

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)

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the **2008** calendar year, or tax year beginning **7/01**, **2008**, and ending **6/30**, **2009**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	OREGON ASSOCIATION OF TAX CONSULTANTS 3075 SW 234TH AVENUE #110 HILLSBORO, OR 97123	D Employer Identification Number 23-7318340 E Telephone number (503) 726-0100 G Gross receipts \$ 261,813.
F Name and address of principal officer: ERIC ARNOLDUS SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions) SEE SCHEDULE O H(c) Group exemption number ▶ 8006	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.OATC-OREGON.ORG	
K Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 1972 M State of legal domicile: OR	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>MAINTAIN & ELEVATE THE STANDARDS OF PROFICIENCY & INTEGRITY OF THE SERVICES PERFORMED BY THE MEMBERS. ACTIVITIES OF THE ORGANIZATIONS INCLUDE EDUCATION OF ITS MEMBERS THROUGH CONTINUING EDUCATION PROGRAMS. FURTHER PURPOSE OF THE ORGANIZATION IS TO CULTIVATE COOPERATION AMONG</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	850
	5 Total number of employees (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	96
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	140.	79,406.
	9 Program service revenue (Part VIII, line 2g)	113,035.	116,386.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,419.	2,094.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,721.	15,363.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	145,315.	213,249.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		44,974.	37,609.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>149.</u>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		68,969.	171,541.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	113,943.	209,150.	
19 Revenue less expenses. Subtract line 18 from line 12	31,372.	4,099.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	202,546.	377,557.
	21 Total liabilities (Part X, line 26)	68,372.	224,214.
	22 Net assets or fund balances. Subtract line 21 from line 20	134,174.	153,343.

Part II Signature Block

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

Sign Here	Signature of officer _____ PATRICIA LOGAN Type or print name and title.	Date _____ TREASURER	
Paid Preparer's Use Only	Preparer's signature ▶ PATRICIA A. LOGAN	Date _____	Check if self-employed <input checked="" type="checkbox"/> Preparer's identifying number (see instructions) P00342495
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ THOMAS TAX & ASSOC. SVCS. 12650 SW 1ST ST. BEAVERTON, OR 97005	EIN ▶ 05-0547008	Phone no. ▶ (503) 644-4949

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

Yes X No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

Yes X No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 51,334. including grants of \$) (Revenue \$ 62,334.)

THE EDUCATION COMMITTEE IS RESPONSIBLE FOR THE THREE ANNUAL STATEWIDE SEMINARS - UPDATE, BASICS & BEYOND, AND SAFETY NET. THE GROUP DOES THERE OWN ACCOUNTING AND RECORDS INCOME & EXPENSES PERTAINING TO THESE SEMINARS. AT EH END OF THE FISCAL YEAR THE NET PROFITS (ROUNDED) ARE TRANSFERRED TO THE GENERAL FUND

4b (Code:) (Expenses \$ 32,415. including grants of \$) (Revenue \$ 78,101.)

PAYMENTS TO AFFILIATES. THERE ARE 17 CHAPTERS STATEWIDE. ALL MEMBERS PAY DUES TO THE CENTRAL ORGANIZATION, AND THEN EACH CHAPTER IS PAID A PERCENTAGE OF EACH MEMBER'S DUES.

4c (Code:) (Expenses \$ 28,065. including grants of \$) (Revenue \$ 33,332.)

ANNUAL CONVENTION. EACH YEAR AN ANNUAL CONVENTION IS HELD, AND CONTINUING EDUCATION IS PROVIDED. EACH YEAR'S CONVENTION MAINTAINS ITS OWN SET OF BOOKS, AND WHEN ACCOUNTING IS COMPLETED THE NET PROFITS FROM THE CONVENTION ARE PAID OVER TO THE GENERAL FUND.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 68,729. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 180,543. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	37	X

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Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a	13		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2a	3		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body		
			24
1b	Enter the number of voting members that are independent		850
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? SEE . SCH . O	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders? . . . SEE . SCHEDULE . O	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		X
9a	Does the organization have local chapters, branches, or affiliates?	X	
9b	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . SEE . SCHEDULE . O		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		X
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		X
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers of key employees of the organization? . . SEE . SCHEDULE . O Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ LINDA MUSSON 3075 SW 234TH AVENUE, UNIT 110 HILLSBORO OR 97123 (503) 726-0100

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA MUSSON EXECUTIVE DIREC	48			X			30,358.	0.	0.	
ERIC ARNOLDUS 3RD VP	8			X			0.	0.	0.	
SUSAN HIGH PRESIDENT	5			X			0.	0.	0.	
BEV DIERCKS 2ND VP	3			X			0.	0.	0.	
JAN WYSS 1ST VP	2			X			0.	0.	0.	
CHERYL BROWN SECRETARY	1			X			0.	0.	0.	
LAURIE MILLS TREASURER	3			X			0.	0.	0.	

