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Form **990****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)**2006**Open to Public
InspectionDepartment 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 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

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

Please use
IRS label
or print
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See
specific
instruc-
tions

C Oregon Athletic Coaches Association
3295 Triangle Dr. SE #100
Salem, OR 97302

D Employer identification number

23-7241514

E Telephone number

F Accounting method: ☒ Cash ☐ Accrual

☐ Other (specify) _____

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

N 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: _____**M** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**G** Web site: N/A**J** Organization type (check only one) ☒ 501(c) 6 (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ If the organization is not a 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** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 258,725.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)****1** Contributions, gifts, grants, and similar amounts received:

a Contributions to donor advised funds	1a	
b Direct public support (not included on line 1a)	1b	
c Indirect public support (not included on line 1a)	1c	
d Government contributions (grants) (not included on line 1a)	1d	
e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e	0.

2 Program service revenue including government fees and contracts (from Part VII, line 93) 103,065.**3** Membership dues and assessments 153,644.**4** Interest on savings and temporary cash investments 948.**5** Dividends and interest from securities 1,068.**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

	(A) Securities	(B) Other
8a Gross amount from sales of assets other than inventory	8a	
b Less: cost or other basis and sales expenses	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 ☐**a** Gross revenue (not including \$ _____ of contributions reported on line 1b) 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) 11**12** Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11. 258,725.**13** Program services (from line 44, column (B)) 13 140,138.**14** Management and general (from line 44, column (C)) 14 100,275.**15** Fundraising (from line 44, column (D)) 15**16** Payments to affiliates (attach schedule) 16**17** Total expenses. Add lines 16 and 44, column (A) 17 240,413.**18** Excess or (deficit) for the year. Subtract line 17 from line 12. 18 18,312.**19** Net assets or fund balances at beginning of year (from line 73, column (A)) 19 97,547.**20** Other changes in net assets or fund balances (attach explanation) 20**21** Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 115,859.

REVENUE

EXPENSES

NET ASSETS

Part I 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.

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule).....	23				
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch).....	25a	77,091.	0.	77,091.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch).....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26				
27 Pension plan contributions not included on lines 25a, b, and c.....	27				
28 Employee benefits not included on lines 25a - 27.....	28				
29 Payroll taxes.....	29				
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	200.		200.	
32 Legal fees.....	32				
33 Supplies.....	33	44,186.	42,765.	1,421.	
34 Telephone.....	34	1,739.		1,739.	
35 Postage and shipping.....	35	2,500.	2,500.		
36 Occupancy.....	36				
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38	8,290.	8,290.		
39 Travel.....	39				
40 Conferences, conventions, and meetings.....	40	3,735.		3,735.	
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42				
43 Other expenses not covered above (itemize): a See Statement 1.....	43a	102,672.	86,583.	16,089.	
b.....	43b				
c.....	43c				
d.....	43d				
e.....	43e				
f.....	43f				
g.....	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	240,413.	140,138.	100,275.	0.

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 \$ _____.

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23-7241514

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Part III Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? ▶ See Statement 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

a Printing & publications of coaches directories, banquet honoring outstanding coaches, summer coaches' clinics, sports support, scholarships to outstanding boys & girls.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

140,138.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

e Other program services.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

140,138.

BAA

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	11,156.	45	40,629.
	46 Savings and temporary cash investments	86,391.	46	74,138.
	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	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	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	1,092.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation (attach schedule)	57b	57c	
58 Other assets, including program-related investments (describe ▶ _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	97,547.	59	115,859.	
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 ▶ _____)		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 checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	97,547.	67	115,859.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input 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		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).	97,547.	73	115,859.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	97,547.	74	115,859.

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Form 990 (2006)

Part IV Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	258,725.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	258,725.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d.	e	258,725.

Part V Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	240,413.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	240,413.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d.	e	240,413.

Part VI Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 and deferred compensation plans	(E) Expense account and other allowances
Vic Lease Santiam High School Mill City, OR 97360	President 0	0.	0.	0.
Cindy Anderson Wilsoville High School Wilsoville, OR 97070	Vice President 0	0.	0.	0.
Greg Letts Centennial High School Portland, OR 97360	Secretary 0	0.	0.	0.
Marv Heater P.O. Box 12212 Salem, OR 97309	Executive Direc 0	0.	0.	0.
Dave Johnson P.O. Box 12212 Salem, OR 97309	Executive Direc 0	0.	0.	0.

Part A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings . . . ▶ 5

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s).

c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'

If 'Yes,' attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy? ...

