

Short Form
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)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning Jul 1 , 2009, **and ending** Dec 31 , 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> 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) 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 Group Exemption Number ►
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• 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: ► www.oregonadultsoccer.com

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

J Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 79,882.

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

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	3,805.
	3 Membership dues and assessments	3	76,075.
	4 Investment income	4	2.
	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)	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	79,882.	
E X P E N S E S	10 Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	38,875.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	44,856.
	13 Professional fees and other payments to independent contractors	13	827.
	14 Occupancy, rent, utilities, and maintenance	14	3,036.
	15 Printing, publications, postage, and shipping	15	2,936.
	16 Other expenses (describe ► See Other Expenses Statement)	16	33,175.
	17 Total expenses. Add lines 10 through 16	17	123,705.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-43,823.	
A S S E T S	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	93,621.
	20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	64.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	49,862.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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		93,581.	49,617.
23 Land and buildings		0.	0.
24 Other assets (describe ► See L-24 Stmt)		636.	686.
25 Total assets		94,217.	50,303.
26 Total liabilities (describe ► See L-26 Stmt)		596.	441.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		93,621.	49,862.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? Administering and promoting soccer		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>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.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	50,835.
29	----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	50,835.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)				
(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 and deferred compensation	(e) Expense account and other allowances
<u>Roger Hamiltion</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u>	President 7.00	0.	0.	
<u>Jevan Williams</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u>	Secretary 5.00	0.	0.	
<u>John Van Allen</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u>	Treasurer 5.00	0.	0.	
<u>Shonna Schroedl</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u>	Vice President 1.00	0.	0.	
<u>Anthony Jackson</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u>	Vice President 1.00	0.	0.	
<u>Douglas Morasch</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u>	Registrar 1.00	0.	0.	
<u>Mauricio Aguilera</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u>	Director 0.20	0.	0.	
<u>Barbara Anderson</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u>	Director 0.20	0.	0.	
<u>Justin Bigelow</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u>	Director 0.20	0.	0.	
<u>Virginia Bradbury</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u>	Director 0.20	0.	0.	
<u>Terry Christopher</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u>	Director 0.20	0.	0.	
<u>See List of Officers, Directors, Trustees, & Key Employees Stmt</u>				

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a 0.	
37b	b Did the organization file Form 1120-POL for this year?		X
38a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	
40a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>Oregon</u>		

42a The organization's books are in care of ▶ John Van Allen Telephone no. ▶ (503) 292-1814
 Located at ▶ 1750 SW Skyline Blvd, Suite 121 Portland OR ZIP + 4 ▶ 97221

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** |

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	49b	X

50 Complete this table for the organization's 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 and deferred compensation	(e) Expense account and other allowances
none				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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		

d 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: 05/25/10
 Type or print name and title: John Van Allen Treasurer

Paid Preparer's Use Only Preparer's signature: _____ Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Julia Fitzgerald, CPA PC
 4620 SW BEAVERTON HILLSDALE HWY STE B-4 PORTLAND OR 97221-2900
 EIN: _____ Phone no.: (503) 244-6905

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization Oregon Adult Soccer Association, Inc.	Employer identification number 93-0704480
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 exempt 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).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III– Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 Total. Add lines 1-through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the 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"/>		
16b 33-1/3 support test – 2008. 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 – 2009 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"/>		
17b 10%-facts-and-circumstances test – 2008. 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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")				668.		668.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	118,910.	129,027.	161,489.	150,246.	79,880.	639,552.
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 through 5	118,910.	129,027.	161,489.	150,914.	79,880.	640,220.
7a Amounts included on lines 1, 2, 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						640,220.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	118,910.	129,027.	161,489.	150,914.	79,880.	640,220.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	836.	1,135.	1,604.	352.	2.	3,929.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	836.	1,135.	1,604.	352.	2.	3,929.
11 Net income from unrelated business activities not included inline 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 lns 9, 10c, 11, and 12.)						644,149.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	99.39%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.41%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.61%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.59%

19a 33-1/3 support tests – 2009. 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 – 2008. If the organization did not check a box on line 14 or 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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area containing horizontal dashed lines for providing supplemental information.

**Form 990-EZ
Part II**

Other Assets and Liabilities

2009

Name as Shown on Return Oregon Adult Soccer Association, Inc.	Employer Identification No. 93-0704480
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	Beginning of Year	End of Year
Line 24 - Other Assets:		
Office equipment	0.	0.
Petty Cash		50.
Rent security deposit	636.	636.
Totals to Form 990-EZ, Part II, line 24	636.	686.
Line 26 - Total Liabilities:		
Credit card payable	0.	
Team deposit payable	596.	
Wells Fargo Visa		441.
Totals to Form 990-EZ, Part II, line 26	596.	441.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