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b 78,101.				
	c Fundraising events	1 c 1,105.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 200.				
	g Noncash contribns included in lns 1a-1f: \$					
h Total. Add lines 1a-1f:		79,406.				
PROGRAM SERVICE REVENUE	2 a CONVENTION 2009	Business Code	33,332.	33,332.		
	b IRS/PRACTICIONERS FORUM		37.	37.		
	c SUPER STAR SEMINAR		20,610.	20,610.		
	d EDUCATION COMMITTEE INCOM		62,334.	62,334.		
	e MISC.		73.	73.		
	f All other program service revenue					
	g Total. Add lines 2a-2f:		116,386.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		2,094.	2,094.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	3,600.			
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)	3,600.				
	d Net rental income or (loss)		3,600.	3,600.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a 60,327.					
b Less: cost of goods sold	b 48,564.					
c Net income or (loss) from sales of inventory		11,763.			11,763.	
Miscellaneous Revenue	Business Code					
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d:						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		213,249.	122,080.	0.	11,763.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	33,135.	16,567.	16,568.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	978.	489.	489.	
10 Payroll taxes.	3,496.	1,748.	1,748.	
11 Fees for services (non-employees).				
a Management.				
b Legal.	559.	559.		
c Accounting.				
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.	149.			149.
13 Office expenses.	7,158.	3,579.	3,579.	
14 Information technology.	1,504.	1,504.		
15 Royalties.				
16 Occupancy.	12,148.	6,074.	6,074.	
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	92,974.	92,974.		
20 Interest.				
21 Payments to affiliates.	32,415.	32,415.		
22 Depreciation, depletion, and amortization.	3,368.	3,368.		
23 Insurance.	439.	439.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BOARD TRAVEL	8,186.	8,186.		
b 3RD VP EXPENSES	4,767.	4,767.		
c POSTAGE AND SHIPPING	2,634.	2,634.		
d 1ST VP EXPENSES	1,684.	1,684.		
e PRESIDENT'S EXPENSES	1,309.	1,309.		
f All other expenses.	2,247.	2,247.		
25 Total functional expenses. Add lines 1 through 24f.	209,150.	180,543.	28,458.	149.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	53,180.	1	82,798.
	2	Savings and temporary cash investments	119,433.	2	28,745.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	28,039.	4	17,933.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	964.	8	3,181.
	9	Prepaid expenses and deferred charges		9	2,170.
	10a	Land, buildings, and equipment: cost basis	248,254.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	5,741.		
	11	Investments — publicly-traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	217.
16	Total assets. Add lines 1 through 15 (must equal line 34)	202,546.	16	377,557.	
LIABILITIES	17	Accounts payable and accrued expenses	3,609.	17	23,577.
	18	Grants payable		18	
	19	Deferred revenue	64,763.	19	60,788.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	139,849.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	68,372.	26	224,214.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	18,944.	27	118,598.
	28	Temporarily restricted net assets	115,230.	28	34,745.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	134,174.	33	153,343.	
34	Total liabilities and net assets/fund balances.	202,546.	34	377,557.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits?		

BAA

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer identification number

OREGON ASSOCIATION OF TAX CONSULTANTS

23-7318340

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for yes/no questions.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question, Held at the End of the Year (2a-2d), and Yes/No. Rows 1-9 for various questions about conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question, Amount, and Yes/No. Rows 1a-1b, 2a-2b for questions about art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings		244,101.	2,873.	241,228.
c Leasehold improvements				
d Equipment		4,005.	2,863.	1,142.
e Other		148.	5.	143.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				242,513.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. Column (b) should equal Form 990, Part X, Col. (B) line 13.) ▶		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X, col.(B), line 15) ▶	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount	
Federal Income Taxes		
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) ▶		

