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SCANNED DFF 10 2010

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)

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	e 2009 calenc	lar year, o	r tax year beginning	, 2009, and endir	ıg		,				
В	Check of	applicable		C			D Employ	er Identifi	cation Number			
	Add	lress change	Please use IRS label	OREGON SPORTS AUTHORITY F	OUNDATION		93-	11107	45			
	\vdash	ne change	or print or type	1888 SW MADISON			E Telepho	_				
	\vdash	-	See	PORTLAND, OR 97205			503	-234-	4500			
	\mathbf{H}	al return	specific instruc-	,			303	503-234-4500				
	\vdash	mination	tions				_		06.460			
	Am	ended return					G Gross re		36,162.			
	App	dication pending	I	nd address of principal officer DREW MAHA	LIC	1	a group returi		tes? Yes X No			
			SAME A	AS C ABOVE			affiliates incli attach a list		retions) Yes No			
1	Tax-	exempt statu	s X 501	(c) (3) ◄ (insert no) 494	7(a)(1) or 527	" '10,	anacıı a iist	(see main	ictions)			
J		site: N/				H(c) Group	exemption nu	ımber ►				
K	Form	of organization	X Corpora	ation Trust Association Other	L Year of Forma	1			al domicile OR			
	HI			No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1					
1888				anization's mission or most significant act	tivities OPECON S	POPTS	AIITHOD	TTV E	OUNDATION			
		-	-									
9				SE FUNDS FOR AMATURE ATHL								
Activitles & Governance	-	SIMIT_OF	_ <u> </u>	N AND TO GIVE UNDER-PRIVE	TEGEN INNTU OF	EOKTON-	「 <u> </u>	ית דע	HT DECKTO" -			
Ver												
Ĝ	_	Check this bo		if the organization discontinued its operati bers of the governing body (Part VI, line 1		e man 257	o or its ass	3	13			
-				voting members of the governing body (F				4	13			
<u>e</u>			-	yees (Part V, line 2a)	urt vi, iiiic 1b)			5	0			
Ξ				eers (estimate if necessary)				6	0			
₽				usiness revenue from Part VIII, column (0	3) line 12			7a	0.			
	,	-		taxable income from Form 990-T, line 34), IIIO 12			7b	0.			
	-	ivet universited	Dusiness	taxable meditie from 1 diffi 350-1, line 34				7.5				
	_					<u>-</u>	Prior Year		Current Year			
ā				ts (Part VIII, line 1h)			90,0	109.	16,388.			
Revenue		-		ue (Part VIII, line 2g)			1 0	10.4	10 774			
ě				rt VIII, column (A), lines 3, 4, and 7d)			1,9	94.	19,774.			
ш.				II, column (A) lines 5, 6d, 8c, 9c, 10c, an				-	26.160			
	12	Total revenue	add II	ies & through 11 (must equal Part VIII, co	lumn (A), line 12)		92,0		36,162.			
	13	Grants artos	mlar and	unts paid (Rari IX, column (A), lines 1-3)		<u> </u>	91,4	53.	26,108.			
	14	Benefits paid	to or for r									
_	15	Salaries other	ar-compen	Sation, employee benefits (Part IX, colum	ın (A), lınes 5-10)		27,2	259.				
ses				g fees (Part Accolumn (A), line 11e)								
Expenses	l .	11-01			336.							
益	P	Total fundrals	THE	ses (Pari IX, column (D), line 25) -		- [<u> </u>	**************************************	4 051			
	1			(A), lines 11a-11d, 11f-24f)			65,6		4,251.			
	18	Total expense	es Add Iır	nes 13-17 (must equal Part IX, column (A)), line 25)		184,4		30,359.			
	19	Revenue less	expenses	Subtract line 18 from line 12			-92,4	101.	5,803.			
8						Begi	nning of Y	ear	End of Year			
Net Assets Fund Bolan	20	Total assets	(Part X, iii	ne 16)			194,8	376.	196,382.			
\$6 P		Total liabilitie	s (Part X,	line 26)			4,3	313.	15.			
55	22	No accessor	fund hala	inces Subtract line 21 from line 20			190,5	63	196,367.			
D.	หา้า		ure Blo			l	130,0	,00.	130/33.1			
\$ 00 M	16 33 - 107											
		true, correct,	es of perjury and complete	i declare that I have examined this return, including ac Decipiration of prepayer (other than officer) is based o	companying schedules and sta in all information of which prepa	itements, and arer has any l	l to the best o knowledge	t my know	ledge and belief, it is			
٥.			/			1		4	.10			
Sig	gn	1	ر کیا	- Comment				<i>'</i>	. , ,			
He	ere	Signature				Da	ate	_ , _	4-			
			MAHAL					15	-/0			
		Type or p	rint name an	d title J	 							
		İ			Date		Check if self-	Prej (see	parer's identifying number instructions)			
Pa		Preparer's	aki	- (1) 1/ (1) - 1	1 x		employed ►					
Pr	_	signature		L KNUW NU	<u> </u>	2		N/	'A			
	rer's	Firm's name (or HEI	DI K RUCKWARDT CPA PC								
Us		yours if self employed),		BOX 80870		EIN ► N/A						
Ųľ	nly	address, and ZIP + 4		TLAND, OR 97280			Phone no) 449-3169			
NA-	v the II			with the preparer shown above? (see instru	uctions)	1.5		,505	X Yes No			
				work Reduction Act Notice see the sens			TEE 401131	12/20/0				

