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Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds 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

OMB No 1545-1150

A	A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20											
В	Check if a	if applicable Please C Name of organization			D	D Employer identification number						
	Address o	Lauren I and a second a second and a second				93-107/426						
=	Name ch	-	print or	Number and street (or P O box, if mail is not delivered to street address)	Room	n/suite E	E Telephone number					
=	Initial retu Terminati		type See	1102 LINCOLN ST. SUITE	2	00	541-	-41-342-1600				
=			Specific	City or town, state or country, and ZIP + 4								
=	Amended	on pending	Instruc- tions	EUGENE OR 97401-3299			Number	oup Exemption				
ш.			<u> </u>									
	• Sec	tion 501(c)(3)		rations and 4947(a)(1) nonexempt charitable trusts must attach	' ['		-	X t	Cash			
			a con	npleted Schedule A (Form 990 or 990-EZ).			pecify) ►					
						H Check 🕨	► X if the	If the organization is not				
	Vebsit			BASS FEDERATION, ORL	_	required	equired to attach Schedule B (Form 990,					
<u>J T</u>	ax-exe	empt status (check or	nly one) — 🔼 501(c) (7) ◀ (insert no) 🗌 4947(a)(1) or 🔲 52	27	990-EZ,	or 990-PF)				
K	Check I	▶ 🗀 if th	e organi	zation is not a section 509(a)(3) supporting organization and its gross	s rece	ipts are nor	mally not r	more f	than \$25,000 A			
1	Form 9			turn is not required, but if the organization chooses to file a return,								
LA	dd line:	s 5b, 6b, and 7	7b, to line	9 to determine gross receipts, if \$500,000 or more, file Form 990 inste	ad of F	orm 990-E2	z >	\$ 4	48168			
	alite			enses, and Changes in Net Assets or Fund Balanc				ns fc	or Part I.)			
	1			s, grants, and similar amounts received			1	T	339			
	2		-	evenue including government fees and contracts	•		. 2	+	22476			
	3	_		and assessments	•		3	+	1830			
	4	Investmen	•					+-	10			
	1				l	•	4_	+-				
	5a			m sale of assets other than inventory 5a	 							
	b			r basis and sales expenses	<u></u>							
Ð	C			sale of assets other than inventory (Subtract line 5b from line)			<u> 5c</u>	┼—				
Revenue	6			ivities (complete applicable parts of Schedule G). If any amount is from gam	ling, ch	neck here P						
Ş	а	Gross reve	enue (no	ot including \$ of contributions								
æ		reported o	n line 1)) <u>6a</u>	-	14471						
	b	Less direc	ct exper	nses other than fundraising expenses 6b		8562		1				
	С	Net income	e or (los	ss) from special events and activities (Subtract line 6b from	line 6	a)	6c	-	5909			
	7a			entory, less returns and allowances . 7a		9042		T				
	Ь	Less: cost				2752						
	С		-	ss) from sales of inventory (Subtract line 7b from line 7a) .	L			Ì	6290			
	8	Other rever		·	•	•) 8	+-				
	9		•	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			▶ 9	+-	36854			
	10		_	· · · · · · · · · · · · · · · · · · ·	-	·	. 10	+	30001			
	11	Grants and similar amounts paid (attach schedule)										
'n	12	Benefits paid to or for members										
Expenses	l	Salaries, other compensation, and employee benefits										
en	13	Professional fees and other payments to independent contractors						-				
×	14	Oceypansy (A) (Full) ties, and maintenance Printing bublications, postage, and shipping										
ш	15	Printing, pt	ublicatio	ons, postage, and snipping	•		15		600			
	16	Other expe	enses (g	esoribe (*) Add lines (*) through 16			_) 16		27941			
	17	% Totallexpe	enses.	Add lines through 16			▶ 17	—	28541			
ts	18 1			for the year (Subtract line 17 from line 9)			18	<u> </u>	8313			
Se	19	Net assete	100	d balances at beginning of year (from line 27, column (A))	l (mus	st agree w	vith _					
As				reperted on prior year's return)			19		75854			
Net Assets	20	Other chan	iges in i	net assets or fund balances (attach explanation)			20					
	21	Net assets	or fund	balances at end of year Combine lines 18 through 20			▶ 21	_	84167			
		Balance	Shee	ts. If Total assets on line 25, column (B) are \$1,250,000 or	more	, file Form	990 inste	ad o	of Form 990-EZ			
						ing of year		(B) End of year				
22	: Ca	ash, savings,	, and in	vestments		758	854	22	84167			
23		and build						23				
24		her assets (d		e ▶	1			24				
25		otal assets			/	75	854	25	84167			
26	-	otal liabilities	s (desci		١	<u> </u>	/	26	0 //6 /			
27				alances (line 27 of column (B) must agree with line 21)	— <i>'</i>	75	854	27	84147			

