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A For the 2012 calendar year, or tax year beginning 07-01-2012

DLN: 93492044004194

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and

certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Open to Public

Inspection

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

, and ending 06-30-2013

Inspection

More change Initial elation		heck if	D Employ	yer identification number			
Toward at State Control of S							
Comprehension Comprehensi			Table and disect (et al. 2 and the delivered to street database) its injuries	E l'elephor	ne number		
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Contraction Machael Cash Accrual Other (specify)	_		Pendleton, OR 97801		•		
### Accrual Other (specify)		ррисат	tion penaling				
Tax-exempt status(check only only √ Sol(c)()	G A	ccoun	nting Method	red to attach s	Schedule B		
K Check	ΙW	ebsite	e: Inttp://oregonssa.org				
Normally not more than \$50,000 A Form \$90-EZ or Form \$90 return is not required though Form \$90-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return in the sum of the sum of the complete return in the sum of such and sum of	J Tax	c-exen	npt status(check only one)— 501(c)(3) 501(c)() ◀(Insert no) 4947(a)(1) or 527				
Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2	norr Inst L A c	nally i ructio dd line lumn	not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-Nons) But if the organization chooses to file a return, be sure to file a complete return es 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	(e-postcard) or if total ass ► \$ 6	may be required (see sets (Part II, line 25, 9,130		
2 Program service revenue including government fees and contracts 2 3 64,570		art I	Check if the organization used Schedule O to respond to any question in this Part I				
3 Membership dues and assessments 3 64,570		1	Contributions, gifts, grants, and similar amounts received		1		
A Investment income		2	Program service revenue including government fees and contracts		2		
Sa Sa Sa Sa Sa Sa Sa Sa		3	Membership dues and assessments		3 64,570		
December		4	Investment income		4 26		
Common of such gross income from gaming and fundraising events (not including \$\frac{1}{2}\$ of contributions from fundraising events (not including \$\frac{1}{2}\$ of contributions sum of such gross income and contributions exceeds \$\frac{1}{2}\$,000) color colo		5a	Gross amount from sale of assets other than inventory				
a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a b Gross income from fundraising events (not including \$	e e	b	Less cost or other basis and sales expenses	0			
a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a b Gross income from fundraising events (not including \$	ven	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
b Gross income from fundraising events (not including \$	Re	6	Gaming and fundraising events				
From fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b		а	Gross income from gaming (attach Schedule G if greater than \$15,000)				
c Less direct expenses from gaming and fundraising events 6c 0 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a 7a 7b 0 b Less cost of goods sold 7b 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 4,534 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 69,130 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 48,525 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 9,263 17 Total expenses. Add lines 10 through 16 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 22,639 20 Other changes in net assets or fund balances (explain in Schedule O) 20		b					
d Net income or (loss) from gaming and fundraising events (add lines 6 a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances			sum of such gross income and contributions exceeds \$15,000) 6b	0			
Ta Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20		С	Less direct expenses from gaming and fundraising events 6c	0			
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line	6c)	6d		
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20		7a	Gross sales of inventory, less returns and allowances				
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Gey, 130 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20		ь	Less cost of goods sold	0			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 48,525 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
10 Grants and similar amounts paid (list in Schedule O)		8	Other revenue (describe in Schedule O)		8 4,534		
11 Benefits paid to or for members		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. •	9 69,130		
12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 48,525 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 9,263 17 Total expenses. Add lines 10 through 16 17 57,788 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 11,342 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 22,639 20 Other changes in net assets or fund balances (explain in Schedule O) 20		10	Grants and similar amounts paid (list in Schedule O)		10		
Professional fees and other payments to independent contractors		11	Benefits paid to or for members		11		
16 Other expenses (describe in Schedule O)		12	Salaries, other compensation, and employee benefits		12		
16 Other expenses (describe in Schedule O)	S d	13	Professional fees and other payments to independent contractors		13 48,525		
16 Other expenses (describe in Schedule O)	ens	14	Occupancy, rent, utilities, and maintenance		14		
16 Other expenses (describe in Schedule O)	EX.	15	Printing, publications, postage, and shipping		15		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20		16	Other expenses (describe in Schedule O)		16 9,263		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 22,639		17	Total expenses. Add lines 10 through 16	. •	57,788		
	5	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18 11,342		
	955	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with				
	Å,		end-of-year figure reported on prior year's return)		22,639		
21 Net assets or fund balances at end of year Combine lines 18 through 20	ž	20	Other changes in net assets or fund balances (explain in Schedule O)		20		
		21	Net assets or fund balances at end of year Combine lines 18 through 20	🟲	33,981		

