ef	ile G	RAPHIC print	- DO NOT PROCESS	As Filed Data -				DLN	l: 93492317015387
				Short	Form				OMB No 1545-1150
	Q	90-EZ	Return of O	rganization E		om li	come T	ax	2015
For	m <b>J</b>	90-EZ		•	•				2016
•			Under section 501(c), 527,	or 4947(a)(1) of the Ir	nternal Revenue (	Code (exc	ept private for	ındatıons	)
			▶ Do not enter so	ocial security numbers	on this form as	it may l	oe made publi	c.	0 I- D    -
Den	artment	of the Treasury		ut Form 990-EZ and		-	-		Open to Public
-		enue Service							Inspection
		_	ar year, or tax year begin	ning 07-01-2016	, and en	ding 06-	-30-2017		
		f applicable s change	C Name of organization Oregon Small Schools Associat	ion				D Employ	er identification number
_	Name c	5				I		23-744	
_	Initial r	-	Number and street (or P O be 2001 SW Nye	ox, if mail is not delivered	to street address)	Room/suit	te	E Telepho	ne number
_		turn/terminated	City or town, state or province	a country and ZIP or force	uan nostal codo				(541) 966-3103
_		ed return	Pendleton, OR 97801	e, country, and ZIF or lore	igii postai code			<b>F</b> Group E	
ш.	Applicat	tion pending						Number	•
							H Check	☑ ıf th	e organization is <b>not</b>
G A	ccoun	tıng Method □	l Cash ☑ Accrual Other (s	specify) ▶					Schedule B
T 14	1 - l:4	<b>-</b>				- }	(Form 99	0, 990-E	Z, or 990-PF)
		e: ▶http://oregonssa mnt_status/check/	a org only one) - 🗹 501(c)(3) 🕰 🔲 5	01(c)(_) <b> (</b> (insert no.) □	4947(a)(1) or □	<u> </u>			
					+547(a)(1) 01 <b>L</b>	327			
		=	Corporation Trust As						
L A are	dd line \$500	es 5b, 6c, and 7b	to line 9 to determine grose Form 990 instead of Form	s receipts   If gross rece 990-E7	eipts are \$200,0	00 or mo	re, or if total a	assets (Pa	art II, column (B) below) ► \$ 75.085
	art I		Expenses, and Change						
_	u	Check if the	organization used Schedule	O to respond to any q	uestion in this Pa	art I			
	1		gifts, grants, and similar amo					1	75,056
	2	Program service	e revenue including governm	ent fees and contracts				2	
	3	Membership du	es and assessments					3	
	4	Investment inco	ome					4	29
	5a	Gross amount f	rom sale of assets other tha	n inventory	5a				
	ь		her basis and sales expense	,	5b			<del>,</del>	
	С		rom sale of assets other than		ne 5b from line	5a)		⊟ <sub>5c</sub>	
	6	, ,	ndraising events	, ,		,			
ŭ	a	_	rom gaming (attach Schedul	e G if greater than \$15	(,000) <b>  6a  </b>				
Revenue	_						•	$\dashv$ $\mid$	
Š	b		om fundraising events (not nts reported on line 1) (atta		or con	tributions	s rrom		
۲,		_	oss income and contributions		6b			ا اه	
	С		enses from gaming and fun-		6c			<del>,</del>	
	d		loss) from gaming and fund	-		d subtrac		6d	
	7a		nventory, less returns and a		1 1			+	
	b	Less cost of go	• •		7b			<del>,</del>	
	c	_	(loss) from sales of inventor	v (Subtract line 7h from				~   7c	
	8	•	(describe in Schedule O)	, , ,				8	
	9		. Add lines 1, 2, 3, 4, 5c, 6d	. 7c. and 8				<u> </u>	75,085
_	10		lar amounts paid (list in Sch	· · · · · · · · · · · · · · · · · · ·				10	, 5, 303
	11		or for members					11	
	12	•	compensation, and employe	e benefits				12	9,000
Expenses	13		es and other payments to inc					13	48,475
당	14		t, utilities, and maintenance	•				14	
Š	15		t, utilities, and maintenance ations, postage, and shipping					15	
	16							16	E 00E
	16 17	·	(describe in Schedule O)						5,905
_			s. Add lines 10 through 16					_	63,380
ا ب	18	•	cit) for the year (Subtract lin	•	Lump (A)) (much			18	11,705
Assets	19		and balances at beginning of		iumn (A)) (must	. agree w	iun		E2 7E4
t A	20		ure reported on prior year's	·				19	52,754
Net	20	-	in net assets or fund balance	, ,	•			20	
	21		and balances at end of year		ugh 20			21	64,459
roi	· Pape	rwork Reduction	on Act Notice, see the sep	arate instructions.		Cat N	lo 10642I		Form <b>990-EZ</b> (2016)