<u>Fields</u>	<u>1,000.</u>
<u>Travel</u>	<u>203.</u>
<u>Bank fees</u>	<u>2,863.</u>
<u>Business insurnace</u>	<u>1,107.</u>
<u>National meetings-travel and registration</u>	<u>7,396.</u>
<u>Software</u>	<u>194.</u>
<u>Web page</u>	<u>222.</u>
<u>Miscellaneous office expense</u>	<u>929.</u>
<u>Equipment</u>	<u>8,366.</u>
<u>Equipment maintenance</u>	<u>66.</u>
<u>Player ID supplies</u>	<u>970.</u>
<u>Office supplies</u>	<u>2,826.</u>
<u>Telephone</u>	<u>1,413.</u>
<u>Property tax</u>	<u>30.</u>
<u>Temp Help</u>	<u>95.</u>
<u>Employee Health Ins</u>	<u>3,893.</u>
<u>OASA Meetings</u>	<u>1,602.</u>
Total	<u><u>33,175.</u></u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Patrick Duffy</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country	Title <u>Director</u> Hours/Week <u>3.00</u>	<u>0.</u>	<u>0.</u>	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Pedro Felix</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country	Title <u>Director</u> Hours/Week <u>2.00</u>	<u>0.</u>	<u>0.</u>	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Nikos Filis</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country	Title <u>Director</u> Hours/Week <u>0.20</u>	<u>0.</u>	<u>0.</u>	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Kelley Jones</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Title Director			
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Hugh Kalani</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Hours/Week 0.20 Title Director	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Kristin Kralicek</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Hours/Week 0.20 Title Director	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Liane Kirchner</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Hours/Week 0.20 Title Director	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Mario Lobo Hernandez</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Hours/Week 0.20 Title Director	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Mary Morasch</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Hours/Week 0.20 Title Director	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Benjamin Nunez</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Hours/Week 0.20 Title Director	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Ricardo Puido</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Hours/Week 0.20 Title Director	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Kevin Richards</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Title <u>Director</u> Hours/Week 0.20	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Ignacio Sanchez</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Title <u>Director</u> Hours/Week 0.20	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Ronald Storzbach</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Title <u>Director</u> Hours/Week 0.20	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Carla Ward</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Title <u>Director</u> Hours/Week 0.20	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Eric Beck</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Title <u>Director</u> Hours/Week 0.20	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Ken Koopmans</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Title <u>Director</u> Hours/Week 0.20	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Rachel Lemons</u> <u>1750 SW Skyline Blvd, Suite 121</u> <u>Portland OR 97221</u> Foreign city ... _____ Foreign country _____	Title <u>Director</u> Hours/Week 0.20	0.	0.	

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts PaidPurpose of Payment Oregon Adult Soccer Association Inc. ("OASA") submits various fees to the United

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>fee</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>USASA Oregon</u> <u>1750 SW Skyline Blve</u> <u>Portland OR 97221</u>	<u>state affiliation</u>	<u>38,875.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
<u>Miscellaneous to adjust to books</u>	<u>64.</u>
<u>Total</u>	<u><u>64.</u></u>

Explanation Statement

Form/Line: Form 990-EZ, Return of Org Exempt from Inc TaxExplanation of: Reasonable Cause for Late Filing of Form 990-EZ

The return was rejected from the timely filed due to the change in tax years. We must paper mail the tax return.

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
USSF Event Income	3,052.
T-Shirts	3.
Fines	750.
Total	<u>3,805.</u>

Supporting Statement of:

Form 990-EZ/Line 3

Description	Amount
Leagues	800.
Players	75,275.
Total	<u>76,075.</u>

Supporting Statement of:

Form 990-EZ/Line 12

Description	Amount
Payroll Expenses	44,025.
Outside Services	831.
Total	<u>44,856.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
Printing	992.
Postage & printing	2,214.
Storage	-270.
Total	<u>2,936.</u>

Supporting Statement of:**Form 990-EZ/Line 28, Expenses**

Description	Amount
National/Regional meetings	7,396.
OASA Meetings	1,602.
Printing	992.
ID Supplies	970.
USASA Fees	38,875.
Service programs	1,000.
Total	<u>50,835.</u>

Supporting Statement of:**Grants and Changes: Form 990-EZ/Amount Given-1**

Description	Amount
Player dues	14,217.
Player Insurance	24,558.
USA SA Affiliation	100.
Total	<u>38,875.</u>

Supporting Statement of:**Other Assets & Liabilities: Form 990-EZ/Line 24 End of Year-1**

Description	Amount
eq	15,000.
depreciation	-15,000.
Total	<u>0.</u>

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:

2009

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: _____

Email: _____

Period Beginning: 07 / 01 /2009 Period Ending: 12 / 31 /2009 Amended Report?

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 other documents 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?
If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____ Yes No
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, or secretary of state, or local district attorney, or been a party to legal action in any court regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. 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 compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that 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:	-----		

Section II. Fee Calculation

9.	Total Revenue (From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041 or Form 1041-A; or see page 3 of the instructions if no federal tax return was prepared. Attach explanation if Total Revenue is \$0.)	9.	\$79,882.00	
10.	Revenue Fee (See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)	10.		\$45.00
	Amount on Line 9 \$0 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000 - \$499,999 \$500,000 - \$749,999 \$750,000 - \$999,999 \$1,000,000 or more	Revenue Fee \$10 \$25 \$45 \$75 \$100 \$135 \$170 \$200		
11.	Net Assets or Fund Balances at End of the Reporting Period (From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see page 4 to calculate.)	11.	\$49,862.00	
12.	Net Fixed Assets Used to Conduct Charitable Activities (Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see page 4 to calculate. See instructions if organization owns income-producing assets.)	12.		
13.	Amount Subject to Net Assets or Fund Balances Fee (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)	13.	\$49,862.00	
14.	Net Assets or Fund Balances Fee (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)	14.		\$0.00
15.	Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No..... (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)	15.		
16.	Total Amount Due (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)	16.		\$45.00
17.	Attach a copy of the organization's federal tax return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization is required to complete certain IRS Forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing			

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.		
	⇒	_____	_____
Paid Preparer's Use Only	Signature of officer	Date	Title
	⇒	_____	_____
	Preparer's signature	Date	503-244-6905 Phone
	Preparer's name	Address	4620 SW Beaverton Hillsdale Hwy, Ste B-4, Portland OR 97221