Pa	Checklist of Required Schedules		V	l N-
_	501/3/20 4047/3/10 (Ib. Ib. a second foundation) 2 If IVes I second		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		х
	 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 			
	 Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 			
	 Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 			
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No vear? If 'Yes,' completing Schedule D. Parts XI, XII, and XIII is optional 12 A X			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? I f 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	The state of the s	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	19		X

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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Form, 990 (2009) OREGON SPORTS AUTHORITY FOUNDATION

Part IV Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24 a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
b	Is the organization 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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28 a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28 c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		<u>X</u>

Form 990 (2009) OREGON SPORTS AUTHORITY FOUNDATION	<u>93-111074</u> !	<u> </u>	P	age
Part V Statements Regarding Other IRS Filings and Tax Compliance				
			Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	1a 0			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
2b If at least one is reported on line 2a, did the organization file all required federal employment t	ax returns?	2b		WWW-1040
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	ırn (see ınstructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	-	3a		х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.	r other authority over, a ancial account)?	4a		х
b If 'Yes,' enter the name of the foreign country.	-			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fernancial Accounts	oreign Bank and			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a	**********	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Enti- Tax Shelter Transaction?	ty Regarding Prohibited	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible?	d did the organization	6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such condeductible?	tributions or gifts were not	6Ь		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and par provided to the payor?	tly for goods and services	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	ſ	7ь		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for white Form 8282?	ch it was required to file	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	100		7///
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums benefit contract?	on a personal	7e		Χ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef	fit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as rec	quired?	7g		Ī
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form	1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	organizations. Did the re excess business	8		
9 Sponsoring organizations maintaining donor advised funds.				796
a Did the organization make any taxable distributions under section 4966?		9a	22.6666	
b Did the organization make any distribution to a donor, donor advisor, or related person?	ľ	9b		
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter.				
a Gross income from other members or shareholders	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against	114			
amounts due or received from them.)	11 Б			

BAA

Form 990 (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ion A. Governing Body and Management												
				Yes	No								
1 a	Enter the number of voting members of the governing body	1a	13										
b	Enter the number of voting members that are independent	1b	13										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat officer, director, trustee or key employee?	tionship with any other	2		Х								
3	Did the organization delegate control over management duties customarily performed by or und of officers, directors or trustees, or key employees to a management company or other person?	er the direct supervision	3		Х								
4													
	since the prior Form 990 was filed?												
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?												
6													
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?												
ь	Are any decisions of the governing body subject to approval by members, stockholders, or othe	r persons?	7Ь		X								
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.												
а	The governing body?		8a	X									
	Each committee with authority to act on behalf of the governing body?		8b		<u> </u>								
	Is there any officer, director or trustee, or key employee listed in Part VII. Section A, who cannot	ot be reached at the	9		v								
500	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	required by the Into			<u> X</u>								
	nue Code.)	required by the little	IIIaI										
Neve	iue coue.)			Yes	No								
10 =	Does the organization have local chapters, branches, or affiliates?		10a		X								
	If 'Yes, does the organization have written policies and procedures governing the activities of si	uch chapters, affiliates,											
-11	and branches to ensure their operations are consistent with those of the organization?	ara filma Aba farma?	10b	Χ	<u> </u>								
	Has the organization provided a copy of this Form 990 to all members of its governing body bef	SEE SCHEDULE	2222222										
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	SEE SCHEDOFE			X								
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	ak aasulal assaa waa	12a		_^_								
	Are officers, directors or trustees, and key employees required to disclose annually interests that to conflicts?		12ь										
	Does the organization regularly and consistently monitor and enforce compliance with the policy Schedule O how this is done	i? If 'Yes,' describe in	12c										
	Does the organization have a written whistleblower policy?		13		X								
14	Does the organization have a written document retention and destruction policy?		14	38.38888 8 83	X								
15	Did the process for determining compensation of the following persons include a review and appersons, comparability data, and contemporaneous substantiation of the deliberation and decis	oroval by independent ion?											
а	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>								
b	Other officers of key employees of the organization		15b		X								
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)												
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arentity during the year?	rangement with a taxable	16a		Χ								
t	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to in joint venture arrangements under applicable federal tax law, and taken steps to safeguard th status with respect to such arrangements?	evaluate its participation e organization's exempt	16b										
Sec	tion C. Disclosures		· 										
17	List the states with which a copy of this Form 990 is required to be filed OR												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and inspection. Indicate how you make these available. Check all that apply.	990-T (501(c)(3)s only) a	vailable fo	r publ	IC								
	Own website Another's website X Upon request												
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documer statements available to the public	nts, conflict of interest poli	cy, and fi	nancia	d								
	State the name, physical address, and telephone number of the person who possesses the boo DREW MAHALIC 1888 SW MADISON, PORTLAND, OR 97205 503-23		anızatıon. — — — — -										