Part II Balance Sheets (see the I Check If the organization used		any question in th	nis Part II		
		Γ	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			26,586	22	35,975
23 Land and buildings				23	
24 Other assets (describe in Schedule O				24	708
25 Total assets		[26,586	25	36,683
26 Total liabilities (describe in Schedule	0)	[3,947	26	2,702
27 Net assets or fund balances (line 27 o	f column (B) must agree wi	th line 21)	22,639	27	33,981
Check if the organization used What is the organization's primary exempt Improve instruction in small O regon school Describe the organization's program service measured by expenses In a clear and condi-	Schedule O to respond to purpose? s e accomplishments for eac	any question in th	est program services, as	(c) org 49	Expenses equired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, conal for others)
benefited, and other relevant information for 28 Conducted conferences/workshops and elementary and secondary Oregon schools (Grants \$ 52,770) If the	mailed newsletter for cont			28a	
30	s amount includes foreign s amount includes foreign		,	29a 30a	
31 Other program services (describe in Sc (Grants \$) If thi	hedule O) s amount includes foreign	grants, check here	e ▶ ┌	31a	
32 Total program service expenses (add lin				32	52,770
Part IV List of Officers, Directors, Tru Check if the organization used			·		· —
(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensatio (Forms W-2/10 MISC) (if not p enter -0-)	n contributions (to olans,	(e) Estimated amount of other compensation
See Additional Data Table					

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		[▽
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Νo
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Νo
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Νo
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 💮 37a			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? \cdot . \cdot	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of the Intermountain Education Serv. Telephone no			-3103
	Located at ▶ 2001 SW Nye Pendleton, OR ZIP + 4	97	7801	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	Yes	N _a
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No No
	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 Foreign Bank and Financial Accounts.		Ti.	
C	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	42 c		Νo
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ 「
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		Νo
C	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		No
	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

