

**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)

**2009**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**For the 2009 calendar year, or tax year beginning** 7/01, **2009, and ending** 6/30, **2010**

|  |  |  |   |
|--|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b><br>Please use IRS label or print or type. See specific instructions.<br>OREGON ASSOCIATION OF TAX CONSULTANTS<br>3075 SW 234TH AVENUE #110<br>HILLSBORO, OR 97123 | <b>D</b> Employer Identification Number<br>23-7318340  | <b>E</b> Telephone number<br>(503) 726-0100 |
| <b>F</b> Name and address of principal officer: ERIC ARNOLDUS<br>SAME AS C ABOVE   |  | <b>G</b> Gross receipts \$ 244,048.  |   |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 6 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  | <b>H(a)</b> Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If 'No,' attach a list. (see instructions) |   |
| <b>J</b> Website: ▶ WWW.OATC-OREGON.ORG  |  | <b>H(c)</b> Group exemption number ▶ 8006  |   |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | <b>L</b> Year of Formation: 1972   | <b>M</b> State of legal domicile: OR        |

**Part I Summary**

|            |  |                          |                     |
|------------|--|--------------------------|---------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <u>MAINTAIN &amp; ELEVATE THE STANDARDS OF PROFICIENCY &amp; INTEGRITY OF SERVICES PERFORMED BY THE MEMBERS; PROVIDE CONTINUING EDUCATION; CULTIVATE COOPERATION AMONG THE MEMBERSHIP; ENCOURAGE ADHERENCE TO OUR CODE OF ETHICS; PROMOTE AND PROTECT THE BEST INTERESTS OF THE ASSOCIATION.</u> |                          |                     |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.  |                          |                     |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a) .....  | <b>3</b>                 | 24                  |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b) .....  | <b>4</b>                 | 794                 |
| <b>5</b>   | Total number of employees (Part V, line 2a) .....  | <b>5</b>                 | 1                   |
| <b>6</b>   | Total number of volunteers (estimate if necessary) .....   | <b>6</b>                 | 99                  |
| <b>7a</b>  | Total gross unrelated business revenue from Part VIII, column (C), line 12 .....   | <b>7a</b>                | 0.                  |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 34 .....   | <b>7b</b>                | 0.                  |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h) .....  | <b>Prior Year</b>        | <b>Current Year</b> |
| <b>9</b>   | Program service revenue (Part VIII, line 2g) .....   | 79,406.                  | 72,871.             |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | 116,386.                 | 121,027.            |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....   | 2,094.                   | 18.                 |
| <b>12</b>  | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....   | 15,363.                  | 11,483.             |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....   | 213,249.                 | 205,399.            |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4) .....  |                          |                     |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | 37,609.                  | 34,936.             |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e) .....  |                          |                     |
| <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ .....  |                          |                     |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....   | 171,541.                 | 164,500.            |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....  | 209,150.                 | 199,436.            |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12 .....   | 4,099.                   | 5,963.              |
| <b>20</b>  | Total assets (Part X, line 16) .....   | <b>Beginning of Year</b> | <b>End of Year</b>  |
| <b>21</b>  | Total liabilities (Part X, line 26) .....  | 377,557.                 | 381,629.            |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20 .....   | 224,214.                 | 221,304.            |
|            |  | 153,343.                 | 160,325.            |

**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.

|                                 |   |                          |  |   |
|---------------------------------|---|--------------------------|--|---|
| <b>Sign Here</b>                | Signature of officer: _____ Date: _____<br>▶ <u>PATRICIA LOGAN</u> TREASURER<br>Type or print name and title.   |                          |  |   |
| <b>Paid Preparer's Use Only</b> | Preparer's signature: ▶ <u>PATRICIA A. LOGAN</u>  | Date: _____              | Check if self-employed <input checked="" type="checkbox"/> | Preparer's identifying number (see instructions)<br>P01218347 |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4:<br><u>THOMAS TAX &amp; ASSOC. SVCS.</u><br><u>12650 SW 1ST ST.</u><br><u>BEAVERTON, OR 97005</u> | EIN: ▶ <u>05-0547008</u> | Phone no.: ▶ <u>(503) 644-4949</u>                         |   |

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

Part III Statement of Program Service Accomplishments

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 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 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 \$ 62,436. including grants of \$ ) (Revenue \$ )

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

4b (Code: ) (Expenses \$ 48,699. including grants of \$ ) (Revenue \$ 61,699.)