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(c) Position (check all that apply)						(D)	(E)	(F)		
Name and Title	Average hours per week				_			Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation		
		Individual trustee or director	Institutional trustee	Officer	Key employee	jhest o	Former	(W-2/1099 MISC)	(W-2/1099 MISC)	from the organization and related		
		or trus	nal tr		loyee	comp				organizations		
		tee	ustee		"	Highest compensated employee						
DAVID GIRT												
DIRECTOR	0							0.	0.	0.		
PETER ANDREWS												
TREASURER	0				<u> </u>			0.	0.	0.		
KAREN_WHITMAN									_	_		
DIRECTOR	0						_	0.	0.	0.		
TERRY SHANLEY												
DIRECTOR	0	 _	<u> </u>					0.	0.	0.		
JOHN HERMAN												
DIRECTOR	0	ļ	ļ	_	_			0.	0.	0.		
DREW MAHALIC	1								0	•		
EXECUTIVE DIREC	3	ļ	\vdash					0.	0.	0.		
LINDA_WILLIAMS	∤ _								0	0		
DIRECTOR	0	 	-	ļ	-			0.	0.	0.		
LARRY REMMERS	0		İ						0.	0		
PRESIDENT OWEN BLANK	"				├-			0.	0.1	0.		
EDUCATION CHAIR	1 0			ŀ				0.	0.	0.		
DAVID LIPPOFF	0 -	 	\vdash	 		_	-	0.	0.	<u> </u>		
SECRETARY	0	}			i			0.	0.	0.		
MIKE NEALY	+	 			-	 	┢	<u> </u>		<u> </u>		
DIRECTOR	0				l			0.	0.	0.		
RANDY MILLER	 				\vdash	<u> </u>			· · · · · · · · · · · · · · · · · · ·			
DIRECTOR	1 0	•	ļ]		0.	0.	0.		
PAMELA TREECE	1				-	1						
DIRECTOR	1 0						l	0.	0.	0.		
	1											
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	4											
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	-		1									
	<u> </u>	L	L_	ட	L	ļ	Ц_	<u> </u>				

Part VII Section A. Officers, Directors, Trus				npl	oye	ees	, ar	nd Highest Co	mpensated E	
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours per week			Officer	_	Mighest compensated	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organization (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
				-			\vdash			
		_								
		_				_			-	
		_								
							_			
 Total number of individuals (including but not limited from the organization 0 	to those	liste	ed a	bove	e) w	ho r	ecei	ved more than \$10	00,000 in reportab	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such into the organization and related organizations greater that individual 5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch 	dividual ortable c an \$150, mpensal	comp 000	pens	atio f 'Ye	n ar es' c	nd of omp	ther olete	compensation from Schedule J for su	n ch	Yes No 3 X 4 X 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensated							nat re	eceived more than	\$100,000 of	
compensation from the organization (A)		_						(B		(C)
Name and business address	S							Description of	of Services	Compensation
2 Total number of independent contractors (including b \$100,000 in compensation from the organization	_	mite	d to	thos	se li	sted	abo	eve) who received	more than	

