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Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2009

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C
OREGON BOW HUNTERS INC
42030 McDOWELL CREEK RD
LEBANON, OR 97355

D Employer identification number

20-0739869

E Telephone number

541-451-1538

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one). — 501(c) (4) (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 53,656.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 38,390.
3 Membership dues and assessments	3 12,449.
4 Investment income	4 504.
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less: direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a 708.
b Less: cost of goods sold	7b 441.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 267.
8 Other revenue (describe ► SEE STATEMENT 1)	8 1,605.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 53,215.
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 1,100.
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 935.
16 Other expenses (describe ► SEE STATEMENT 2)	16 51,647.
17 Total expenses. Add lines 10 through 16	17 53,682.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -467.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 31,038.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 30,571.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28,281.	22 28,238.
23 Land and buildings		23
24 Other assets (describe ► SEE STATEMENT 3)	2,757.	24 2,333.
25 Total assets	31,038.	25 30,571.
26 Total liabilities (describe ►)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,038.	27 30,571.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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Part III Statement of Program Service Accomplishments (See the instructions.)

Expenses

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

What is the organization's primary exempt purpose? See Statement
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28	THE ORGANIZATION HELD ITS ANNUAL MEMBERSHIP MEETING TO PROVIDE FOR EDUCATIONAL CLINICS AND SEMINARS.		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 26,688.
29	PUBLICATION AND DISTRIBUTION OF BI-MONTHLY BOWHUNTER MAGAZINE.		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a 13,519.
30	THE ORGANIZATION HELD THREE ARCHERY TOURNAMENTS DESIGNED TO FOSTER COMMUNITY AND SPORTSMANSHIP IN A COMPETITIVE AND EDUCATIONAL ENVIRONMENT.		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a 6,474.
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)		32 46,681.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 5		0.	0.	0.

Part V | Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under

section 4911 ► **N/A**, section 4912 ► **N/A**; section 4955 ► **N/A**

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If 'Yes,' complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► **OR**

42a The organization's

books are in care of ► **GLEN WALKER**

Telephone no ► **541-451-2718**

Located at ► **42030 McDOWELL CREEK RD LEBANON OR**

ZIP + 4 ► **97355**

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)?

If 'Yes,' enter the name of the foreign country ►

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► **43** **N/A**
 N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

	Yes	No
44		X
45		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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**STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**

OTHER INCOME

TOTAL \$ 1,605.\$ 1,605.**STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	62.
ARCHERY TOURNAMENTS		6,474.
BANK CHARGES		824.
CONFERENCES, CONVENTIONS, AND MEETINGS		26,688.
DUES AND SUBSCRIPTIONS		3,652.
INSURANCE		30.
OFFICE EXPENSES		383.
PUBLISHING		13,519.
WEBSITE MAINT.		15.
TOTAL	\$	<u>51,647.</u>

**STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
INVENTORIES	\$ 2,757.	\$ 2,333.
TOTAL	\$ <u>2,757.</u>	\$ <u>2,333.</u>

**STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO FOSTER, PERPETUATE AND EXPAND THE SPORT OF ARCHERY IN THE STATE OF OREGON
THROUGH THE HOLDING OF ARCHERY AND HUNTING PROGRAMS, BOWHUNTER EDUCATIONAL PROGRAM
CLINICS, AND ARCHERY TOURNAMENTS.

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STATEMENT 5
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CRAIG STARR PO BOX 2277 LEBANON, OR 97355	PRESIDENT 0	0. \$	0. \$	0.
MICKI BRADLEY 1767 12TH ST #343 HOOD RIVER, OR 97031	SECRETARY 0	0.	0.	0.
GLEN WALKER 42030 McDOWELL CREEK DR LEBANON, OR 97355	TREASURER 0	0.	0.	0.
WAYNE ENDICOTT 392 Q STREET SPRINGFIELD, OR 97477	VICE PRESIDENT 0	0.	0.	0.
CARL SWARTZ 2490 KIRKWOOD RD. NW SALEM, OR 97304	VICE PRESIDENT 0	0.	0.	0.
JOHN C. ERIKSON 32540 WOODS DRIVE WARREN, OR 97053	VICE PRESIDENT 0	0.	0.	0.
LEROY DUKES PO BOX 422 FAIRVIEW, OR 97024	DIRECTOR 0	0.	0.	0.
MIKE BROWN 21500 SOUTH ZELLER ROAD CANBY, OR 97103	VICE PRESIDENT 0	0.	0.	0.
NATHAN ZEILER PO BOX 2355 LA PINE, OR 97739	DIRECTOR 0	0.	0.	0.
DAN BOERSMA 12545 SE FINN LANE DAYTON, OR 97114	COMMITTEEMAN 0	0.	0.	0.
RANDY CARTER 62367 LISABETH LN LA GRANDE, OR 97850	COMMITTEEMAN 0	0.	0.	0.
DICK BAGENT 81474 LOST CREEK DEXTER, OR 97431	COMMITTEEMAN 0	0.	0.	0.

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STATEMENT 5 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MIKE BLASCHKA 2722 JACKSONVILLE HWY MEDFORD, OR 97501	COMMITTEEMAN 0	0. \$	0. \$	0.
ALLAN SANFORD 3183 NE POST AVENUE BEND, OR 97701	COMMITTEEMAN 0	0.	0.	0.
NATHAN LAIN 1400 BARKER RD HOOD RIVER, OR 97031	COMMITTEEMAN 0	0.	0.	0.
GEORGE JOHNSON 50764 DEER FOREST RD LAPINE, OR 97739	COMMITTEEMAN 0	0.	0.	0.
ANDY DAY 245 N. CANYON CITY BLVD CANYON CITY, OR 97820	COMMITTEEMAN 0	0.	0.	0.
KELLY CREWSE 4609 SUMAC AVENUE KLAMATH FALLS, OR 97603	COMMITTEEMAN 0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.