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

4c (Code: ) (Expenses \$ 36,577. including grants of \$ ) (Revenue \$ 38,608.)

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 \$ 21,780. including grants of \$ ) (Revenue \$ 72,573.)

4e Total program service expenses 169,492.

**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   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>  |     |    |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>  |     | X  |
| 11  | Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>   | X   |    |
|     | • Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>  |     |    |
|     | • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>  |     |    |
|     | • Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>  |     |    |
|     | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>  |     |    |
|     | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>   |     |    |
|     | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If 'Yes,' complete Schedule D, Part X.</i>              |     |    |
| 12  | Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>  |     | X  |
| 12A | Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i>   | Yes | No |
|     |   |     | 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 United States?   |     | X  |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i>  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities 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  |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>  |     | X  |
| <b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>                               |     | X  |
| <b>24a</b> 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 lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i> |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>                 |     |    |
| <b>26</b> 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  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>                     |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>   |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>  |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>   |     | X  |
| <b>32</b> 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>   |     | X  |
| <b>33</b> 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>   | X   |    |
| <b>34</b> 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>  |     | X  |
| <b>35</b> 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>  |     | X  |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>   |     |    |
| <b>37</b> 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>  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O.   | X   |    |

BAA

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|   |  | Yes | No |
|---|--|-----|----|
| <b>1 a</b>  | Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .   |     |    |
| <b>1 a</b>  | 10   |     |    |
| <b>1 b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |     |    |
| <b>1 b</b>  | 0  |     |    |
| <b>1 c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   |     | X  |
| <b>2 a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .  |     |    |
| <b>2 a</b>  | 1  |     |    |
| <b>2 b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .   | X   |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) |  |     |    |
| <b>3 a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .   |     | X  |
| <b>3 b</b>  | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O . . . . .  |     |    |
| <b>4 a</b>  | 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  |
| <b>4 b</b>  | If 'Yes,' enter the name of the foreign country: ▶ _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| <b>5 a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |     | X  |
| <b>5 b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |     | X  |
| <b>5 c</b>  | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .   |     |    |
| <b>6 a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .  |     | X  |
| <b>6 b</b>  | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? . . . . .  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>  |  |     |    |
| <b>7 a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  |     |    |
| <b>7 b</b>  | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .  |     |    |
| <b>7 c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |     |    |
| <b>7 d</b>  | If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .   |     |    |
| <b>7 e</b>  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  |     |    |
| <b>7 f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |     |    |
| <b>7 g</b>  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |     |    |
| <b>7 h</b>  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .  |     |    |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . |     |    |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9 a</b>  | Did the organization make any taxable distributions under section 4966? . . . . .  |     |    |
| <b>9 b</b>  | Did the organization make any distribution to a donor, donor advisor, or related person? . . . . .   |     |    |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>10 a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   |     |    |
| <b>10 b</b>   | Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .   |     |    |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>11 a</b>   | Gross income from other members or shareholders . . . . .  |     |    |
| <b>11 b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   |     |    |
| <b>12 a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  |     |    |
| <b>12 b</b>   | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .   |     |    |

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

**Section A. Governing Body and Management**

|     |   | Yes | No  |
|-----|---|-----|-----|
| 1 a | Enter the number of voting members of the governing body  |     |     |
| 1 a |   |     | 24  |
| 1 b | Enter the number of voting members that are independent   |     |     |
| 1 b |   |     | 794 |
| 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?   |     | 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   |     |
| 7 a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   | X   |     |
| 7 b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? SEE SCH O   | X   |     |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |     |
| 8 a | The governing body?   | X   |     |
| 8 b | Each committee with authority to act on behalf of the governing body?   | X   |     |
| 9   | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O      |     | X   |

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

|      |  | Yes | No |
|------|--|-----|----|
| 10 a | Does the organization have local chapters, branches, or affiliates?  | X   |    |
| 10 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   |    |
| 11   | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   |     | X  |
| 11 A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O   |     |    |
| 12 a | Does the organization have a written conflict of interest policy? If 'No,' go to line 13   |     | X  |
| 12 b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |     |    |
| 12 c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done   |     |    |
| 13   | 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?   |     |    |
| 15 a | The organization's CEO, Executive Director, or top management official   | X   |    |
| 15 b | Other officers of key employees of the organization SEE SCHEDULE O<br>If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)   | X   |    |
| 16 a | 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  |
| 16 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 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

| (A)<br>Name and Title  | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|                        |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| -----                  |                               |  |                       |         |              |                              |         |  |   |   |
| <b>1 b Total</b> ..... |                               |  |                       |         |              |                              | 31,525. | 0.   | 0.  |   |