ra	rı vı	III Statement of Re	evenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
TS	1a	Federated campaigns		1a					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		Membership dues		1b					
TS, G		Fundraising events		1 c					
FE		Related organizations	ama\	1d	· • • • • • • • • • • • • • • • • • • •	-			
SIM		Government grants (contribution		1 e		+			
BCT.	f	All other contributions, gifts, g similar amounts not included	grants, and above	1 f	16,388.				
TRI		Noncash contribus included in		\$					
	h	Total. Add lines 1a-1f			>	16,388.			
PROGRAM SERVICE REVENUE					Business Code				
EVE	2a				 ,				
SE R	b								
ER V.	c d					<u> </u>			
JS ₩	e							<u></u>	
GRA		All other program service			<u></u>				
PRO		Total. Add lines 2a-2f			•				
	3	Investment income (incl	udıng dıvı	dends,	interest and	10 554	40.554		
	_	other similar amounts)				13,111.	19,774.		
	4	Income from investment	of tax-ex	empt b	ond proceeds				
	5	Royalties	(i) R	eal	(ii) Personal				
	6a	Gross Rents			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Less. rental expenses							
		Rental income or (loss)							
	d	Net rental income or (los	ss)		-	•			
	7a	Gross amount from sales of	(i) Seci	urities	(ii) Other				
		assets other than inventory			 	-			
	b	Less: cost or other basis and sales expenses							
	_	Gain or (loss)				+			
		Net gain or (loss)			<u> </u>	-			
ŭ.	1	Gross income from fund (not including \$	raising ev	ents/					
EN		of contributions reported	on line 1	c)					
OTHER REVEN		See Part IV, line 18		٠,٠					
E	b	Less, direct expenses		1	0				
Ö	С	Net income or (loss) from	m fundrai	sing ev	ents	•			
	9a	Gross income from gam See Part IV, line 19	ing activit	ties	a				
	ь	Less direct expenses		ı					
	С	Net income or (loss) from	m gamıng	activit	ies •				
	10a	Gross sales of inventory	, less reti						
		and allowances				-			
		b Less. cost of goods sold c Net income or (loss) from sales of inventory		ton.					
	- c	Miscellaneous Reven		i iiveli	Business Code				
	11 a								
	b								
	С			[
	j	All other revenue		Ĺ					
	1	Total. Add lines 11a-11d			•		10 77:		
	12	Total revenue. See instr	ructions		<u> </u>	36,162.	<u>19,7</u> 74.	0.	0.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com	· · · · · · · · · · · · · · · · · · ·		 	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	26,108.	26,108.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
t	Legal				
(: Accounting	1,644.		1,644.	
C	Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees.				·
ç	Other				
12	Advertising and promotion	125.			125.
13	Office expenses	1,035.		1,035.	
14	Information technology				
15	Royalties				
16	Occupancy				<u> </u>
17	Travel	20.		20.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		727.		727.	ni
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	EVENT EXPENSES	350.	350.		
	MEMBER SERVICES & NEWSLETTER	211.	330.		211.
	TAXES & LICENSES	64.		64.	211.
Ì	DUES , SUBS & REGISTRATIONS	50.		50.	
	MISCELLANEOUS	25.	· · ·	25.	
	All other expenses	20.		25.	
	Total functional expenses. Add lines 1 through 24f	30,359.	26,458.	3,565.	336.
26	——————————————————————————————————————	30,333.	20,400.	3,303.	330.
20	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA			<u> </u>	<u> </u>	Form 990 (2009)

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Pa	nΧ	Balance Sheet					
				_	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	194,876.	2_	196,382.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part II		5			
	6	Receivables from other disqualified persons (as defined	d unde	r section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Compl		6			
S	7	Notes and loans receivable, net				7	
ASSETS	8	Inventories for sale or use				8	
Š	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis.	10 a				
		Complete Part VI of Schedule D	İ				
	b	Less accumulated depreciation.	10 b			10 c	
	11	Investments - publicly-traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		194,876.	16	196,382.
	17	Accounts payable and accrued expenses			4,313.	17	15.
	18	Grants payable				18	
	19	Deferred revenue		19			
L	20	Tax-exempt bond liabilities		20			
A B	21	Escrow or custodial account liability Complete Part IV	chedule D		21		
LIABILIT	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers	tees, k ons C	key employees, complete Part II			
Ţ	}	of Schedule L.				22	
E S	23	Secured mortgages and notes payable to unrelated this	rd part	ties		23	
	24	Unsecured notes and loans payable to unrelated third i	parties	3		24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,313.	26	15.
N E		Organizations that follow SFAS 117, check here ►	a	nd complete lines		200	
		27 through 29 and lines 33 and 34.					
Ş	27	Unrestricted net assets				27	
ANNETS	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets			29		
R		Organizations that do not follow SFAS 117, check her	X and complete				
E UND		lines 30 through 34.					
В	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, and equip			100 560	31	106.367
BALAZCES	32	Retained earnings, endowment, accumulated income,	or othe	er funds	190,563.	32	196, 367.
Ę	33	Total net assets or fund balances.			190,563.		196, 367.
Ŝ	34	Total liabilities and net assets/fund balances			194,876.	34	196,382.

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Garty Ass Intancial Statements and Reporting		_	
1 Accounting method used to prepare the Form 990. Cash X Accrual Other		Yes	No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		Ī

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Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545 0047 2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

