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## Return of Organization Exempt From Income Tax

2010

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

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

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable	Oregon Athletic Coaches Association 3295 Triangle Dr. SE #100 Salem, OR 97302				D Employer Identification Number 23-7241514
<input type="checkbox"/> Address change					E Telephone number 503-399-9132
<input type="checkbox"/> Name change					
<input type="checkbox"/> Initial return					
<input type="checkbox"/> Terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending	F Name and address of principal officer Dave Johnson Same As C Above				G Gross receipts \$ 269,584.
I Tax-exempt status 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) <input type="checkbox"/> (insert no) 4947(a)(1) or 527					H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)
J Website: N/A					H(c) Group exemption number ►
K Form of organization Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input checked="" type="checkbox"/>	L Year of Formation				M State of legal domicile

## Part I. Summary

1 Briefly describe the organization's mission or most significant activities	Provide services to high school coaches' by means of publications and clinics. Also scholarships to outstanding boys & girls.	
RECEIVED		
2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3 Number of voting members of the governing body (Part VI, line 1a)	3	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

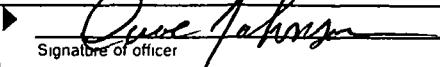
8 Contributions and grants (Part VIII, line 1h)	Prior Year	
9 Program service revenue (Part VIII, line 2g)	269,348.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	220.	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	269,584.	

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	95,683.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ►		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	184,291.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	279,974.	
19 Revenue less expenses. Subtract line 18 from line 12	-10,390.	

20 Total assets (Part X, line 16)	Beginning of Current Year	
21 Total liabilities (Part X, line 26)	End of Year	
22 Net assets or fund balances. Subtract line 21 from line 20	111,009.	100,619.
	0.	0.
	111,009.	100,619.

## Part II. Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	► 	3/6/12
	Signature of officer ► Dave Johnson	Date Executive Direc
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Barbara J. Craven	Preparer's signature Barbara J. Craven	Date 2/18/12	Check <input type="checkbox"/> if self employed	PTIN P00046237
	Firm's name ► Barb's Pro Bkpk & Tax Svc.	Firm's EIN ► 80-0035906			
	Firm's address ► 3295 Triangle Drive SE, #112 Salem, OR 97302-4567				
		Phone no (503) 399-0017			

May the IRS discuss this return with the preparer shown above? (see instructions)

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If 'Yes,' describe these changes on Schedule O.4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.4a (Code  ) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

4b (Code  ) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)4c (Code:  ) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)4d Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 0.

## Part IV Checklist of Required Schedules

	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? (see instructions)	2	X
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	X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	X
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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	X
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	X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	X
b 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	11b	X
c 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	11c	X
d 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	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e	X
f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X
14a 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, Parts I and IV	14b	X
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, Parts II and IV	15	X
16 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, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	X
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	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21		X
22		X
23		X
24a	X	
24b	X	
24c		X
24d		X
25a		
25b		
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35		X
a	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No
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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  
 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	Yes	No
1a	0	
1b	0	

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  
 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  
 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

2a	0
2b	
3a	X
3b	

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  
 b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  
 4a 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)?  
 b If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.

4a	X
5a	X
5b	X
5c	
6a	X

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  
 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  
 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

6b	
7a	
7b	
7c	
7d	

**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 partly for goods and services provided to the payor?  
 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  
 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
 d If 'Yes,' indicate the number of Forms 8282 filed during the year  
 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

7e	
7f	
7g	
7h	
8	

**8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

8	
9a	
9b	

**9 Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966?  
 b Did the organization make a distribution to a donor, donor advisor, or related person?