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

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i> ..... |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....                                    |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of Services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII Statement of Revenue**

|   |  | (A)<br>Total revenue                 | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|---|--|--------------------------------------|--|---|---|--|
| <b>CONTRIBUTIONS, GIFTS, GRANTS<br/>AND OTHER SIMILAR AMOUNTS</b>             | <b>1 a</b> Federated campaigns .....   | <b>1 a</b>                           |  |   |   |  |
|   | <b>b</b> Membership dues .....   | <b>1 b</b> 72,573.                   |  |   |   |  |
|   | <b>c</b> Fundraising events .....  | <b>1 c</b>                           |  |   |   |  |
|   | <b>d</b> Related organizations .....   | <b>1 d</b>                           |  |   |   |  |
|   | <b>e</b> Government grants (contributions) .....   | <b>1 e</b>                           |  |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1 f</b> 298.                      |  |   |   |  |
|   | <b>g</b> Noncash contribns included in lns 1a-1f: ... \$   |                                      |  |   |   |  |
|   | <b>h Total.</b> Add lines 1a-1f .....  |                                      | 72,871.  |   |   |  |
| <b>PROGRAM SERVICE REVENUE</b>  | <b>Business Code</b>   |                                      |  |   |   |  |
|   | <b>2 a</b> EDUCATION SEMINARS .....  |                                      | 61,699.  | 61,699.                                 |   |  |
|   | <b>b</b> CONVENTION 2010 .....   |                                      | 38,608.  | 38,608.                                 |   |  |
|   | <b>c</b> BUILDING FUND-SUPER STAR .....  |                                      | 19,400.  | 19,400.                                 |   |  |
|   | <b>d</b> MISC. ....  |                                      | 960.   | 960.                                    |   |  |
|   | <b>e</b> ADVERTISING .....   |                                      | 360.   | 360.                                    |   |  |
|   | <b>f</b> All other program service revenue .....   |                                      |  |   |   |  |
|   | <b>g Total.</b> Add lines 2a-2f .....  |                                      | 121,027.   |   |   |  |
| <b>OTHER REVENUE</b>  | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts) .....  |                                      | 18.  | 18.                                     |   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |                                      |  |   |   |  |
|   | <b>5</b> Royalties .....   |                                      |  |   |   |  |
|   | <b>6 a</b> Gross Rents .....   | (i) Real                             |  |   |   |  |
|   |  | (ii) Personal                        |  |   |   |  |
|   |  |                                      |  |   |   |  |
|   | <b>b</b> Less: rental expenses .....   |                                      |  |   |   |  |
|   | <b>c</b> Rental income or (loss) .....   |                                      |  |   |   |  |
|   | <b>d</b> Net rental income or (loss) .....   |                                      |  |   |   |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | (i) Securities                       |  |   |   |  |
|   |  | (ii) Other                           |  |   |   |  |
|   |  |                                      |  |   |   |  |
|   |  |                                      |  |   |   |  |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses .....   |                                      |  |   |   |  |
|   | <b>c</b> Gain or (loss) .....  |                                      |  |   |   |  |
|   | <b>d</b> Net gain or (loss) .....  |                                      |  |   |   |  |
|   | <b>8 a</b> Gross income from fundraising events<br>(not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 ..... | <b>a</b>                             |  |   |   |  |
|   |  | <b>b</b> Less: direct expenses ..... | <b>b</b>   |   |   |  |
| <b>c</b> Net income or (loss) from fundraising events .....                   |  |                                      |  |   |   |  |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19 ..... | <b>a</b>   |                                      |  |   |   |  |
|   | <b>b</b> Less: direct expenses .....   | <b>b</b>                             |  |   |   |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....   |                                      |  |   |   |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b> 50,132.   |                                      |  |   |   |  |
|   | <b>b</b> Less: cost of goods sold .....  | <b>b</b> 38,649.                     |  |   |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....  |                                      | 11,483.  | 11,483.                                 |   |  |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b>                 |  |   |   |  |
| <b>11 a</b> .....   |  |                                      |  |   |   |  |
| <b>b</b> .....  |  |                                      |  |   |   |  |
| <b>c</b> .....  |  |                                      |  |   |   |  |
| <b>d</b> All other revenue .....  |  |                                      |  |   |   |  |
| <b>e Total.</b> Add lines 11a-11d .....                                       |  |                                      |  |   |   |  |
| <b>12 Total revenue.</b> See instructions .....                               |  | 205,399.                             | 132,528.   | 0.                                      | 0.  |  |