					Y FOUNDAT							10745			
Par		Rea	son for Pu	ıblic C	harity Stati	us (All organizations	s must	compl	ete thi	s part	.) See	instruc	tions		
The c	rgan	nzation	n is not a priv	vate four	ndation becaus	se it is (For lines 1 throug	gh 11, ch	eck only	one bo	x.)		_			
1	\Box	A chu	rch, conventi	ion of chi	urches or asso	ociation of churches descr	ribed in	section	170(b)(°	1)(A)(i).					
2	П	A sch	ool described	in sect	ion 1 <mark>70(b)(</mark> 1)(/	A)(ii). (Attach Schedule E	E.)								
3	П	A hos	pital or coope	erative h	ospital service	organization described in	n sectio	n 170(b)	X1XAXii	Ð.					
4	-				-	d in conjunction with a ho				•	ъулуан	iii) Ente	r the hospi	tal's	
•	name, city, and state.														
5	\Box	An org		perated for		of a college or university of	owned or	operate	d by a g	jovernm	ental un	it describ	ed in se	ction	
6 7															
8	Г				· ·	I 70(b)(1)(A)(vi). (Complet	e Part II	1							
9	=		•			1) more than 33-1/3 % of		•	contribi	itions n	nembers	hin fees	and aross	receir	nte
,	_	from a	activities relati ment income	ted to its and unr	exempt funct related busines	ions — subject to certain ss taxable income (less s omplete Part III.)	exception	ns. and	(2) no n	nore tha	ın 33-1/3	% of its	support fro	om arc	oss
10			-	-	•	exclusively to test for pub	-				•				
11		more descri	publicly supp bes the type	orted or	rganizations de orting organiza	exclusively for the benefit escribed in section 509(a) ation and complete lines)(1) or se 11e throu	ction 50 igh 11h	9(a)(2).	See s	or carry o ection 50	out the p 09(a)(3).	Check the	box th	hat
			Туре і		b Type II		II – Fund	-	-			d 🔝	Type III-		•
е	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 check	organization this box	received	a written dete	ermination from the IRS t	hat is a T	уре І, Т	ype II or	Type II	l suppor	ting orga	ınızatıon,		
g		Since	August 17, 2	2006, has	s the organizat	tion accepted any gift or	contribut	ion from	any of	the follo	wing per	rsons?			
														Yes	No
		•	bėlow, the go	overning	body of the su	controls, either alone or to ipported organization?	ogether w	ith perso	ons desc	ribed in	(II) and	(111)	11 g (i)		
		• •	-		•	ribed in (i) above?							11 g (ii)	 -	<u> </u>
						described in (i) or (ii) abo							11 g (iii)		L
h		Provid	te the followi	ng inforn	nation about th	ne supported organization	is				ı	т-			
	(1)		of Supported nization		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	s the ion in col I in your rning ment?	the organ	ou notify itzation in (i) of ipport?	(vi) l: organizati (i) organiz U S	on in col red in the	(vii) Amoun	t of Sup	port
				<u> </u>			Yes	No	Yes	No	Yes	No			
		_		1									-		
										 					
							1								
										,					
							<u> </u>								
									1						
Total															

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 OREGON SPORTS AUTHORITY FOUNDATION 93-1110745

Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	d the box on line 5	o, 7, or 8 of Part I	<u>) </u>			
Sec	tion A. Public Support						
Cale begin	ndar year (or fiscal year nning 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.')	177,889.	105,197.	54,951.	90,009.	16,388.	444,434.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
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						0.
4	Total. Add lines 1-through 3	177,889.	105,197.	54,951.	90,009.	16,388.	444,434.
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)						0.
	Public support. Subtract line 5 from line 4						444,434.
Sec	tion B. Total Support	 					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	177,889.	105,197.	54,951.	90,009.	16,388.	444,434.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	3,511.	10,697.	15,261.	1,994.	_19,774.	51,237.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						495,671.
12	Gross receipts from related activi	ties, etc. (see insti	ructions)			12	0.
13	First five years. If the Form 990 organization, check this box and		ion's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	ıblic Support F	Percentage			·····	
	Public support percentage for 200 Public support percentage from 2	•	•	11, column (f)		14 15	89.7 % 92.4 %
16 <i>a</i>	33-1/3 support test — 2009. If the and stop here. The organization	e organization did r qualifies as a publi	not check the box icly supported org	on line 13, and the anization.	e line 14 is 33-1/3	% or more, check	this box
ŀ	33-1/3 support test — 2008. If the and stop here. The organization				nd line 15 is 33-1	/3% or more, chec	_
17 <i>a</i>	a 10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts	neets the 'facts-an	d-circumstances'	test, check this bo	x and stop here	. Explain in Part I\	% / how ► □
	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-an i-circumstances' t	d-circumstances' est The organiza	test, check this bo ition qualifies as a	x and stop here publicly supporte	. Explain in Part IV d organization	/ how the
_18	Private foundation. If the organiz	zation did not checl	k a box on line, 13	s, 16a, 16b, 17a, c	or 1/b, check this	pox and see instru	ictions