	Yes	No
75b		X
75c		X
75d	X	

750	^
Part VII	
Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other	

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities?
If 'Yes,' attach a detailed statement of each change

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.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement. . .

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?

b If 'Yes,' enter the name of the organization ▶ **N/A**

and check whether it is ☐ exempt or ☐ nonexempt.

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year?

	Yes	No
76		X
77		X
78a		X
78b	N/A	
79		X
80a		X
81b		X

BAA

Form 990 (2006)

Part VII Other Information (continued)

	Yes	No
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?		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	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
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.		
c Dues, assessments, and similar amounts from members.	85c	0
d Section 162(e) lobbying and political expenditures.	85d	0
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	0
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	0
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a 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	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b 501(c)(3) and 501(c)(4) organizations. 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	N/A
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Enter. Amount of tax on line 89c, above, reimbursed by the organization		N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a List the states with which a copy of this return is filed <u>None</u>		
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	0
91a The books are in care of <u>Marv Heater</u> Telephone number <u>503-399-0017</u> Located at <u>3295 Triangle Dr. SE #100, Salem OR</u> ZIP + 4 <u>97302</u>		
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	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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Part VII Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?.....

Yes	No
91 c	X

If 'Yes,' enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A ☐

and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92

N/A

Part VIII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a See Statement 3					103,065.
b					
c					
d					
e					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies..					
94 Membership dues and assessments					153,644.
95 Interest on savings & temporary cash invmnts					948.
96 Dividends & interest from securities..					1,068.
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 pers prop.					
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					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) ..					258,725.
105 Total (add line 104, columns (B), (D), and (E)) ..					258,725.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).

N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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).

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Part I Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.					X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.					X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

				Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?					X

Please Sign Here	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.	
	Signature of officer <u><i>Mary Heater</i></u> Date <u>8/14/12</u>	Type or print name and title <u>Mary Heater, Executive Director</u>

Paid Preparer's Use Only	Preparer's signature <u>Barbara J. Craven</u>	Date <u>8/13/2012</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W) <u>N/A</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Barb's Pro Bkcp & Tax Svc.</u> <u>3295 Triangle Drive SE, #112</u> <u>Salem, OR 97302-4567</u>	EIN <u>N/A</u>	Phone no. <u>(503) 399-0017</u>	

BAA

Form 990 (2006)

2006

Federal Statements

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Client ORHGH5CH

Oregon Athletic Coaches Association

23-7241514

10/13/07

04:22PM

Statement 1
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bank Fees	858.		858.	
Banquet	8,610.	8,610.		
Donations	240.		240.	
Dues/Subscriptions	529.		529.	
Education	170.		170.	
Exec. Council	3,352.		3,352.	
Insurance	19,320.	19,320.		
Internet	1,601.	1,601.		
Membership	2,837.	2,837.		
Misc. Labor	80.		80.	
Misc. Rental	60.		60.	
Nike Clinic	1,092.	1,092.		
Nike Clinic	46,410.	46,410.		
Office Rent	10,540.		10,540.	
Promotional	2,793.	2,793.		
Sponsors	260.		260.	
Sport Support	1,600.	1,600.		
WIAA Clock Hrs.	2,320.	2,320.		
Total	\$ 102,672.	\$ 86,583.	\$ 16,089.	\$ 0.

Statement 2
Form 990, Part III
Organization's Primary Exempt Purpose

Provide services to high school coaches' by means of publications and clinics.
 Also scholarships to outstanding boys & girls.

Statement 3
Form 990, Part VII, Line 93
Program Service Revenue

<u>Program Service Revenue</u>	(A) Busi- ness Code	(B) Unrelated Business Amount	(C) Exclu- sion Code	(D) Excluded Amount	(E) Related or Exempt Function
Banquet					\$ 3,800.
Exhibitors					78,578.
Misc.					226.
OSAA					3,000.
Sponsors					14,092.
WIAA					3,369.
Total		\$ 0.		\$ 0.	\$ 103,065.