**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).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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   | 31,525.               | 15,762.                         | 15,763.                                | 0.                          |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))  | 0.                    | 0.                              | 0.                                     | 0.                          |
| 7 Other salaries and wages   |                       |                                 |  |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   | 3,411.                | 1,705.                          | 1,706.                                 |                             |
| 11 Fees for services (non-employees)   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  | 88.                   | 88.                             |  |                             |
| c Accounting   |                       |                                 |  |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Prof fundraising svcs. See Part IV, ln 17  |                       |                                 |  |                             |
| f Investment management fees   |                       |                                 |  |                             |
| g Other  | 391.                  | 391.                            |  |                             |
| 12 Advertising and promotion   |                       |                                 |  |                             |
| 13 Office expenses   | 4,337.                | 2,168.                          | 2,169.                                 |                             |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 5,017.                | 2,508.                          | 2,509.                                 |                             |
| 17 Travel  | 1,388.                | 1,388.                          |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  | 98,249.               | 98,249.                         |  |                             |
| 20 Interest  | 8,735.                | 4,367.                          | 4,368.                                 |                             |
| 21 Payments to affiliates  | 21,780.               | 21,780.                         |  |                             |
| 22 Depreciation, depletion, and amortization   | 6,979.                | 3,761.                          | 3,218.                                 |                             |
| 23 Insurance   | 421.                  | 210.                            | 211.                                   |                             |
| 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   | 5,784.                | 5,784.                          |  |                             |
| b PRESIDENT'S EXPENSES   | 3,843.                | 3,843.                          |  |                             |
| c SECRETARY'S EXPENSES   | 3,096.                | 3,096.                          |  |                             |
| d 3RD VP EXPENSES  | 1,880.                | 1,880.                          |  |                             |
| e POSTAGE AND SHIPPING   | 797.                  | 797.                            |  |                             |
| f All other expenses   | 1,715.                | 1,715.                          |  |                             |
| 25 Total functional expenses. Add lines 1 through 24f  | 199,436.              | 169,492.                        | 29,944.                                | 0.                          |
| 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)                 |           | (B)                 |
|--|---|---------------------|-----------|---------------------|
|  |   | Beginning of year   |           | End of year         |
| ASSETS   | <b>1</b> Cash — non-interest-bearing.....   | 82,798.             | <b>1</b>  | 98,739.             |
|  | <b>2</b> Savings and temporary cash investments.....  | 28,745.             | <b>2</b>  | 16,293.             |
|  | <b>3</b> Pledges and grants receivable, net.....  |                     | <b>3</b>  |                     |
|  | <b>4</b> Accounts receivable, net.....  | 17,933.             | <b>4</b>  | 16,290.             |
|  | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....                   |                     | <b>5</b>  |                     |
|  | <b>6</b> 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..         |                     | <b>6</b>  |                     |
|  | <b>7</b> Notes and loans receivable, net.....   |                     | <b>7</b>  |                     |
|  | <b>8</b> Inventories for sale or use.....   | 3,181.              | <b>8</b>  | 3,335.              |
|  | <b>9</b> Prepaid expenses and deferred charges.....   | 2,170.              | <b>9</b>  | 873.                |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | <b>10a</b> 259,162. |           |                     |
|  | <b>b</b> Less: accumulated depreciation.....  | <b>10b</b> 13,184.  | 242,513.  | <b>10c</b> 245,978. |
|  | <b>11</b> Investments — publicly-traded securities.....   |                     | <b>11</b> |                     |
|  | <b>12</b> Investments — other securities. See Part IV, line 11.....   |                     | <b>12</b> |                     |
|  | <b>13</b> Investments — program-related. See Part IV, line 11.....  |                     | <b>13</b> |                     |
|  | <b>14</b> Intangible assets.....  |                     | <b>14</b> |                     |
|  | <b>15</b> Other assets. See Part IV, line 11.....   | 217.                | <b>15</b> | 121.                |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)..... | 377,557.  | <b>16</b>           | 381,629.  |                     |
| LIABILITIES  | <b>17</b> Accounts payable and accrued expenses.....  | 23,577.             | <b>17</b> | 25,878.             |
|  | <b>18</b> Grants payable.....   |                     | <b>18</b> |                     |
|  | <b>19</b> Deferred revenue.....   | 60,788.             | <b>19</b> | 58,065.             |
|  | <b>20</b> Tax-exempt bond liabilities.....  |                     | <b>20</b> |                     |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....  |                     | <b>21</b> |                     |
|  | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L..... |                     | <b>22</b> |                     |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties.....   | 139,849.            | <b>23</b> | 137,361.            |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties.....   |                     | <b>24</b> |                     |
|  | <b>25</b> Other liabilities. Complete Part X of Schedule D.....   |                     | <b>25</b> |                     |
|  | <b>26 Total liabilities.</b> Add lines 17 through 25.....   | 224,214.            | <b>26</b> | 221,304.            |
| NET ASSETS OR FUND BALANCES  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>                              |                     |           |                     |
|  | <b>27</b> Unrestricted net assets.....  | 118,598.            | <b>27</b> | 122,995.            |
|  | <b>28</b> Temporarily restricted net assets.....  | 34,745.             | <b>28</b> | 37,330.             |
|  | <b>29</b> Permanently restricted net assets.....  |                     | <b>29</b> |                     |
|  | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>  |                     |           |                     |
|  | <b>30</b> Capital stock or trust principal, or current funds.....   |                     | <b>30</b> |                     |
|  | <b>31</b> Paid-in or capital surplus, or land, building, and equipment fund.....  |                     | <b>31</b> |                     |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds.....   |                     | <b>32</b> |                     |
| <b>33</b> Total net assets or fund balances.....                         | 153,343.  | <b>33</b>           | 160,325.  |                     |
| <b>34</b> Total liabilities and net assets/fund balances.....            | 377,557.  | <b>34</b>           | 381,629.  |                     |