10a	
10b	

**10 Section 501(c)(7) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12  
 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11a	
11b	

**11 Section 501(c)(12) organizations.** Enter:

a Gross income from members or shareholders  
 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12a	
12b	

**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

13a	
13b	

**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13c	
14a	X

c Enter the amount of reserves on hand

14b	
14c	

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

**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.

Check if Schedule O contains a response to any question in this Part VI  X

### Section A. Governing Body and Management

	1a	1b	5	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year					
b Enter the number of voting members included in line 1a, above, who are independent					
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?			2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X	
6 Does the organization have members or stockholders?			6	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			8a	X	
a The governing body?			8b	X	
b Each committee with authority to act on behalf of the governing body?			9	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O					

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Does the organization have local chapters, branches, or affiliates?													10a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?													10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?													11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O													12a	X
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13													12b	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?													12c	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done													13	X
13 Does the organization have a written whistleblower policy?													14	X
14 Does the organization have a written document retention and destruction policy?													15a	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?													15b	X
a The organization's CEO, Executive Director, or top management official													16a	X
b Other officers of key employees of the organization													16b	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?														

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply
 

Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
► Dave Johnson 3295 Triangle Dr. SE #100 Salem OR 97302 503-399-9132

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

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- 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, if any. See instructions for definition of 'key employee.'

- 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) Rob Younger Executive Direc	40	X					0.	0.	0.
(2) Dave Johnson Executive Direc	40	X					0.	0.	0.
(3) Mark Henderson President	20		X				0.	0.	0.
(4) Kim McLain Vice President	10		X				0.	0.	0.
(5) John Beck Secretary	10		X				0.	0.	0.
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(c) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee				Highest compensated employee
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
(26)									
(27)									
(28)									
(29)									
<b>1b Sub-total</b>							0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0		

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns				
	1b Membership dues				
	1c Fundraising events				
	1d Related organizations				
	1e Government grants (contributions)				
	1f All other contributions, gifts, grants, and similar amounts not included above				
	1g Noncash contributions included in lns 1a-1f \$				
1h Total. Add lines 1a-1f ►					
PROGRAM SERVICE REVENUE	2a Membership Dues & Assessments	Business Code 611710	145,620.	145,620.	
	2b Clinic Registrations		69,755.	69,755.	
	2c Sponsors		28,500.	28,500.	
	2d Basketball Clinic		9,970.	9,970.	
	2e Misc. Income		6,273.	6,273.	
	2f All other program service revenue		9,230.	9,230.	
	2g Total. Add lines 2a-2f ►		269,348.		
3 Investment income (including dividends, interest and other similar amounts) ►		16.	16.		
4 Income from investment of tax-exempt bond proceeds ►					
5 Royalties ►		220.	220.		
6a Gross Rents	(i) Real				
6b Less rental expenses	(ii) Personal				
6c Rental income or (loss)					
6d Net rental income or (loss) ►					
7a Gross amount from sales of assets other than inventory	(i) Securities				
7b Less cost or other basis and sales expenses	(ii) Other				
7c Gain or (loss)					
7d Net gain or (loss) ►					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
8b Less direct expenses	b				
8c Net income or (loss) from fundraising events ►					
9a Gross income from gaming activities. See Part IV, line 19	a				
9b Less direct expenses	b				
9c Net income or (loss) from gaming activities ►					
10a Gross sales of inventory, less returns and allowances	a				
10b Less cost of goods sold	b				
10c Net income or (loss) from sales of inventory ►					
Miscellaneous Revenue	Business Code				
11a _____					
11b _____					
11c _____					
11d All other revenue					
11e Total. Add lines 11a-11d ►		269,584.	269,584.	0.	0.
12 Total revenue. See instructions					

