



Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning JULY 1, 2008, **and ending** JUNE 30, 2009

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

OREGON ADULT SOCCER ASSOCIATION, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

1750 SW SKYLINE BLVD

Room/suite

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 Group Exemption Number

▶

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ OREGONADULTSOCCER.COM

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

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

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 151,266

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

		Revenue	
	1 Contributions, gifts, grants, and similar amounts received	1	668
	2 Program service revenue including government fees and contracts	2	32,369
	3 Membership dues and assessments	3	117,877
	4 Investment income	4	352
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	151,266
	10 Grants and similar amounts paid (attach schedule)	10	1,100
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	77,436
	13 Professional fees and other payments to independent contractors	13	14,538
	14 Occupancy, rent, utilities, and maintenance	14	7,815
	15 Printing, publications, postage, and shipping	15	5,990
	16 Other expenses (describe ▶ SEE ATTACHMENT 1)	16	58,874
	17 Total expenses. Add lines 10 through 16 ▶	17	165,753
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(14,487)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	108,108
	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 through 20 ▶	21	93,621

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	108,039	22 93,581
23	Land and buildings		23
24	Other assets (describe ▶ SEE ATTACHMENT 2)	1,136	24 636
25	Total assets	109,175	25 94,217
26	Total liabilities (describe ▶ SEE ATTACHMENT 2)	1,067	26 596
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	108,108	27 93,621

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

Table with columns for question number, question text, and Yes/No columns. Includes questions 33 through 45 regarding organizational activities, financial reporting, and tax compliance.

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	X	
49b If "Yes," was the related organization(s) a section 527 organization?		X

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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.

Sign Here

Signature of officer: _____ Date: _____

JOHN VAN ALLEN, TREASURER

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: JAMES H BRINKMAN, 9570 SW BARBUR, #312, PORTLAND OR 97219

Check if self-employed Preparer's Identifying Number (See instructions): _____

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

May the IRS discuss this return with the preparer shown above? See instructions Yes No

OREGON ADULT SOCCER ASSOCIATION, INC.
EIN 93-0704480
FORM 990-EZ
JUNE 30, 2009

ATTACHMENT 1

Part I, Line 10 - Grants and similar amounts paid

Oregon Adult Soccer Association, Inc. ("OASA") submits various fees to the United States Adult Soccer Association, Inc. ("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>\$1,000</u>

Part I, Line 16 - Other expenses

Coaching clinic expenses:	
Soccer facility rental	\$ 1,205
Competition expenses:	
Fields	10,272
Storage	1,757
Travel	1,666
Tournament entry fee	450
Portable rest rooms	775
Food for referees	1,153
Miscellaneous expense	1,106
Credit card fees	5,705
Bank fees	367
Business insurance	1,079
Board of directors meetings	3,252
National meetings-travel and registration	13,536
Software	999
Web page	572
Miscellaneous office expense	1,415
Equipment purchases	4,202
Equipment maintenance	807
Player ID supplies	3,174
Office supplies	2,232
Telephone	2,984
Corporate fees	<u>166</u>
Total	<u>\$58,874</u>

OREGON ADULT SOCCER ASSOCIATION, INC.
EIN 93-0704480
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ATTACHMENT 2

Part II, Line 24 - Other assets

	<u>Beginning of year</u>	<u>End of year</u>
Due from USASA - Select Team performance bond	\$ 500	
Rent security deposit	636	\$ 636
Office equipment	15,000	15,000
Less accumulated depreciation	<u>(15,000)</u>	<u>(15,000)</u>
Total	<u>\$ 1,136</u>	<u>\$ 636</u>

Part II, Line 26 - Other liabilities

	<u>Beginning of year</u>	<u>End of year</u>
Credit card payable	\$ 567	
Team deposit payable	<u>500</u>	\$ 596
Total	<u>\$1,067</u>	<u>\$ 596</u>

Part III, Line 28 - Statement of Program Service Accomplishments

Soccer Administration - Ten leagues and the 6,240 players in those leagues were registered with the OASA during the year. Every player received an ID card. Officers and employees attended regional and national meetings for the purpose of administering and promoting soccer.