BAA

**Part XI Financial Statements and Reporting**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? .....   |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? .....  |     | X  |
| <b>2c</b> | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  |     |    |
|           | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |     |    |
| <b>d</b>  | If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....  |     |    |
|           | <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| <b>3a</b> | 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  |
| <b>3b</b> | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....  |     |    |

BAA

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

OREGON ASSOCIATION OF TAX CONSULTANTS

Employer identification number

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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 include purpose of easements, number of easements, and monitoring details.

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 include reporting requirements for art and historical treasures.

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

3 Using the organization's acquisition 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 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 Net Investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year 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) Accumulated Depreciation | (d) Book Value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                   |                                      |                                 |                              |                |
| b Buildings               |                                      | 244,101.                        | 9,132.                       | 234,969.       |
| c Leasehold improvements  |                                      | 8,460.                          | 136.                         | 8,324.         |
| d Equipment               |                                      | 4,005.                          | 3,521.                       | 484.           |
| e Other                   |                                      | 2,596.                          | 395.                         | 2,201.         |

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 245,978.

BAA

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows are blank for description and book value.

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

Table with 2 columns: (a) Description, (b) Book value. Rows are blank for description and book value.

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

Table with 2 columns: (a) Description of Liability, (b) Amount. Row 1: Federal Income Taxes. The rest of the table is shaded gray.

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









**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (A)<br>Name, address, and EIN of related organization | (B)<br>Primary Activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Direct controlling entity | (E)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (F)<br>Share of total income | (G)<br>Share of end-of-year assets | (H)<br>Disproportionate allocations? |    | (I)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (J)<br>General or managing partner? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |
| -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |
| -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |
| -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |
| -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |
| -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |
| -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |
| -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

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

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

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

**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:

|   | Yes | No |
|---|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to other organization(s).....   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from other organization(s).....   |     | X  |
| <b>d</b> Loans or loan guarantees to or for other organization(s).....  |     | X  |
| <b>e</b> Loans or loan guarantees by other organization(s).....   |     | X  |
| <b>f</b> Sale of assets to other organization(s).....   |     | X  |
| <b>g</b> Purchase of assets from other organization(s).....   |     | X  |
| <b>h</b> Exchange of assets.....  |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s).....  |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s).....  |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s).....                          |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s).....                           |     | X  |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets.....  |     | X  |
| <b>n</b> Sharing of paid employees.....   |     | X  |
| <b>o</b> Reimbursement paid to other organization for expenses.....   |     | X  |
| <b>p</b> Reimbursement paid by other organization for expenses.....   |     | X  |
| <b>q</b> Other transfer of cash or property to other organization(s).....   |     | X  |
| <b>r</b> 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)<br>Name of other organization | (B)<br>Transaction type (a-r) | (C)<br>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 (Form 990) Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.**  
▶ **See instructions for Schedule R (Form 990).**