0.11.1 2 2 0 22	- (====)					i age a
Part II	<b>Balance Sheets</b> (see the instructions Check if the organization used Schedule		advan in this Dant II			
	Check if the organization used Schedule	O to respond to any q		Beginning of year	···	□ ( <b>B</b> ) End of year
<b>22</b> Cash, sa	ivings, and investments			52,754	22	64,459
	d buildings			,	23	· ·
<b>24</b> Other as	sets (describe in Schedule O)				24	
25 Total as	ssets			52,754	25	64,459
26 Total lia	abilities (describe in Schedule O)				26	
	ets or fund balances (line 27 of column	<u> </u>		52,754	27	64,459
Part III	Statement of Program Service A Check if the organization used Schedule	•	•	•	(R	Expenses equired for section 501(c)
What is the	organization's primary exempt purpose?	e o to respond to any c	question in this Fait II.		<b>⊣</b> (̀з	) and 501(c)(4)
Improve ins	truction in small Oregon schools					ganizations, optional for hers )
measured b	e organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pro	er, describe the service				,
<b>28</b> See Addition	nal Data Table					
				_		
(Grants \$ )	If this amoun	t includes foreign gran	ts, check here	. ▶ ⊔	28a	
29					<b>29</b> a	
(Grants \$ )	If this amoun	t includes foreign gran	ts, check here	. ▶ ⊔		
30					30a	
				_		
(Grants \$ )	If this amoun	t includes foreign gran	ts, check here	. ▶ ⊔		
<b>31</b> Other pr	ogram services (describe in Schedule O)			· · <u>·</u> ·		
(Grants \$ )		t includes foreign gran			31a	1
	ogram service expenses (add lines 28a					
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule					
		1		1		less
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health ben-		(e) Estimated amount ree of other compensation
		devoted to position	(Forms W-2/1099- MISC) (if not paid,	benefit plans,	and	· ·
			enter -0-)			
Curt Shelley	,	2 00	C	)		
Director						
Tony Scruto		2 00	(	)		
Director						
Janelle Beer	S	2 00	(			
Director						
David Kerr		2 00	(	)		
Director Tim Sweene	A.	2 00	(	<u> </u>		
iiii Sweene	y	2 00	(	'		
Director						
Michael Cart	er	2 00	(	)		
Director						
Michael Lash	ner	6 00	9,000	)		
Executive Di	ır					
Heidi Sipe		2 00	(	)		
President						
Sean Gallag	her	2 00	(	)		
D.u.s.aha.u						
Director						
						Form <b>990-F7</b> (2016)

Da	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	r in the	`	rage s	
Fa	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V				
	instructions for rare v y check if the organization asea senerate o to respond to any question in this rare v i	•••			
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	Yes	No 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		No	
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		No	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	35c		No	
36		36		No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions				
b	Did the organization file Form 1120-POL for this year?	37b		No	
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No	
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b				
39	Section 501(c)(7) organizations Enter	1			
	Initiation fees and capital contributions included on line 9 39a				
b	Gross receipts, included on line 9, for public use of club facilities	d			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1			
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	
c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization				
e 41	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		No	
	The organization's books are in care of ▶ Intermountain Education Serv  Telephone no ▶	(541) 9	66-3103	3	
		9780			
	<u> </u>		1		
D	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)?	42b	Yes	No No	
	If "Yes," enter the name of the foreign country				
c	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> At any time during the calendar year, did the organization maintain an office outside the U S ?	<b>42</b> c		No	
	If "Yes," enter the name of the foreign country				
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here		▶ □		
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43				
			Yes	No	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No	
	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		No	
	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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No	
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	$\vdash$			
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)				