BMFOLT23-7241514 67200612000 BMF ACCOUNT SUMMARY NM CTRL:OREG

UP-CYC:34

ENT UPDT CY:201233 ACCT FRZ:

ACCT INFO:PMF/EMIS

MFT	TXPD	PLAN	MF ASSESSED MOD BAL	RET PST	MF MF ACT STAT CYC	IDRS SC	FREEZE CODES	TAX MODULE CODES
R01	200009	000	00	Y	10 200049	0	-	
R01	200012	000	00	Y	10 200110	0	-	
R10	200012	000	00	Y	10 200110	0	-	
R67	199506	000	00	Y	10 200621	0	-	
R67	199606	000	00	Y	10 200621	0	-	
R67	200006	000	00	Y	12 200118	0	-	
R67	200106	000	00	Y	10 200147	0	-	
R67	200206	000	00	Y	10 200243	0	-	
R67	200306	000	00	Y	10 200411	0	-	
R67	200406	000	00	Y	10 200511	0	-	
R67	200506	000	00	Y	10 200605	0	-	
67	200606	000	00	N	02 200734	0	-	
67	200706	000	00	Y	10 200806	0	-	
67	200806	000	00	Y	10 200843	0	-	
67	200906	000	00	Y	10 201003	0	-	

REQUESTED MODULE DOES NOT EXIST ON MASTERFILE.
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BMFOLT23-7241514 67200612000 BMF ACCOUNT SUMMARY NM CTRL:OREG
UP-CYC:34

ENT UPDT CY:201233 ACCT FRZ:
ACCT INFO:PMF/EMIS

MFT TXPD PLAN		MF ASSESSED	RET	MF	MF	ACT	IDRS	FREEZE	TAX MODULE CODES	
		MOD BAL	PST	STAT	CYC	SC	CODES			
67	201006 000		00 Y	10	201103	0	-			
67	201106 000	2,360	Y	22	201231	2	T-			

REQUESTED MODULE DOES NOT EXIST ON MASTERFILE.
TOTAL ASSESSED BALANCE: 2,383 (INCLUDING ACCRUALS)
ADDITIONAL ACCOUNT SCREENS AVAILABLE: RETENTION REGISTER (V) AVAILABLE: Y
PRIOR AUDIT HISTORY (Z) AVAILABLE: N LAST PERIOD SATISFIED (L) AVAILABLE: Y
EXEMPT ORGANIZATION (O) AVAILABLE: Y FEDERAL TAX DEPOSIT (F) AVAILABLE: N
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BMFOLI23-7241514

BMF ACCOUNT SUMMARY

NM CTRL:OREG

UP-CYC:34

ENT UPDT CY:201233 ACCT FRZ:

ACCT INFO:PMF/EMIS

MFT	TXPD	PLAN	MF ASSESSED MOD BAL	RET PST	MF MF ACT STAT CYC	IDRS SC	FREEZE CODES	TAX MODULE CODES
R01	200009	000	00	Y	10 200049	0	-	
R01	200012	000	00	Y	10 200110	0	-	
R10	200012	000	00	Y	10 200110	0	-	
R67	199506	000	00	Y	10 200621	0	-	
R67	199606	000	00	Y	10 200621	0	-	
R67	200006	000	00	Y	12 200118	0	-	
R67	200106	000	00	Y	10 200147	0	-	
R67	200206	000	00	Y	10 200243	0	-	
R67	200306	000	00	Y	10 200411	0	-	
R67	200406	000	00	Y	10 200511	0	-	
R67	200506	000	00	Y	10 200605	0	-	
67	200606	000	00	N	02 200734	0	-	
67	200706	000	00	Y	10 200806	0	-	
67	200806	000	00	Y	10 200843	0	-	
67	200906	000	00	Y	10 201003	0	-	

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BMFOLI23-7241514

BMF ACCOUNT SUMMARY

NM CTRL:OREG

UP-CYC:34

ENT UPDT CY:201233 ACCT FRZ:

ACCT INFO:PMF/EMIS

MFT	TXPD	PLAN	MF ASSESSED MOD BAL	RET PST	MF MF ACT STAT CYC	IDRS SC	FREEZE CODES	TAX MODULE CODES
67	201006	000	00	Y	10 201103	0	-	
67	201106	000	2,360	Y	22 201231	2	T-	

TOTAL ASSESSED BALANCE:

2,383 (INCLUDING ACCRUALS)

ADDITIONAL ACCOUNT SCREENS AVAILABLE:

RETENTION REGISTER (V) AVAILABLE: Y

PRIOR AUDIT HISTORY (Z) AVAILABLE: N

LAST PERIOD SATISFIED (L) AVAILABLE: Y

EXEMPT ORGANIZATION (O) AVAILABLE: Y

FEDERAL TAX DEPOSIT (F) AVAILABLE: N

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BMFOLT23-7241514 67200612000 BMF ACCOUNT SUMMARY NM CTRL:OREG

UP-CYC:34

ENT UPDT CY:201233 ACCT FRZ:

ACCT INFO:PMF/EMIS

MFT	TXPD	PLAN	MF ASSESSED MOD BAL	RET PST	MF MF ACT STAT CYC	IDRS SC	FREEZE CODES	TAX MODULE CODES
R01	200009	000	00	Y	10 200049	0	-	
R01	200012	000	00	Y	10 200110	0	-	
R10	200012	000	00	Y	10 200110	0	-	
R67	199506	000	00	Y	10 200621	0	-	
R67	199606	000	00	Y	10 200621	0	-	
R67	200006	000	00	Y	12 200118	0	-	
R67	200106	000	00	Y	10 200147	0	-	
R67	200206	000	00	Y	10 200243	0	-	
R67	200306	000	00	Y	10 200411	0	-	
R67	200406	000	00	Y	10 200511	0	-	
R67	200506	000	00	Y	10 200605	0	-	
67	200606	000	00	N	02 200734	0	-	
67	200706	000	00	Y	10 200806	0	-	
67	200806	000	00	Y	10 200843	0	-	
67	200906	000	00	Y	10 201003	0	-	

REQUESTED MODULE DOES NOT EXIST ON MASTERFILE.
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BMFOLT23-7241514 67200612000 BMF ACCOUNT SUMMARY NM CTRL:OREG

UP-CYC:34

ENT UPDT CY:201233 ACCT FRZ:

ACCT INFO:PMF/EMIS

MFT	TXPD	PLAN	MF ASSESSED	RET	MF	MF	ACT	IDRS	FREEZE	TAX	MODULE	CODES
			MOD BAL	PST	STAT	CYC	SC		CODES			
67	201006	000		00	Y	10	201103	0	-			
67	201106	000		2,360	Y	22	201231	2	T-			

REQUESTED MODULE DOES NOT EXIST ON MASTERFILE.

TOTAL ASSESSED BALANCE: 2,383 (INCLUDING ACCRUALS)

ADDITIONAL ACCOUNT SCREENS AVAILABLE: RETENTION REGISTER (V) AVAILABLE: Y

PRIOR AUDIT HISTORY (Z) AVAILABLE: N LAST PERIOD SATISFIED (L) AVAILABLE: Y

EXEMPT ORGANIZATION (O) AVAILABLE: Y FEDERAL TAX DEPOSIT (F) AVAILABLE: N

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BMFOLI23-7241514

BMF ACCOUNT SUMMARY

NM CTRL:OREG

UP-CYC:34

ENT UPDT CY:201233 ACCT FRZ:

ACCT INFO:PMF/EMIS

MFT	TXPD	PLAN	MF ASSESSED MOD BAL	RET PST	MF MF ACT STAT CYC	IDRS SC	FREEZE CODES	TAX MODULE CODES
R01	200009	000	00	Y	10 200049	0	-	
R01	200012	000	00	Y	10 200110	0	-	
R10	200012	000	00	Y	10 200110	0	-	
R67	199506	000	00	Y	10 200621	0	-	
R67	199606	000	00	Y	10 200621	0	-	
R67	200006	000	00	Y	12 200118	0	-	
R67	200106	000	00	Y	10 200147	0	-	
R67	200206	000	00	Y	10 200243	0	-	
R67	200306	000	00	Y	10 200411	0	-	
R67	200406	000	00	Y	10 200511	0	-	
R67	200506	000	00	Y	10 200605	0	-	
67	200606	000	00	N	02 200734	0	-	
67	200706	000	00	Y	10 200806	0	-	
67	200806	000	00	Y	10 200843	0	-	
67	200906	000	00	Y	10 201003	0	-	

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BMFOLI23-7241514

BMF ACCOUNT SUMMARY

NM CTRL:OREG

UP-CYC:34

ENT UPDT CY:201233 ACCT FRZ:

ACCT INFO:PMF/EMIS

MFT	TXPD PLAN	MF ASSESSED MOD BAL	RET PST	MF MF ACT STAT CYC	IDRS SC	FREEZE CODES	TAX MODULE CODES
67	201006 000	00	Y	10 201103	0	-	
67	201106 000	2,360	Y	22 201231	2	T-	

TOTAL ASSESSED BALANCE:

2,383 (INCLUDING ACCRUALS)

ADDITIONAL ACCOUNT SCREENS AVAILABLE:

RETENTION REGISTER (V) AVAILABLE: Y

PRIOR AUDIT HISTORY (Z) AVAILABLE: N

LAST PERIOD SATISFIED (L) AVAILABLE: Y

EXEMPT ORGANIZATION (O) AVAILABLE: Y

FEDERAL TAX DEPOSIT (F) AVAILABLE: N

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