OMB No. 1545-0047

**2009**

**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)<br>Name, address, and EIN of disregarded entity  | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Total income | (E)<br>End-of-year assets | (F)<br>Direct controlling entity         |
|--|-------------------------|--|---------------------|---------------------------|--|
| JACKSON COUNTY CHAPTER<br>3075 SW 234TH AVENUE, SUITE 110<br>HILLSBORO, OR 97123<br>93-0713704 | LOCAL CHAPTER OF OATC   | OR   | 7,465.              | 3,856.                    | OREGON<br>ASSOCIATION OF TAX CONSULTANTS |
| KLAMATH COUNTY CHAPTER<br>3075 SW 234TH AVENUE, SUITE 110<br>HILLSBORO, OR 97123<br>93-0734580 | LOCAL CHAPTER OF OATC   | OR   | 2,954.              | 4,203.                    | OREGON<br>ASSOCIATION OF TAX CONSULTANTS |
| LANE COUNTY CHAPTER<br>3075 SW 234TH AVENUE, SUITE 110<br>HILLSBORO, OR 97123<br>93-0673518    | LOCAL CHAPTER OF OATC   | OR   | 7,313.              | 6,061.                    | OREGON<br>ASSOCIATION OF TAX CONSULTANTS |
| MID-COLUMBIA CHAPTER<br>3075 SW 234TH AVENUE, SUITE 110<br>HILLSBORO, OR 97123<br>93-0879987   | LOCAL CHAPTER OF OATC   | OR   | 410.                | 1,402.                    | OREGON<br>ASSOCIATION OF TAX CONSULTANTS |
| MID-WILLAMETTE CHAPTER<br>3075 SW 234TH AVENUE, SUITE 110<br>HILLSBORO, OR 97123<br>93-0712774 | LOCAL CHAPTER OF OATC   | OR   | 4,413.              | 8,438.                    | OREGON<br>ASSOCIATION OF TAX CONSULTANTS |
| MT. HOOD CHAPTER<br>3075 SW 234TH AVENUE, SUITE 110<br>HILLSBORO, OR 97123<br>93-0902212       | LOCAL CHAPTER OF OATC   | OR   | 2,839.              | 3,807.                    | OREGON<br>ASSOCIATION OF TAX CONSULTANTS |
| NORTH COAST CHAPTER<br>3075 SW 234TH AVENUE, SUITE 110<br>HILLSBORO, OR 97123<br>94-3039600    | LOCAL CHAPTER OF OATC   | OR   | 966.                | 817.                      | OREGON<br>ASSOCIATION OF TAX CONSULTANTS |
|  |                         |  |                     |                           |  |

**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 (Form 990) Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.**  
▶ **See instructions for Schedule R (Form 990).**