	16)						Page
						Yes	No
	anization engage, directly or indirector for public office? If "Yes," complete			of or in opposition to			
					46		No
All s	tion 501(c)(3) organization section 501(c)(3) organizations is fit the organization used Schedule	must answer quest	ions 47-49b and 52,	and complete the tal	oles for lu	nes 50	and 5:
	o. ga <u>.</u>	o to respond to any q		<u> </u>	• • • •	Yes	No
7 Did the orga	anization engage in lobbying activiti	es or have a section 50	01(h) election in effect	during the tax year?			
	mplete Schedule C, Part II 🕏 🕟		·		. 47	Yes	
8 Is the organ	nization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E .	. 48		No
<b>9a</b> Did the orga	anization make any transfers to an	exempt non-charitable	related organization?		. 49a		No
<b>b</b> If "Yes," wa	s the related organization a section	527 organization? .			49b		No
	nis table for the organization's five heceived more than \$100,000 of com				es and key	employ	ees)
	e and title of each employee	(b) Average	(c) Reportable	(d) Health benefits,		tımated	
		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employ benefit plans, and deferred compensation		er comp	ensatioi
ONE							
f Total num	ber of other employees paid over \$	100.000		<u> </u>	L		
	nis table for the organization's five h	'	dependent contractors	who each received more	e than \$10	0.000 o	—— f
compensati	on from the organization If there is	none, enter "None "	·				
(	a) Name and business address of e	ach independent contr	actor	(b) Type of service	(c) Comp	ensation	<u> </u>
ONE							
							_
							_
d Total num	ber of other independent contractor	rs each receiving over :	\$100,000				
52 Did the o	rganization complete Schedule A? <b>N</b>	IOTE. All Section 501(	c)(3) organizations mu				_ _ 
52 Did the o	·	IOTE. All Section 501(	c)(3) organizations mu		. ▶ <b>⊘</b> <sub>Ye</sub>	es 🗆 i	
Did the o complete	rganization complete Schedule A? Note of the schedule A	IOTE. All Section 501(	c)(3) organizations mu	nedules and statements,	and to the	best of	my
Did the o complete nder penalties of nowledge and be as any knowledg	rganization complete Schedule A? Note of Schedule A	IOTE. All Section 501(	c)(3) organizations mu	nedules and statements, is based on all information	and to the	best of	my
Did the o complete onder penalties of nowledge and be as any knowledge.	rganization complete Schedule A? Note of Schedule A	IOTE. All Section 501(	c)(3) organizations mu	nedules and statements, is based on all informati	and to the	best of	my
Did the o complete onder penalties of nowledge and be as any knowledg	rganization complete Schedule A? Note of Schedule A	IOTE. All Section 501(	c)(3) organizations mu	nedules and statements, is based on all information	and to the	best of	my
Did the o complete of the comp	rganization complete Schedule A? Note that I have example for the first true, correct, and complete example of the first true for the first true f	IOTE. All Section 501(	c)(3) organizations mu	edules and statements, is based on all information and statements.  2017-11-13  Date  Check I if PTI PDI	and to the on of whic	best of	my
Did the o complete of the penalties of nowledge and be as any knowledge and be as any knowledge of the penalties of the penal	rganization complete Schedule A? Note that I have example, it is true, correct, and complete example of the complete example.	nined this return, include Declaration of preparer's signature	c)(3) organizations mu  ding accompanying sch rer (other than officer)	edules and statements, is based on all information and statements.  2017-11-13  Date	and to the on of whic	best of	my
Did the o complete onder penalties of nowledge and be as any knowledg	rganization complete Schedule A? Modern of Schedule A	nined this return, include Declaration of preparer's signature	c)(3) organizations mu  ding accompanying sch rer (other than officer)	2017-11-13 Date  Check I pPT poor	and to the on of whic	best of	my
Did the o complete on der penalties of nowledge and be as any knowledge ign ere Mich Type	rganization complete Schedule A? Modern of Schedule A	nined this return, include Declaration of preparer's signature	c)(3) organizations mu  ding accompanying sch rer (other than officer)	check I f self-employed  Check I f self-employed  Firm's EIN	and to the on of whic	best of	my