OREGON ADULT SOCCER ASSOCIATION, INC.
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ATTACHMENT 3

Part IV, List of Officers, Directors, Trustees, and Key Employees

<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	7.0	\$0	\$0	\$0
Jevan Williams	VP/Sec/Dir	5.0	0	0	0
John Van Allen	VP/Treas/Dir	5.0	0	0	0
Shonna Schroedl	VP/Dir	1.0	0	0	0
Anthony Jackson	VP/Dir	1.0	0	0	0
Doug Morasch	VP/Registr/ Director	1.0	0	0	0
Mauricio Aguilera	Director	.2	0	0	0
Barbara Anderson	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
Linda Phillips	Director	.2	0	0	0
Terry Christopher	Director	.2	0	0	0
Fidel Cruz	Director	.2	0	0	0
Patrick Duffy	Director	3.0	0	0	0
Pedro Felix	Director	.2	0	0	0
Nikos Filis	Director	.2	0	0	0
Cindy Gillespie	Director	.2	0	0	0
Katie Gillespie	Director	.2	0	0	0
Renee Gonzalez	Director	.2	0	0	0
Kelly Jones	Director	.2	0	0	0
Hugh Kalani	Director	.2	0	0	0
Kristin Kralicek	Director	.2	0	0	0
Liane Krichner	Director	.2	0	0	0
Mario Lobo Hernandez	Director	.2	0	0	0
Jessie Macias	Director	.2	0	0	0
Victor Mettle	Director	.2	0	0	0
Mary Morasch	Director	.2	0	0	0
Ben Nunez	Director	.2	0	0	0
Bonney Pelley	Director	.2	0	0	0
Ricardo Pulido	Director	.2	0	0	0
Kevin Richards	Director	.2	0	0	0
Victor Sanabria	Director	.2	0	0	0
Ignacio Sanchez	Director	.2	0	0	0
Ron Storzbach	Director	.2	0	0	0
Carla Ward	Director	.2	0	0	0

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

OREGON ADULT SOCCER ASSOCIATION, INC.

**EIN 93-0704480
FORM 990-EZ
JUNE 30, 2009**

ATTACHMENT 4

I hereby certify that the attached copy of the Restated Bylaws of Oregon Adult Soccer Association, Inc., dated November 2008, is a complete and accurate copy of the original document.

John Van Allen, Treasurer

Date

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					668	668
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	150,279	118,910	129,027	161,489	150,246	709,951
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	150,279	118,910	129,027	161,489	150,914	710,619
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						710,619

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	150,279	118,910	129,027	161,489	150,914	710,619
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	255	836	1,135	1,604	352	4,182
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	255	836	1,135	1,604	352	4,182
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						714,801

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.41 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.59 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.59 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.41 %

19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your 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	
	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):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► JOHN VAN ALLEN

Telephone No. ► (503) 292-1814 FAX No. ►

- 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 or
- tax year beginning JULY 1, 2008, and ending JUNE 30, 2009.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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.	3a	\$	N/A
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	N/A
c Balance Due. Subtract line 3b from line 3a. 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.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- 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. Only file the original (no copies needed).

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization		Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

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

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in the care of ▶ _____
Telephone No. ▶ _____ FAX No. ▶ _____
- 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.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

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.	8a	\$
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.	8b	\$
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.	8c	\$

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 ▶ _____ Title ▶ _____ Date ▶ _____



Form

CT-12

**For Oregon Corporations
and Certain Trusts**

Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410
Portland, OR 97201-5451
E-Mail: charitable.activities@doj.state.or.us
Web site: http://www.doj.state.or.us

VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

For Accounting Periods Beginning in:

2008

Section I. General Information

1. Cross Through Incorrect Items and Correct Here:
(See instructions for change of name or accounting period.)

Registration #: 16933

Organization Name: OREGON ADULT SOCCER ASSOCIATION, INC.

Address: 1750 SW SKYLINE BLVD, SUITE 121

City, State, Zip: PORTLAND, OR 97221

Phone: (503) 292-1814 Fax: _____ Amended Report?

Email: _____

Period Beginning: 7/1/2008 Period Ending: 6/30/2009

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or management letters supplementing the report or financial statements. Yes No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? Yes No
If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____
4. Has the organization or any officer, director, trustee, or key employee of the organization ever been involved in a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or in a legal action in any court regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach copies of the agreement and a written explanation. Yes No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service indicating a new or amended tax-exempt status? If yes, attach a copy of the amended document or letter. Yes No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Yes No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
JOHN VAN ALLEN	TREASURER	(503) 292-1814	1750 SW SKYLINE BLVD, SUITE 121 PORTLAND OR 97221

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive any compensation from the organization. Attach additional sheets if necessary. If an IRS form is attached that includes substantially the same information, the phrase "See IRS Form" may be entered in lieu of completing this section. (Oregon law requires a minimum of three directors.)

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	SEE IRS FORM		
Address:	-----		
Phone:	-----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	-----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	-----		
Email:	-----		

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