OMB No. 1545-0047

**2009**

**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)<br>Name, address, and EIN of disregarded entity                             | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Total income | (E)<br>End-of-year assets | (F)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| PORTLAND CHAPTER<br>-----<br>3075 SW 234TH AVENUE, SUITE 110                    |                         |  |                     |                           | OREGON                           |
| HILLSBORO, OR 97123<br>-----<br>93-0669770                                      | LOCAL CHAPTER OF OATC   | OR   | 14,123.             | 7,525.                    | ASSOCIATION OF TAX CONSULTANTS   |
| SALEM CHAPTER<br>-----<br>3075 SW 234TH AVENUE, SUITE 110                       |                         |  |                     |                           | OREGON                           |
| HILLSBORO, OR 97123<br>-----<br>93-0672993                                      | LOCAL CHAPTER OF OATC   | OR   | 3,361.              | 2,503.                    | ASSOCIATION OF TAX CONSULTANTS   |
| TREASURE VALLEY CHAPTER<br>-----<br>3075 SW 234TH AVENUE, SUITE 110             |                         |  |                     |                           | OREGON                           |
| HILLSBORO, OR 97123<br>-----<br>94-3203554                                      | LOCAL CHAPTER OF OATC   | OR   | 2,826.              | 2,288.                    | ASSOCIATION OF TAX CONSULTANTS   |
| TUALATIN VALLEY CHAPTER<br>-----<br>3075 SW 234TH AVENUE, SUITE 110             |                         |  |                     |                           | OREGON                           |
| HILLSBORO, OR 97123<br>-----<br>93-0956312                                      | LOCAL CHAPTER OF OATC   | OR   | 1,151.              | 2,224.                    | ASSOCIATION OF TAX CONSULTANTS   |
| YAMHILL CHAPTER<br>-----<br>3075 SW 234TH AVENUE, SUI                           |                         |  |                     |                           | OREGON                           |
| HILLSBORO, OR 97123<br>-----<br>93-0820983                                      | LOCAL CHAPTER OF OATC   | OR   | 2,496.              | 3,664.                    | ASSOCIATION OF TAX CONSULTANTS   |
| WESTSIDE CHAPTER<br>-----<br>3075 SW 234TH AVENUE, SUITE 110                    |                         |  |                     |                           | OREGON                           |
| HILLSBORO, OR 97123<br>-----<br>93-0863294                                      | LOCAL CHAPTER OF OATC   | OR   | 6,700.              | 4,716.                    | ASSOCIATION OF TAX CONSULTANTS   |
| SOUTH COAST CHAPTER-INACTIVE STATUS<br>-----<br>3075 SW 234TH AVENUE, SUITE 110 |                         |  |                     |                           | OREGON                           |
| HILLSBORO, OR 97123<br>-----<br>94-3203579                                      | LOCAL CHAPTER OF OATC   | OR   | 0.                  | 0.                        | ASSOCIATION OF TAX CONSULTANTS   |

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

OREGON ASSOCIATION OF TAX CONSULTANTS

Employer identification number

23-7318340

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

MAINTAIN & ELEVATE THE STANDARDS OF PROFICIENCY & INTEGRITY OF SERVICES PERFORMED BY THE MEMBERS; PROVIDE CONTINUING EDUCATION; CULTIVATE COOPERATION AMONG THE MEMBERSHIP; ENCOURAGE ADHERENCE TO OUR CODE OF ETHICS; PROMOTE AND PROTECT THE BEST INTERESTS OF THE ASSOCIATION.

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

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 FOR LOCAL EDUCATION AND SUPPORT.

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

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

**FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS**

CHANGES TO THE BY LAWS ARE REQUIRED BY MAJORITY VOTE OF THE MEMBERSHIP.

**FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS**

AN INTERNAL REVIEW COMMITTEE PERFORMS AN INTERNAL AUDIT/REVIEW OF THE TAX RETURNS THE 2009 RETURN WILL 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**

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.





• 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).

|  |   |  |  |
|--|---|--|--|
| <b>Type or print</b><br><br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization<br>OREGON ASSOCIATION OF TAX CONSULTANTS  |  | Employer identification number<br>23-7318340 |
|  | Number, street, and room or suite number. If a P.O. box, see instructions.<br>3075 SW 234TH AVENUE #110         |  | For IRS use only                             |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>HILLSBORO, OR 97123 |  |  |

**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  **X**. 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, 2011.
- For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 2009, and ending 6/30, 2010.
- 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.

|  |           |    |
|--|-----------|----|
| <b>8a</b> 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.   | <b>8a</b> | \$ |
| <b>b</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. | <b>8b</b> | \$ |
| <b>c Balance Due.</b> 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.                    | <b>8c</b> | \$ |