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		N/A
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		N/A
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

SCHEDULE R-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R

Attach to Form 990 to list additional information for Schedule R, Part I;
Part II; Part III; Part IV; Part V, line 2; or Part VI.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of filing organization

OREGON ASSOCIATION OF TAX CONSULTANTS

Employer identification number

23-7318340

Part I Continuation of Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Total income	(E) End-of-year assets	(F) Direct Controlling Entity
JACKSON COUNTY CHAPTER 3075 SW 234TH AVENUE, SUITE 110 HILLSBORO , OR 97123 93-0713704	LOCAL CHAPTER OF OATC	OR	101.	3,989.	OREGON ASSOCIATION OF TAX CONSULTANTS
KLAMATH COUNTY CHAPTER 3075 SW 234TH AVENUE, SUITE 110 HILLSBORO , OR 97123 93-0734580	LOCAL CHAPTER OF OATC	OR	2,474.	3,631.	OREGON ASSOCIATION OF TAX CONSULTANTS
LANE COUNTY CHAPTER 3075 SW 234TH AVENUE, SUITE 110 HILLSBORO , OR 97123 93-0673518	LOCAL CHAPTER OF OATC	OR	6,128.	7,248.	OREGON ASSOCIATION OF TAX CONSULTANTS
MID-COLUMBIA CHAPTER 3075 SW 234TH AVENUE, SUITE 110 HILLSBORO , OR 97123 93-0879987	LOCAL CHAPTER OF OATC	OR	11.	992.	OREGON ASSOCIATION OF TAX CONSULTANTS
MID-WILLAMETTE CHAPTER 3075 SW 234TH AVENUE, SUITE 110 HILLSBORO , OR 97123 93-0712774	LOCAL CHAPTER OF OATC	OR	3,713.	10,841.	OREGON ASSOCIATION OF TAX CONSULTANTS
MT. HOOD CHAPTER 3075 SW 234TH AVENUE, SUITE 110 HILLSBORO , OR 97123 93-0902212	LOCAL CHAPTER OF OATC	OR	3,198.	4,065.	OREGON ASSOCIATION OF TAX CONSULTANTS
NORTH COAST CHAPTER 3075 SW 234TH AVENUE, SUITE 110 HILLSBORO , OR 97123 94-3039600	LOCAL CHAPTER OF OATC	OR	924.	326.	OREGON ASSOCIATION OF TAX CONSULTANTS

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

Employer identification number

OREGON ASSOCIATION OF TAX CONSULTANTS

23-7318340

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

MAINTAIN & ELEVATE THE STANDARDS OF PROFICIENCY & INTEGRITY OF THE SERVICES PERFORMED BY THE MEMBERS. ACTIVITIES OF THE ORGANIZATIONS INCLUDE EDUCATION OF ITS MEMBERS THROUGH CONTINUING EDUCATION PROGRAMS. FURTHER PURPOSE OF THE ORGANIZATION IS TO CULTIVATE COOPERATION AMONG ITS MEMBERS, TO ENCOURAGE ADHERENCE TO ITS CODE OF ETHICS AND TO PROMOTE AND PROTECT THE BEST INTERESTS OF THE ASSOCIATION.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ALL OTHER ADMINISTRATIVE EXPENSES REQUIRED TO RUN THE ORGANIZATION'S PROGRAMS.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

BYLAW CHANGES VOTED ON JUNE 2009

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

LICENSED TAX PREPARES AND LICENSED TAX CONSULTANTS ARE MEMBERS OF THE ORGANIZATION AND PAY AN ANNUAL DUES.

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

CURRENTLY AN INTERNAL REVIEW COMMITTEE IS PERFORMING AN INTERNAL AUDIT OF PREVIOUS YEAR'S RETURNS AND IS MAKING RECOMMENDATIONS OF ITEMS TO REVIEW. THE 2008 RETURN WILL ALSO BE REVIEWED WHEN IT IS COMPLETED, BUT NOT BEFORE FILING SINCE THERE WILL NOT BE SUFFICIENT TIME.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

ANY CHANGES IN COMPENSATION MUST BE APPROVED BY THE EXECUTIVE COUNCIL.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

A COPY OF THE RETURN IS ON FILE AT THE MAIN OFFICE AND ANY INDIVIDUAL MAY ASK TO SEE IT DURING REGULAR BUSINESS HOURS.