## **Additional Data**

**Software ID:** 16000303 **Software Version:** 2016v3.0

**EIN:** 23-7448458

Name: Oregon Small Schools Association

Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured by exp	escribe the organization's program service accomplishments for each of its three largest program ervices, as measured by expenses. In a clear and concise manner, describe the services provided, the umber of persons benefited, and other relevant information for each program title.			
28 Conducted conferences/worksho and secondary Oregon schools	ps and mailed newsletter for continued education of members in small elementary	28a		
(Grants \$ 59,265)	If this amount includes foreign grants, check here $\ . \ . \ . \  ightharpoonup \square$			

efile	GR/	APHIC prin	nt - DO NOT PROCESS	S As Filed Data -			DLN: 9	3492317015387
SCH	IED	ULE A	Public	Charity Statu	s and Put	olic Supp	ort	OMB No 1545-0047
(For	m 990			organization is a sect	ion 501(c)(3) d	organization o		2016
990E	<b>(Z</b> )			4947(a)(1) nonexe  ▶ Attach to Form				2010
		the Treasury	► Information ab	out Schedule A (Form			uctions is at	Open to Public Inspection
Name	of th	ue Service ie organiza		<u>www.iis.g</u>	<u>00/10/11/990</u> .		Employer identific	<u> </u>
regor	Small	Schools Assoc	lation				23-7448458	
Pai			for Public Charity Sta				See instructions.	
	rganız		a private foundation becau	•	•		(4)(1)	
1		•	onvention of churches, or			. , , ,	)(A)(I).	
2			scribed in <b>section 170(b</b> )		,	•		
3		·	or a cooperative hospital se	•				
4			esearch organization opera and state	ated in conjunction with	a hospital descri	bed in <b>section</b>	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the bene ( <b>iv).</b> (Complete Part II )	efit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local government	or governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(	A)(v).	
7			ation that normally receive ( <b>0(b)(1)(A)(vi).</b> (Comple		s support from a	governmental (	unit or from the gener	al public described in
8		A communi	ty trust described in <b>secti</b>	on 170(b)(1)(A)(vi)	(Complete Part I	I )		
9			ural research organization rant college of agriculture					ege or university or a
.0	<b>✓</b>	from activit	ation that normally receive ties related to its exempt f income and unrelated bus see section 509(a)(2). (i	unctions—subject to cer siness taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
.1		•	ation organized and operat		r public safety S	ee section 509	)(a)(4).	
.2		more public	ation organized and operat ly supported organizations through 12d that describe	s described in <b>section 5</b>	09(a)(1) or sec	ction 509(a)(2	). See <b>section 509</b> (a	
а		Type I. A so	supporting organization op n(s) the power to regularly Part IV, Sections A and	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization sint of the supporting organ	upervised or controlled i ization vested in the sar				
С		Type III fo	unctionally integrated. A organization(s) (see instru	A supporting organizatio				ited with, its
d		Type III n functionally	on-functionally integrated the organizates  integrated The organizates  i) You must complete P	t <b>ed.</b> A supporting organi ion generally must satis	ization operated fy a distribution i	in connection w requirement and	th its supported organ	
e		Check this	box if the organization rec or Type III non-functional	eived a written determir	nation from the II		ype I, Type II, Type II	I functionally
f	Enter		of supported organization		<u> </u>			
g			ing information about the	<del></del>	Γ'			
(i)Na	ame of	f supported o	organization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	
Γotal			tion Act Notice, see the		Cat No 11285		 Schedule A (Form 9	