01111 7 5	90-EZ (2012)					Yes	Page 4
	old the organization engage, direct andidates for public office? If "Yes			ehalf of or in opposition to			No
Part \	• • • • • • • • • • • • • • • • • • • •		. 47 401	150 1 1 1			
	and 51	janizations must answer	•	•		s for lir	ies 50
	Check if the organization us	sed Schedule O to respond t	o any question in this P	art VI			<u>Г</u>
						Yes	No
	old the organization engage in lobb f "Yes," complete Schedule C, Par		tion 501(h) election in		[?] . 47	Yes	
48 Is	s the organization a school as des	cribed in section 170(b)(1)((A)(II)? If "Yes," comple	te Schedule E .	. 48		No
49a Di	old the organization make any tran	sfers to an exempt non-chai	ritable related organizat	ion?	. 49a		No
b If	f "Yes," was the related organızatı	on a section 527 organizatio	on?		. 49b		No
	complete this table for the organization						
	mployees) who each received mor ame and title of each employee pai more than \$100,000		(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Es of othe	tımated	amount ensatior
NONE							
f ·	Total number of other employees	paid over \$100,000					
f	Total number of other employees	paid over \$ 100,000			-		
51 C	omplete this table for the organize	ation's five highest compens		actors who each received	more th	an \$100	0,000
51 Co		ation's five highest compens ion If there is none, enter "	None "	actors who each received (b) Type of service		an \$100 Compens	•
51 Co	omplete this table for the organizate on the organizate of compensation from the organizate organizate.	ation's five highest compens ion If there is none, enter "	None "				
51 Co	omplete this table for the organizate on the organizate of compensation from the organizate organizate.	ation's five highest compens ion If there is none, enter "	None "				•
51 Co	omplete this table for the organizate on the organizate of compensation from the organizate organizate.	ation's five highest compens ion If there is none, enter "	None "				
51 Co	omplete this table for the organizate on the organizate of compensation from the organizate organizate.	ation's five highest compens ion If there is none, enter "	None "				
51 Co	omplete this table for the organizate on the organizate of compensation from the organizate organizate.	ation's five highest compens ion If there is none, enter "	None "				
51 Co	omplete this table for the organizate on the organizate of compensation from the organizate organizate.	ation's five highest compens ion If there is none, enter "	None "				
51 Coof	omplete this table for the organizate on the organizate of compensation from the organizate organizate.	ation's five highest compens ion If there is none, enter "	None "				•
51 Coof	omplete this table for the organizate on the organizate of compensation from the organizate organizate.	ation's five highest compens ion If there is none, enter "	None "				•
51 Confidence of the confidenc	complete this table for the organizate f compensation from the organizate. a) Name and address of each inde	ation's five highest compens tion If there is none, enter "I pendent contractor paid mor	None " The than \$100,000	(b) Type of service			
51 Confidence of the confidenc	complete this table for the organizate from the organizate from the organizate. A) Name and address of each indesequence. Total number of other independents.	ation's five highest compension. If there is none, enter "I pendent contractor paid more t contractors each receiving	None " e than \$100,000	(b) Type of service			
51 Control of (a) (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	complete this table for the organizate f compensation from the organizate. a) Name and address of each inde	ation's five highest compension. If there is none, enter "I pendent contractor paid more pendent contractor paid more pendent contractors paid more pendent contractors each receiving the dule A? NOTE: All Sections	none " e than \$100,000 g over \$100,000 n 501(c)(3) organization	(b) Type of service ▶ ns and 4947(a)(1)		ompen	sation
51 Control (a)	Complete this table for the organizate from the organizate. (a) Name and address of each indexisted in the each	ation's five highest compension. If there is none, enter "Ipendent contractor paid more pendent contractor paid more pendent contractor paid more to contractors each receiving the dule A? NOTE: All Section to attach a completed Sched	None " e than \$100,000 g over \$100,000 n 501(c)(3) organization ule A	(b) Type of service	(c) C	V Yes	sation
of (a NONE d Juder personal state of the s	Total number of other independen Did the organization complete Sononexempt charitable trusts must penalties of perjury, I declare that I hadge and belief, it is true, correct, and	ation's five highest compension. If there is none, enter "pendent contractor paid more pendent contractor paid more to contractors each receiving the dule A? NOTE: All Section at attach a completed Sched	y over \$100,000 1501(c)(3) organization ule A	(b) Type of service	(c) C	✓ Yes	sation sation
of (a NONE d Juder personal state of the s	Total number of other independen Did the organization complete Sononexempt charitable trusts must penalties of perjury, I declare that I hadge and belief, it is true, correct, and	ation's five highest compension. If there is none, enter "pendent contractor paid more pendent contractor paid more to contractors each receiving the dule A? NOTE: All Section at attach a completed Sched	y over \$100,000 1501(c)(3) organization ule A	(b) Type of service	(c) C	✓ Yes	sation sation
d 52 Junder permowled	Total number of other independent on the organization from the organization. Total number of other independent of the organization complete Scinonexempt charitable trusts must be and belief, it is true, correct, and the organization of the organization of the organization of the organization complete.	ation's five highest compension. If there is none, enter "pendent contractor paid more pendent contractor paid more to contractors each receiving the dule A? NOTE: All Section at attach a completed Sched	y over \$100,000 1501(c)(3) organization ule A	(b) Type of service	(c) C	✓ Yes	sation sation
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d 52 Junder permowled	Total number of other independen Did the organization complete Sc nonexempt charitable trusts must penalties of perjury, I declare that I h dige and belief, it is true, correct, and dige. ****** Signature of officer Michael Lasher Executive Direct	ation's five highest compension. If there is none, enter "I pendent contractor paid more to contractors each receiving the dule A? NOTE: All Section at attach a completed Sched ave examined this return, inclination of preparer's signature.	over \$100,000 solver \$	(b) Type of service	to the be	✓ Yes	sation No
d 52 Junder per growled knowled chowled chowl	Total number of other independen Did the organization complete Sc nonexempt charitable trusts must penalties of perjury, I declare that I hadge and belief, it is true, correct, and the dige. ****** Signature of officer Michael Lasher Executive Direct Type or print name and title Print/Type preparer's name Firm's name	t contractors each receiving the attach a completed Sched ave examined this return, including the complete. Declaration of preparer's signature Christopher J Cock	over \$100,000 solver \$	(b) Type of service	(c) C	✓ Yes	sation No
d 52 Junder permoviled snowled	Total number of other independent Did the organization complete Scinonexempt charitable trusts must be dige and belief, it is true, correct, and dige. ****** Signature of officer Michael Lasher Executive Direct Type or print name and title Print/Type preparer's name Firm's name **Cockburn	t contractors each receiving the attach a completed Sched ave examined this return, including the complete. Declaration of preparer's signature Christopher J Cock & McClintock LLC	over \$100,000 solver \$	(b) Type of service	to the beof which	✓ Yes	sation No

Additional Data

Software ID: 12000229

Software Version: 2012v2.0

EIN: 23-7448458

Name: Oregon Small Schools Association

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Brad Royse Director	2 00	0		
Steve Staniak Director	2 00	0		
Jerry Copeland Director	2 00	0		
Paul Young Director	2 00	0		
Mark Jeffery Director	2 00	0		
Janelle Beers Director	2 00	0		
Brian Gander Director	2 00	0		
Michael Lasher Executive Direc	2 00	0		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492044004194