**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)

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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	58,338.	0.	58,338.	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	25,345.		25,345.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,000.		12,000.	
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	300.		300.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	75.		75.	
12 Advertising and promotion				
13 Office expenses	11,364.		11,364.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,446.		3,446.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	14,209.		14,209.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Membership Cards	43,860.		43,860.	
b Nike Clinic	32,278.	32,278.		
c Prepaid Clinic	15,393.	15,393.		
d Office Rent	12,412.		12,412.	
e Directory	8,606.		8,606.	
f All other expenses See Sch. O	42,348.	21,334.	20,946.	
25 Total functional expenses. Add lines 1 through 24f	279,974.	69,005.	210,901.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash – non-interest-bearing	19,865.	1	38,768.
	2 Savings and temporary cash investments	53,900.	2	46,458.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,244.	9	15,393.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	b Less accumulated depreciation	10a	10b	10c
	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
	16 Total assets Add lines 1 through 15 (must equal line 34)	111,009.	16	100,619.
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses			17
	18 Grants payable			18
	19 Deferred revenue			19
	20 Tax-exempt bond liabilities			20
	21 Escrow or custodial account liability Complete Part IV of Schedule D			21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22
	23 Secured mortgages and notes payable to unrelated third parties			23
	24 Unsecured notes and loans payable to unrelated third parties			24
	25 Other liabilities. Complete Part X of Schedule D			25
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	111,009.	27	100,619.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	111,009.	33	100,619.
	34 Total liabilities and net assets/fund balances	111,009.	34	100,619.

BAA

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	269,584.
2 Total expenses (must equal Part IX, column (A), line 25)	2	279,974.
3 Revenue less expenses Subtract line 2 from line 1	3	-10,390.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	111,009.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	100,619.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. 

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

	Yes	No
2a	X	
2b	X	
2c		
3a	X	
3b		

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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?

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 separate basis, consolidated 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?

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.

**SCHEDULE K**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Oregon Athletic Coaches Association

**Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
<b>2010</b>
Open to Public Inspection

Name of the organization	Oregon Athletic Coaches Association							
<b>Part I</b>	<b>Bond Issues</b>							
(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf of issuer	(i) Pooled financing
A						Yes	No	Yes
B						Yes	No	Yes
C						Yes	No	Yes
D						Yes	No	Yes

<b>Part II</b>	<b>Proceeds</b>				
1	Amount of bonds retired	A	B	C	D
2	Amount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	Yes	No	Yes	No

14 Were the bonds issued as part of a current refunding issue?  
15 Were the bonds issued as part of an advance refunding issue?  
16 Has the final allocation of proceeds been made?  
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?

<b>Part III</b>	<b>Private Business Use</b>				
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A	B	C	D
2	Are there any lease arrangements that may result in private business use of bond-financed property?	Yes	No	Yes	No

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3 a</b> Are there any management or service contracts that may result in private business use of bond-financed property?								
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property?								
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(C)(5) organization or a state or local government	%		%		%		%	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(C)(3) organization, or a state or local government	%		%		%		%	
<b>6</b> Total of lines 4 and 5	%		%		%		%	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
<b>2</b> Is the bond issue a variable rate issue?								
<b>3 a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								
<b>4 a</b> Were gross proceeds invested in a GIC?								
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>5</b> Were any gross proceeds invested beyond an available temporary period?								
<b>6</b> Did the bond issue qualify for an exception to rebate?								

**Part V Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

Oregon Athletic Coaches Association

Employer identification number

23-7241514

**Form 990, Part VI, Line 11b - Form 990 Review Process**No review was or will be conducted.**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**No documents available to the public.

2010

## Schedule O - Supplemental Information

Page 2

Client ORHGHSC

Oregon Athletic Coaches Association

23-7241514

2/18/12

02 35PM

Form 990, Part IX, Line 24f  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Banquet	7,100.	7,100.		
Basketball Clinic	4,185.	4,185.		
Donations	200.		200.	
Dues	604.		604.	
Executive Council Expenses	7,069.		7,069.	
Internet	418.		418.	
Misc. Expenses	511.		511.	
OACA Retreat	975.		975.	
Office Equipment	3,944.		3,944.	
Postage and Shipping	3,087.		3,087.	
Printing and Publications	68.			
Promotional	2,494.	2,494.		
Scholarships	7,000.	7,000.		
Sport Support	475.	475.		
Telephone	2,754.		2,754.	
Various Misc. Expenses	1,384.		1,384.	
Wrestling Hall of Fame	80.	80.		
Total	<u>\$ 42,348.</u>	<u>\$ 21,334.</u>	<u>\$ 20,946.</u>	<u>\$ 0.</u>