Schedule A (Form 990 or 990-EZ) 2009 OREGON SPORTS AUTHORITY FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	Red the box on an	0 3 01 7 41 (1.)	 			
	tion A. Public Support				T		1
	ndar 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.')						
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						
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
t	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.)						
Sec	tion B. Total Support	-					
				T		1	
Cale	ndar vear (or fiscal vr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	l (d) 2008	(e) 2009	በ Total
_	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10 a E	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10 a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12)						(f) Total
9 10 a 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	s for the organizat	ion's first, second				(f) Total
9 10 a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu	s for the organizat stop here	ion's first, second	I, third, fourth, or			(f) Total
9 10 a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage for 200	s for the organizates stop here iblic Support I 09 (line 8, column	ion's first, second Percentage (f) divided by line	I, third, fourth, or		section 501(c)(3)	▶
9 10 a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 20	s for the organizations top here 1blic Support I 109 (line 8, column 12008 Schedule A, F	Percentage (f) divided by line Part III, line 15	third, fourth, or		section 501(c)(3)	▶ □
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 2 tion D. Computation of Investments.	s for the organizat stop here iblic Support I 09 (line 8, column 2008 Schedule A, F	Percentage (f) divided by line Part III, line 15 me Percentage	I, third, fourth, or	fifth tax year as a	section 501(c)(3) 15 16	► \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage from 2 tion D. Computation of Investment income percentage for	s for the organizat stop here blic Support I 09 (line 8, column 2008 Schedule A, Forestment Inco	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided	t, third, fourth, or 13, column (f))	fifth tax year as a	section 501(c)(3) 15 16	\(\frac{\pi}{\pi} \)
9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage for 20 public support percentage from 2 tion D. Computation of Investment income percentage for linestment income percentage for	s for the organizate stop here iblic Support ID9 (line 8, column 2008 Schedule A, Forestment Income 2009 (line 10c, come 2008 Schedule A)	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line	t, third, fourth, or 13, column (f)) le by line 13, column	fifth tax year as a	section 501(c)(3) 15 16 17 18	
9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage for 20th public support percentage from 2 tion D. Computation of Investment income percentage from 133-1/3 support tests — 2009. If the more than 33-1/3%, check this box	s for the organization the stop here Iblic Support Incompany Schedule A, Forgetten Incompany (line 10c, or 2009 (line 10c, or 2008 Schedule organization did ox and stop here.	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line not check the box The organization	t, third, fourth, or 13, column (f)) le by line 13, column 17 x on line 14, and qualifies as a put	fifth tax year as a	section 501(c)(3) 15 16 17 18 an 33-1/3%, and linguistation	% % % me 17 is not
9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage from 2 tion D. Computation of Investment income percentage from 133-1/3 support tests — 2009. If the	s for the organizat stop here Iblic Support I 09 (line 8, column 2008 Schedule A, Forestment Inco or 2009 (line 10c, com 2008 Schedule e organization did ox and stop here.	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line not check the box The organization not check a box	I, third, fourth, or 13, column (f)) 18 19 19 10 10 11 11 12 13 14 15 16 17 17 17 18 19 19 19 19 19 19 19 19 19	fifth tax year as a	15 16 17 18 an 33-1/3%, and lii ganization e than 33-1/3%, a	% % % me 17 is not

Schedule A	(Form 9	90 or 9	90-EZ)	2009	OREG	ON S	SPORTS	AUT	HORIT	Y FOUN	DATI	ON	93-3	1110745	5	Page 4
Part IV	Suppl Part I	l emen t L. line	tal Inf e 17a or	ormat r 17b:	l ion. Co and P	omp art I	lete this II. line	s part 12. Pi	to pro ovide a	vide the anv oth	e expla er ado	anations litional ii	required oformation	l by Par on. See	t II, line instructio	10; ons.
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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545 0047 2009