Sch	nedule A (Form 990 or 990-EZ) 2016						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	d 170(b)(1)(A	(vi)
	(Complete only if you ch	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or i	f the organization	on failed to quali	
	III. If the organization fa	ails to qualify un	der the tests lis	ted below, plea:	se complete Par	t III.)	
	Section A. Public Support		T	ı		1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grant ")						
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 (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
	Section B. Total Support	1	•		•	•	
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
_	(or fiscal year beginning in) ▶	(4)2012	(6)2013	(6)2014	(4)2013	(0)2010	(1)10tai
7							
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9							
	activities, whether or not the						
10	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<del>_</del> _						
4.5	10 Gross receipts from related activities,	etc (see instruction	l ns)			12	
13	First five years. If the Form 990 is for	=				-	anization,
	check this box and stop here				<u> </u>	<u> ▶ ∟</u>	
	Section C. Computation of Public	• •		(6)			
	Public support percentage for 2016 (III			column (f))		14	
	Public support percentage for 2015 Sc					15	
16	a <b>33 1/3% support test—2016.</b> If the	e organization did r	not check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	
	and <b>stop here.</b> The organization qual						ightharpoons
b	<b>33 1/3% support test—2015.</b> If th	ie organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 i	/3% or more, chec	k this
	box and <b>stop here.</b> The organization						▶□
<b>17</b> a	a 10%-facts-and-circumstances test						
	is 10% or more, and if the organization in Part VI how the organization meets						
		the racts-and-cire	cumstances test	rne organization	quaimes as a pubi	iciy supported	. □
	organization	rt_2015 If the	raanization did ===	t chack a hay as !	mo 12 165 164	or 17a and line	▶⊔
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						
	supported organization			-	•	•	▶ □
18	B 1 1 6 1 11 7611	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	and see	· <b>—</b>
	instructions		, -	. , ,	,		<b>▶</b> □
					Schodu	le A (Form 990 o	r 990-F7) 2016

338,820

0

Ω

338,820

102

0

102

Ω

13,388

352,310

▶□

96 170 %

94 110 %

0 030 %

0 030 %

▶∐

Schedule A (Form 990 or 990-EZ) 2016

(Complete only if you checked the box on line 10 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.)

Section A. Public Support Calendar vear (e)2016 (f)Total

	(or fiscal year beginning in) ▶	(a)2012	(0)2013	(6)2014	(d)2015	L
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	64,570	61,188	64,027	73,979	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in					

organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

The value of services or facilities

any activity that is related to the

furnished by a governmental unit to the organization without charge

Public support. (Subtract line 7c

(or fiscal year beginning in) ▶

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from

businesses acquired after June 30,

Net income from unrelated business

Other income Do not include gain or loss from the sale of capital assets

Section C. Computation of Public Support Percentage

Public support percentage from 2015 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2015 Schedule A, Part III, line 17

Total support. (Add lines 9, 10c,

check this box and stop here

activities not included in line 10b,

whether or not the business is

Gross income from interest, dividends, payments received on

13 for the year c Add lines 7a and 7b

from line 6)

1975

a

С

11

14

15

16

17

20

10a

Section B. Total Support Calendar year

Amounts from line 6

Add lines 10a and 10b

regularly carried on

(Explain in Part VI)

11, and 12)

Total. Add lines 1 through 5 Amounts included on lines 1, 2, and

3 received from disqualified persons Amounts 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

64,570

(a)2012

26

26

4,534

69,130

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))

(b)2013 64,570

61,188

61,188

10

10

5,104

66,302

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

19a 331/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2015. 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

(c)2014

64.027

14

3,750

67,791

64,027

(d)2015

73,979

73,979

23

23

74,002

(e)2016

75,056

29

29

75,085

15

16

17

75,056

75,056

338,820

338,820 (f)Total

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V ) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	organization have any supported organization that does not have an IRS determination of status under section 509 or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described to 509(a)(1) or (2)			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or (2)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the	

	III Section 309(a)(1) or (2)	2	i
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	Ī

	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination	3b	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented	$\Box$	

		30	l
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections		
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		