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Oregon Small Schools Association

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Open to Public Inspection

Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All ord	nanization	s must com	nlete this	nart.) See		ons.		
				e foundation becaus					· · · · · · · · · · · · · · · · · · ·				
1	Г			on of churches, or a									
2	Г		-	in section 170(b)(1									
3	Ė			perative hospital se				on 170(b)(1	L)(A)(iii).				
4	_			n organization operal						(1)(A)(ii	i). Ente	rthe	
-	•			ty, and state						(-/(/(.,		
5	Γ			erated for the benefi	t of a college	or univers	ity owned or c	perated by	a governmer	ntal unit d	lescribe	ed in	
		sect ior	170(b)(1)(A)(iv). (Complete P	art II)								
6	\sqcap	A feder	al, state, or	local government or	government	tal unit desc	cribed in sect	ion 170(b)	(1)(A)(v).				
7	Γ	An org	anization tha	at normally receives	a substantia	al part of its	support from	a governm	nental unit or	from the	general	public	
	_			n 170(b)(1)(A)(vi).	` '	,		_			_	·	
8			-	described in section			•	-					
9	굣	An org	anızatıon tha	at normally receives	(1) more th	an 331/3%	of its support	from contr	ibutions, mer	nbership f	fees, ar	id gros	s
		receipt	s from activ	ities related to its ex	xempt functı	ons—subjed	t to certain e	xceptions,	and (2) no m	ore than :	3 3 1/3%	of	
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ess taxable ır	rcome (less	s section 511	. tax) fron	n busın	esses	
		acquire	ed by the org	janization after June	30,1975 S	ee section	509(a)(2). (C	omplete P	art III)				
10	Γ	An org	anızatıon org	ganized and operated	d exclusively	to test for	public safety	See sect i	on 509(a)(4).				
11	ı	one or the box	more public that descri	ganized and operated y supported organiz bes the type of supp b Type II c	ations descr orting organ	ibed in sect ization and	ion 509(a)(1 complete line) or section es 11e thro	n 509(a)(2) \$ ugh 11h	See sectio	on 509(a)(3).	Check
e	Γ	othert	_	ox, I certify that the on managers and ot	_			•	•				
f		If the c	rganization this box	received a written de						e III supp	orting	organı	zation,
g		followir	ng persons?	2006, has the organi						. \			
				rectly or indirectly o	•		_	persons a	escribed in (ii	_	44 (1)	Yes	No
				governing body of th		_	n r			H	11g(i)		
				er of a person descri						<u> </u>	11g(ii)		
_				lled entity of a perso							11g(iii)		
h 		Provide	e the followi	ng information about	the support	ed organizai	tion(s)						
_) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did you		(vi) Is		(vii) An	nount of
	uppoi			organization	organizati		the organi		organiza			mone	
OI	ganiz	ation		(described on lines 1- 9 above	col (i) lıs your gove		ın col (i) o suppoi		col (i) or in the l			sup	port
				or IRC section	docume		Заррог		III the t	, , ,			
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
							1.00	1.0	+	+	-+		
							+	1	+	+			
Tota													