CLIENT OATC

OREGON ASSOCIATION OF TAX CONSULTANTS

23-7318340

6/14/12

11:31AM

**FORM 990, QUESTION H(B)
AFFILIATES INCLUDED IN GROUP RETURN**

NAME: WESTSIDE CHAPTER OATC
FEIN: 93-0863294
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: JACKSON COUNTY CHAPTER OATC
FEIN: 93-0713704
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: CLACKAMAS CHAPTER OATC
FEIN: 93-0934222
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: MID-WILLAMETTER CHAPTER OATC
FEIN: 93-0712774
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: LANE COUNTY CHAPTER OATC
FEIN: 93-0673518
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: BLUE MOUNTAIN CHAPTER OATC
FEIN: 93-0820969
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: CENTRAL OREGON CHAPTER OATC
FEIN: 93-0734579
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: KLAMATH COUNTY CHAPTER OATC
FEIN: 93-0734580
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: MID-COLUMBIA CHAPTER OATC
FEIN: 93-0879987
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: MT. HOOD CHAPTER OATC
FEIN: 93-0902212
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: NORTH COAST CHAPTER OATC
FEIN: 94-3039600
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: PORTLAND CHAPTER OATC
FEIN: 93-0669770
ADDRESS: 3075 SW 234TH AVENUE

CLIENT OATC

OREGON ASSOCIATION OF TAX CONSULTANTS

23-7318340

6/14/12

11:31AM

**FORM 990, QUESTION H(B) (CONTINUED)
AFFILIATES INCLUDED IN GROUP RETURN**

HILLSBORO, OR 97123

NAME: SALEM CHAPTER OATC
FEIN: 93-0672993
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: SOUTH COAST CHAPTER OATC
FEIN: 94-3203579
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: TREASURE VALLEY CHAPTER OATC
FEIN: 94-3203554
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: TUALATIN VALLEY CHAPTER OATC
FEIN: 93-0956312
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

NAME: YAMHILL COUNTY CHAPTER OATC
FEIN: 93-0820983
ADDRESS: 3075 SW 234TH AVENUE
HILLSBORO, OR 97123

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box. **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization OREGON ASSOCIATION OF TAX CONSULTANTS	Employer identification number 23-7318340
	Number, street, and room or suite number. If a P.O. box, see instructions. THOMAS TAX & ASSOC. SVCS. 12650 SW 1ST ST.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEAVERTON, OR 97005	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of LINDA MUSSON
 Telephone No. (503) 726-0100 FAX No. (503) 726-0101
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 8006. If this is for the whole group, check this box. . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 5/15, 2010.
- For calendar year _____, or other tax year beginning 7/01, 2008, and ending 6/30, 2009.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension . . . IN ORDER TO PREPARE AN ACCURATE TAX RETURN, ADDITIONAL TIME IS NEEDED TO PREPARE THE FINANCIALS.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **TREASURER** Date

6/30/09

2008 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT OATC

OREGON ASSOCIATION OF TAX CONSULTANTS

23-7318340

6/14/12

11:31AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
BUILDINGS																
3	CONDOMINIUM	1/02/09		244,101							244,101		S/L MM	39	.01177	2,873
	TOTAL BUILDINGS			244,101		0	0	0	0	0	244,101	0				2,873
FURNITURE AND FIXTURES																
4	OUTSIDE SIGN	5/18/09		148							148		200DB MQ	7	.03570	5
	TOTAL FURNITURE AND FIXTURE			148		0	0	0	0	0	148	0				5
MACHINERY AND EQUIPMENT																
1	SOUND SYSTEM	2/01/05		2,323							2,323	1,858	S/L HY	5	.20000	465
2	COMPUTER	7/23/03		979					979		0		200DB HY	5		0
5	PROJECTOR/SURGE PROTECTER	4/30/09		703							703		200DB MQ	7	.03570	25
	TOTAL MACHINERY AND EQUIPME			4,005		0	0	0	979	0	3,026	1,858				490
	TOTAL DEPRECIATION			<u>248,254</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>979</u>	<u>0</u>	<u>247,275</u>	<u>1,858</u>				<u>3,368</u>
	GRAND TOTAL DEPRECIATION			<u>248,254</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>979</u>	<u>0</u>	<u>247,275</u>	<u>1,858</u>				<u>3,368</u>