	to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by		
	amendment to the organizing document)	5a	<del></del>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Рa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has	the organization accepted a gift or contribution from any of the following persons?			
а		erson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gove	erning body of a supported organization?	11a		
b	A fa	mily member of a person described in (a) above?	11b		
С	A 35	5% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
_	ti-	a B. Tuna I Suppositing Ouspainstings			
3	ectio	n B. Type I Supporting Organizations		Yes	No
1	Did	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or		103	110
	elec	t at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part			
		now the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the anization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trus	tees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	pow	ers during the tax year	1		
2		the organization operate for the benefit of any supported organization other than the supported organization(s) that			
		rated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit ied out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
		anization	2		
S	ectio	n C. Type II Supporting Organizations		Yes	
1	14/	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		res	No
1		e a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees of $f$ of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supp	porting organization was vested in the same persons that controlled or managed the supported organization(s)			
			1		
					•
S	ectio	n D. All Type III Supporting Organizations			T
	Б			Yes	No
1		the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the			
	Forn	n 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	aoci	uments in effect on the date of notification, to the extent not previously provided?			
,	14/0=	is any of the evaluation's officers directors or twisters of the rivation of the evaluation by the symposited or	1		
2	(s) (	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization			
	maii	ntained a close and continuous working relationship with the supported organization(s)			
_	-		2		
3		reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the sinization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
		7 If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
<u> </u>		<b>n E. Type III Functionally-Integrated Supporting Organizations</b> ck the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see instructi</b>	1		
	a $\square$	The organization satisfied the Activities Test. Complete <b>line 2</b> below	uns)		
	. 🗀				
	ь 🗆	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
	с 🗌	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	ınstru	ctions)	
2	Acti	vities Test Answer (a) and (b) below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
		ported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported anizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was			
	resp	nonsive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities	2~		
		the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	2a		
	orga	anization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the			
		anization's position that its supported organization(s) would have engaged in these activities but for the organization's livement	21		
3			2b		
		ent of Supported Organizations Answer (a) and (b) below.  the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
		supported organizations? <i>Provide details in <b>Part VI.</b></i>	Ja		
		the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supp	ported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b		

4	Recoveries of prior-year distributions			
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted not income for prior year (from Section A. Line 9. Column A.)			

Adjusted net income for prior year (from Section A, line 8, Column A) 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2016

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



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## **Political Campaign and Lobbying Activities**

OMB No 1545-0047

DLN: 93492317015387

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures 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 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ✓ No Was a correction made? ☐ Yes ✓ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 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 4 Did the filing organization fileForm 1120-POL for this year? 5 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 (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3

Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

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

Schedule C (Form 990 or 990-EZ) 2016

3

4

Part IV

expenditure next year?

Sche	edule C (Form 990 or 990-EZ) 2016				Pa	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT form 5768 (election under section 501(h)).	iled				
or e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying			(b)		
ctiv		Yes	No	4	lmoun	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?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1		
С	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
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?		No			
i	Other activities?		No			
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)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No			
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	(5), o	r sect	ion !		-
1	Were substantially all (90% or more) dues received nondeductible by members?		_	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization make only in-house lobbying expenditures of \$2,000 of less.  Did the organization agree to carry over lobbying and political expenditures from the prior year?		-	3		
_	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	.)(5) 0	r sect		01/6	1/61
T 4	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Paranswered "Yes."				) <b>1</b> 0.	,( <b>0</b> )
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).					
-	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c	l			

3

4 5

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), Part II-A, lines 1 and 2 (see

instructions), and Part II-B, line 1 Also, complete this part for any additional information Return Reference Explanation

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

Supplemental Information

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

Part II-B, Line 1i - Other Activities

OSSA cooperates with COSA and OSBA in support of legislative activities effecting Oregon's public Schools Description OSSA maintains a lobbying presence on behalf of issues of critical importance to small schools through the employment of a professional lobbyist and the presence of an active Legislation & Policy Committee The Legislation & Policy Committee is composed of one representative from each region plus the chair Regional representatives serve as alternates on the Legislative & Policy Committee While OSSA has a broad legislative platform, it has also identified its most improtant priorities which include preservation of small school funding provisions such as small school factor, transportation enhancement, and small high school

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SCHEDULE	or 990-F7	OMB No 1545-0047					
(Form 990 or 9 EZ) Department of the Trea	9()- Complete to provide information for responses to specific of Form 990 or 990-EZ or to provide any additional inform ► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its in www.irs.gov/form990.	bout Schedule O (Form 990 or 990-EZ) and its instructions is at					
Internal Revenue Servi Name of the organ Oregon Small Schools		Employer ident	tification number				
990 Schedule	O, Supplemental Information						
Return Reference	Explanation						
Other Expenses 1002	Office Expenses \$1790						

990 Schedule O, Supplemental Information Return Explanation Reference Travel \$2839 Expenses 1005

Other

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$250 Expenses 1012

Other

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses \$1026
Expenses 1