**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 ▶ \_\_\_\_\_

6/30/10

## 2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT OATC

OREGON ASSOCIATION OF TAX CONSULTANTS

23-7318340

6/14/12

11:24AM

| NO.                            | DESCRIPTION                 | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW. | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT | DEPR.<br>BASIS | PRIOR<br>DEPR. | METHOD   | LIFE | RATE   | CURRENT<br>DEPR. |
|--------------------------------|-----------------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|----------|------|--------|------------------|
| FORM 990/990-PF                |                             |               |           |                |              |                     |                            |                                      |                            |                            |                |                |          |      |        |                  |
| <u>BUILDINGS</u>               |                             |               |           |                |              |                     |                            |                                      |                            |                            |                |                |          |      |        |                  |
| 3                              | CONDOMINIUM                 | 1/02/09       |           | 244,101        |              |                     |                            |                                      |                            |                            | 244,101        | 2,873          | S/L MM   | 39   | .02564 | 6,259            |
|                                | TOTAL BUILDINGS             |               |           | 244,101        |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 244,101        | 2,873          |          |      |        | 6,259            |
| <u>FURNITURE AND FIXTURES</u>  |                             |               |           |                |              |                     |                            |                                      |                            |                            |                |                |          |      |        |                  |
| 4                              | OUTSIDE SIGN                | 5/18/09       |           | 148            |              |                     |                            |                                      |                            |                            | 148            | 5              | 200DB MQ | 7    | .27550 | 41               |
| 6                              | 4 DR LAT, FILING CABINET    | 8/05/09       |           | 357            |              |                     |                            |                                      |                            |                            | 357            |                | 200DB HY | 7    | .14290 | 51               |
| 7                              | INFOCUS PROJECTOR           | 1/01/10       |           | 666            |              |                     |                            |                                      |                            |                            | 666            |                | 200DB HY | 7    | .14290 | 95               |
| 8                              | 4 DR. LAT FILING CABINET    | 8/05/09       |           | 358            |              |                     |                            |                                      |                            |                            | 358            |                | 200DB HY | 7    | .14290 | 51               |
| 10                             | REFRIGERATOR                | 11/25/09      |           | 297            |              |                     |                            |                                      |                            |                            | 297            |                | 200DB HY | 7    | .14290 | 42               |
| 11                             | OVEN                        | 11/25/09      |           | 500            |              |                     |                            |                                      |                            |                            | 500            |                | 200DB HY | 7    | .14290 | 71               |
| 12                             | 3 STAINLESS STEEL SHELVES   | 9/13/09       |           | 270            |              |                     |                            |                                      |                            |                            | 270            |                | 200DB HY | 7    | .14290 | 39               |
|                                | TOTAL FURNITURE AND FIXTURE |               |           | 2,596          |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 2,596          | 5              |          |      |        | 390              |
| <u>IMPROVEMENTS</u>            |                             |               |           |                |              |                     |                            |                                      |                            |                            |                |                |          |      |        |                  |
| 9                              | KITCHEN                     | 11/25/09      |           | 8,460          |              |                     |                            |                                      |                            |                            | 8,460          |                | S/L MM   | 39   | .01605 | 136              |
|                                | TOTAL IMPROVEMENTS          |               |           | 8,460          |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 8,460          | 0              |          |      |        | 136              |
| <u>MACHINERY AND EQUIPMENT</u> |                             |               |           |                |              |                     |                            |                                      |                            |                            |                |                |          |      |        |                  |
| 1                              | SOUND SYSTEM                | 2/01/05       |           | 2,323          |              |                     |                            |                                      |                            |                            | 2,323          | 2,323          | S/L HY   | 5    | .10000 | 0                |
| 2                              | COMPUTER                    | 7/23/03       |           | 979            |              |                     |                            |                                      | 979                        |                            | 0              |                | 200DB HY | 5    |        | 0                |
| 5                              | PROJECTOR/SURGE PROTECTER   | 4/30/09       |           | 703            |              |                     |                            |                                      |                            |                            | 703            | 25             | 200DB MQ | 7    | .27550 | 194              |
|                                | TOTAL MACHINERY AND EQUIPME |               |           | 4,005          |              | 0                   | 0                          | 0                                    | 979                        | 0                          | 3,026          | 2,348          |          |      |        | 194              |

6/30/10

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT OATC

OREGON ASSOCIATION OF TAX CONSULTANTS

23-7318340

6/14/12

11:24AM

| NO. | DESCRIPTION              | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW. | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT | DEPR.<br>BASIS | PRIOR<br>DEPR. | METHOD | LIFE | RATE | CURRENT<br>DEPR. |
|-----|--------------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|
|     | TOTAL DEPRECIATION       |               |           | <u>259,162</u> |              | <u>0</u>            | <u>0</u>                   | <u>0</u>                             | <u>979</u>                 | <u>0</u>                   | <u>258,183</u> | <u>5,226</u>   |        |      |      | <u>6,979</u>     |
|     | GRAND TOTAL DEPRECIATION |               |           | <u>259,162</u> |              | <u>0</u>            | <u>0</u>                   | <u>0</u>                             | <u>979</u>                 | <u>0</u>                   | <u>258,183</u> | <u>5,226</u>   |        |      |      | <u>6,979</u>     |