>	<u>\$3,381</u>	<u>\$4,164</u>