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning							
	in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on D. matamakada asan							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activities					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
	and stop here. The organization qua				1 . 13 33 1/3/0	31 111010,	c. (I	▶ □
b	33 1/3% support test—2011. If the				and line 15 is 33	1/3% or n	nore, ch	eck this
4-7	box and stop here. The organization				12 16	L	. 1 4	► □
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	,	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	on meets the T	acts and-circuili	stances test III	ic organization qu	umca 05 (- Public	'y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	69,515	45,110	53,012	45,134		64,570	277,341
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							0
3	Gross receipts from activities that are not an unrelated trade or business under section 513							0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0
6	Total. Add lines 1 through 5	69,515	45,110	53,012	45,134		64,570	277,341
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0
c	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							277,341
Se	ction B. Total Support				•		•	
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
9	in) ► A mounts from line 6	69,515	45,110	53,012	45,134	(-,	64,570	277,341
10a	Gross income from interest,	53,525	,	33,522	,201		0.,0.0	
	dividends, payments received on securities loans, rents, royalties and income from similar sources	253	235	60	15	26		589
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after							0
	June 30, 1975							
C	June 30, 1975 Add lines 10a and 10b	253	235	60	15		26	589
		253	235	60	15		26	589
c 11 12	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	1,231	3,395	3,350	15 5,871		4,534	
11 12 13	Add lines 10a and 10b Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12)	1,231 70,999	3,395 48,740	3,350 56,422	5,871 51,020		4,534	0 18,381 296,311
11 12	Add lines 10a and 10b Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is	1,231 70,999	3,395 48,740	3,350 56,422	5,871 51,020	501(c)(3	4,534	18,381 296,311 zation,
11 12 13 14	Add lines 10a and 10b Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	1,231 70,999 for the organization	3,395 48,740 n's first, second,	3,350 56,422	5,871 51,020	501(c)(3	4,534	0 18,381 296,311
11 12 13 14 Se	Add lines 10a and 10b Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is	1,231 70,999 for the organization	3,395 48,740 n's first, second,	3,350 56,422 third, fourth, or fi	5,871 51,020		4,534	0 18,381 296,311 zation, ▶☐
11 12 13 14 Se 15	Add lines 10a and 10b Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage for 2012	70,999 for the organization lic Support Per (line 8, column (f)	3,395 48,740 n's first, second, rcentage divided by line 1	3,350 56,422 third, fourth, or fi	5,871 51,020	15	4,534	18,381 296,311 zation, 93 600 %
11 12 13 14 Se 15 16	Add lines 10a and 10b Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage from 2012	1,231 70,999 for the organization lic Support Pe (line 8, column (f)	3,395 48,740 n's first, second, rcentage divided by line 1 rt III, line 15	3,350 56,422 third, fourth, or fi 3, column (f))	5,871 51,020		4,534	0 18,381 296,311 zation, ▶☐
11 12 13 14 Se 15 16 Se	Add lines 10a and 10b Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage from 2012 Public support percentage from 2012	1,231 70,999 for the organization lic Support Per (line 8, column (f) .1 Schedule A, Par estment Incon	3,395 48,740 n's first, second, rcentage divided by line 1 rt III, line 15 ne Percentag	3,350 56,422 third, fourth, or fi 3, column (f))	5,871 51,020 fth tax year as a	15 16	4,534	18,381 296,311 zation, 93 600 % 94 490 %
11 12 13 14 Se 15 16 Se 17	Add lines 10a and 10b Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage for 2012 Public support percentage from 2013 ection D. Computation of Inventore in the support percentage for 2013	1,231 70,999 for the organization lic Support Per (line 8, column (f) 1 Schedule A, Par estment Incom 2012 (line 10c, col	3,395 48,740 n's first, second, rcentage divided by line 1 rt III, line 15 ne Percentag umn (f) divided b	3,350 56,422 third, fourth, or fr 3, column (f)) e y line 13, column	5,871 51,020 fth tax year as a	15 16	4,534	18,381 296,311 zation, 93 600 % 94 490 % 0 200 %
11 12 13 14 Se 15 16 Se 17 18	Add lines 10a and 10b Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage from 2012 Public support percentage from 2012	1,231 70,999 for the organizatio lic Support Pe (line 8, column (f) 1 Schedule A, Pai estment Incon 2012 (line 10c, column 12011 Schedule A	3,395 48,740 n's first, second, rcentage divided by line 1 rt III, line 15 ne Percentag umn (f) divided b , Part III, line 17	3,350 56,422 third, fourth, or fi	5,871 51,020 fth tax year as a	15 16 17 18	4,534 69,130 3) organiz	18,381 296,311 zation, 93 600 % 94 490 % 0 200 % 0 280 %

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93492044004194

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Political Campaign and Lobbying Activities

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Oregon Small Schools Association 23-7448458 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 ✓ No Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)).	65.1 1 1 /	list in Dant IV is	l . ec . l		
A	Check ► If the filing organization belongs to a expenses, and share of excess lobb		list in Part IV ea	ach amiliated gro	up members nam	e, address, EIN
В	Check ► If the filing organization checked box		ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 10	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-O-				
i	Subtract line 1f from line 1c If zero or less, ente	r-0-				
j	If there is an amount other than zero on either lir section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See the		ection do not r lines 2a thr	t have to cor ough 2f on p		he five
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
_2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
_ <u>c</u>	Total lobbying expenditures					
d	Grassroots nontavable amount					

	tII-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	тот			1 (ige <u>-</u>
For or		(;	1)		(b)	
activi	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ty.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?		Νo			
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5), c	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		⊢	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	Int IV Supplemental Information					

Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list),

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492044004194

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public

Inspection

Name of the organization Oregon Small Schools Association Employer identification number

23-7448458

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$3569 Deferred Revenue - Ending \$0
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$378 Accounts Payable and Accrued Expenses - Ending \$2702
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$708
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Other Expenses \$158
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1488
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$5612
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$2005
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Miscellaneous Income \$4534