Open to Public Inspection

Employer Identification number

Name of the organization

ODDON GDODMC NIMHODIMY POINDIMION

OREGON SPORTS AUTHORITY FOUNDAT.	ION	9	3-1110745	
Partil Organizations Maintaining Dono the organization answered 'Yes'	or Advised Funds or Other Similar Fu			te ıf
the organization answered Tes				
1 Total number at end of year	(a) Donor advised funds	(0) Fun	ds and other acc	ourits
· ·	563.			
2 Aggregate contributions to (during year)	25,809.		 .	
3 Aggregate grants from (during year)	49,394.	-		
4 Aggregate value at end of year	49,334.			
5 Did the organization inform all donors and don- funds are the organization's property, subject		r advised	XYes	No
6 Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor advisor or for an	may be y other	XYes	□No
Part II Conservation Easements Comp		to Form 990	<u></u>	
Purpose(s) of conservation easements held by		10 1 01111 330	,, <u> art v</u> , mr.	<u>. , . </u>
Preservation of land for public use (e.g., re	, , , , , , , , , , , , , , , , , , ,	f an historically	important land a	rea
Protection of natural habitat		f certified histor	•	.00
Preservation of open space		r cortined riistor	c structure	
	n held a qualified conservation contribution in the	form of a cons	ervation easemei	nt on the
last day of the tax year				
		Н	leld at the End o	f the Year
a Total number of conservation easements		_2a		
b Total acreage restricted by conservation easer	nents	2b		
c Number of conservation easements on a certif	ied historic structure included in (a)	2c		
d Number of conservation easements included in	n (c) acquired after 8/17/06	2d	·	
3 Number of conservation easements modified, t	transferred, released, extinguished, or terminated	by the organiza	ition during the ta	ΣE
year ▶				
4 Number of states where property subject to co	nservation easement is located 🕨	_		
5 Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring, inspection, handli t it holds?	ng of violations,	Yes	No
6 Staff and volunteer hours devoted to monitorin during the year ►	g, inspecting, and enforcing conservation easeme			_
7 Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conservation easements	\$		_
8 Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of section	on	Yes	☐ No
include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and each the organization's financial statements that described in the organization's financial statements.	cribes the organ	ization's account	sheet, and ing for
Par III Organizations Maintaining Coll Complete if the organization and	ections of Art, Historical Treasures, o swered 'Yes' to Form 990, Part IV, line	r Other Simi 8.	lar Assets	
1a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemer	ic exhibition, education, or research in furtheranc	and balance st e of public servi	eet works of art, ce, provide, in P	historical art XIV,
	SFAS 116, to report in its revenue statement and ic exhibition, education, or research in furtherance			
(i) Revenues included in Form 990, Part VIII,	line 1		► \$	
(ii) Assets included in Form 990, Part X			▶\$	
2 If the organization received or held works of ar amounts required to be reported under SFAS		financial gain, p	rovide the follows	ng
a Revenues included in Form 990, Part VIII, line	1		► \$	
b Assets included in Form 990, Part X			► \$	

		AUTHORITY FO		93-111	
Part III Organizations Mainta	ining Colle	ections of Art, H	istorical Treasures	, or Other Similar A	ssets (continued)
3 Using the organization's acquisition items (check all that apply).	on accession a	and other records, ch	eck any of the following t	hat are a significant use o	of its collection
a Public exhibition		d 🗌 Lo	an or exchange programs	5	
b Scholarly research		e 🗌 Ot	ner		
c Preservation for future genera	ations				
4 Provide a description of the organ Part XIV.	ization's colle	ctions and explain ho	w they further the organi	zation's exempt purpose	ın
5 During the year, did the organizat assets to be sold to raise funds ra					Yes No
Part IV Escrow and Custodia 9, or reported an amo				wered 'Yes' to Form	990, Part IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian	, or other intermedia	y for contributions or oth	er assets not	Yes No
b If 'Yes,' explain the arrangement	ın Part XIV ar	nd complete the follow	ving table.		
		•	•		Amount
c Beginning balance				1c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				. 1f	
2a Did the organization include an ai	mount on Forr	n 990, Part X, line 2	?		Yes No
b If 'Yes,' explain the arrangement	ın Part XIV				
Part V Endowment Funds Co	mplete if c	organization ansv	vered 'Yes' to Form	990, Part IV, line 1	0.
	(a) Current	year (b) Prior	year (c) Two years b	ack (d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the year e	nd balance held as.		•	
a Board designated or quasi-endow	ment ►	8			
b Permanent endowment ►	8				
c Term endowment ►					
3a Are there endowment funds not in organization by.	the possessi	on of the organization	n that are held and admir	nistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ıı), are the related o	rganizations li	sted as required on \$	Schedule R?		3b
4 Describe in Part XIV the intended	-	•			
Part VI Investments-Land, E				t X, line 10.	
Description of investment		(a) Cost or other ba		(c) Accumulated Depreciation	(d) Book Value
1 a Land					
b Buildings					

c Leasehold improvements **d** Equipment e Other 0. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

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Schedule **D** (Form 990) 2009

Total (Column (b) must equal Form 990, Part X, col. (B) line 25) ►

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

		1110/45	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Financial Statements	N/A	
	Total revenue (Form 990, Part VIII, column (A), line 12)		
	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		_
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities	<u> </u>	
6	Investment expenses	ļ	
7	Prior period adjustments		 _
8	Other (Describe in Part XIV)		
	Total adjustments (net). Add lines 4 through 8	<u> </u>	
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn N/A	
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	<u>'</u>	
	Net unrealized gains on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retur	n N/	A
	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
	Other losses 2c		
d	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investments expenses not included on Form 990, Part VIII, line 7b .		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	
Par	TEXIVE Supplemental Information		
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b Also complete this part to mation	. 1b and 2b, provide any	Part V, additional
-		-	
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Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 Part XIV Supplementa	OREGON SPORTS	AUTHORITY	FOUNDATION		93-1110745	Page 5
Part XIV Supplementa	I Information (con	tınued)				
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545 0047 2009

Open to Public Inspection

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X Yes

Employer identification number 93-1110745 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. OREGON SPORTS AUTHORITY FOUNDATION

Part Ceneral Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

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the use of grant funds in the United States	izati	han	nee	L
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י Part	ıts a	990. Part IV. line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	Part IV and Schedule I-1 (Form 990) if additional space is needed	3
ribe 11	Grar	990	Part	3
2 Describe in Part IV the organization's procedures for monitoring th	Farmin Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form			
^	Par			

	,						
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
		,					
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations) and government or	ganizations				A A	0
	tion Act Notice, see	the Instructions for	r Form 990.	TEEA3901L 02/10/10	05/10/10	Sched	Schedule I (Form 990) 2009

Page 2 **Partill** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 93-1110745 (e) Method of valuation (book, FMV, appraisal, other) GRANT IS COMPLIED WITH OR HAS A WRITTEN FOLLOW-UP PROVIDED BY THE CHARITY AS TO HOM __OREGON_SPORTS_AUTHORITY_FOUNDATION_EITHER_PHYSICALLY_OBSERVES_THAT_INTENDED_USE_OF (d) Amount of non cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (c) Amount of cash grant OREGON SPORTS AUTHORITY FOUNDATION (b) Number of recipients (a) Type of grant or assistance THE MONEY WAS USED. Schedule I (Form 990) 2009

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Schedule I (Form 990) 2009

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545 0047

Open to Public Inspection

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A Employer identification number 93-1110745 (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets 501 (C) 6 Partile Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.) (**D)** Exempt Code section (**D)** Total income 501 (C) 6 TEEA5001L 02/05/10 (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) S, SPORTING EVENTS PROMOTION OF & ACTIVITIES BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity OREGON SPORTS AUTHORITY FOUNDATION OREGON_SPORTS_AUTHORITY PORTLAND, OR 97205 94-3211472 1888 SW MADISON Name of the organization PartII

93-1110745

Schedule R (Form 990) 2009 OREGON SPORTS AUTHORITY FOUNDATION

Parisis Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34.

Decause II lian		ממנים כים	מוודממוחוים חבמ	וכח מז מ חמו נווכן זו	Decause It lian offer of finite related of gallications are a second strict ship and the tax year.	, ma				
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or	(C) (D) Legal Direct domicile controlling entity (state or	(E) Predominant income (related, unrelated, excluded	(F) Share of total income	(G) e of end-of-yea assets	(H) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	(J) General or • managing partner •	or •
		foreign country)		from tax under sections 512-514)			Yes No	K-1 (Form 1065)	Yes	2
								-		
										
		·	;							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										

Partix Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer.) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Taxable as a Co ed organizations	rporation or Tr treated as a c	ust (Complet or or or	e if the organ trust during th	as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, izations treated as a corporation or trust during the tax year.)	res' to Form 990, I	art IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) (E) (D) (E) Type of entity (C corp, S corp, S corp, country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Share of total income Share of end-of-year assets	(G) Share of end-of-year assets	(H) Percentage ownership
		•					
	,						
ВАА		TEEA5002L 02/05/10	05/10			Schedule R (Form 990) (2009)	(5005) (066

Party Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Darts II III or IV of this schedule.		Yes No
Note: Complete line in any climb is listed in any of the following transactions with one or more related organizations listed in Parts II-IV		
Receipt of (i) interest (ii) annumes (iii) rovalties (iv) rent from a controlled entity		1a X
		1 b X
of the control of the		1c X
c Girt, grant, or capital contribution from outer organization(s)		
d Loans or loan guarantees to or for other organization(s)		+
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		
a Purchase of assets from other organization(s)		1g X
b Exchange of assets		1h X
Charlest general and the proof to other present of the proof of the		i.
Lease of facilities, equipment, or ontel assets to ontel organization(s)		
Lease of facilities, equipment, or other assets from other organization(s)		1. X
k Performance of services or membership or fundraising solicitations for other organization(s)	•	1k X
Performance of services or membership or fundraising solicitations by other organization(s)		11 X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharino of paid employees		1n X
o Reimbursement paid to other organization for expenses		10 X
- December of the Affice Accountables for evapores]
p Reillibursellierit paid by ourer organization to expenses		
a Other transfer of each or preparity to other preparity along (c)		1a X
		٦. ×
_		-
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	transaction threshold	S.
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(2)		
(3)		
(4)		
(5)		
(9)		
BAA TEEA5003L 02/05/10	Schedule	Schedule R (Form 990) (2009)

Parivi Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Schedule R (Form 990) (2009) (H) General or managing partner? Yes No Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships. Code V-UBI amount in box 20 of Schedule K-1 Form (1065) Dispropor-tionate allocations? ş Yes (E) Share of end-of-year assets Are all partners section 501(c)(3) organizations? Yes No (C)
Legal domicile
(state or foreign country) TEEA5004L 02/05/10 (B) Primary activity (A)
Name, address, and EIN of entity 1111

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Employer identification number OREGON SPORTS AUTHORITY FOUNDATION 93-1110745 FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS REVIEWED BY EXECUTIVE DIRECTOR.

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Name of the o	SPORTS AUTHORITY FOUNDATION	Employer identification number 93-1110745	
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