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

Cat No 10642I

Form 990-EZ (200



Form 9	990-EZ (2009)					Page 2			
Part III Statement of Program Service Accomplishments (See the instructions for Part III.)									
What is the organization's primary exempt purpose?						(Required for section			
Describe what was achieved in carrying out the organization's exempt ourposes. In a clear and concise 5									
	ner, describe the services provided, the number of								
each program title.									
28	<u> </u>				 				
20					\ \				
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	\\(\)								
	(Grants \$) If this amount	includes foreign grants, cl	neck nere		28a				
29						İ			
		•							
				<u></u> -	ļ				
	(Grants \$) If this amount	includes foreign grants, cl	neck here	. 🕨 📙	29a				
30					1				
	(Grants \$) If this amount	includes foreign grants, cl	neck here	▶ □	30a				
31	Other program services (attach schedule) .								
	(Grants \$) If this amount	includes foreign grants, cl	neck here	▶ □	31a				
32	Total program service expenses (add lines 28a t	brough 31a)			32				
		Fmnlovees List each one	even if not compens	ated (See the		ctions for Part IV)			
	zac or others, phostors, reasters, and they	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense			
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and			
	W.11 = 0.11 =	devoted to position	enter -0)	deferred comper	nsation	other allowances			
OK	VILLE ALLEMAN 59 S. GINGER CORNELIUS OR M M (ART	\mathcal{D}_{α} .							
-24	39 3. GINGER CORNELIUS OR	PRESIDENT S	- 0-			-0-			
70	m mcart]			
313	7 26th AVE SE. ALBANY, OR	SECRETARY 3	- 0 -						
Jo,	AN BULLER								
315	S KEVINGTON EULENE, OR	TRESURER 3	- 0 -	- • ·					
7 4	CALL MODRER					_			
44	25 NEVADA ST. NE SAIEM, OR	V-PRESIDENT 1	-0-		_				
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Form 990-EZ (2009)

Form 990-EZ (2009)

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		×
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		×
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			
а	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?	35a	×	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X	· · · · ·
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a			
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	and the second s			
•••	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		\ \sigma^-
		000	 , 	<u> </u>
		-	1	·
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	- · .		
b	Gross receipts, included on line 9, for public use of club facilities	4	1	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	-	,	_
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	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	133	1	
·	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	, -	, ,	, .
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	- 1	 X
41	List the states with which a copy of this return is filed ▶			
42a		1-34	42 -	1600
	Located at \$ 1/02 LINCOLN ST SUITE LOO EUGENE, OR ZIP+4 \$ 97	1401	- 3 ₂	99
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		Yes	No
	account)?	42b	1.00	×
	If "Yes," enter the name of the foreign country. ▶	720	· ·	 ^`
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,		
С	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:	42c		×
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			
			.	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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.	45		×

Form 990-EZ (2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) noi 47(a)(1) nonexempt chand 51.	nexempt c aritable tru	haritabl sts mus	le trusts only. A t answer questio	ll sec ns 40	tion 5–491	0
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete					46	Yes	No
	Did the organization engage in lobbying activities					47		
	Is the organization a school as described in section					48		
	Did the organization make any transfers to an ex					49a		
	If "Yes," was the related organization a section 5					49b		
	Complete this table for the organization's five hi					ruste	es an	d key
	employees) who each received more than \$100,0	000 of compensation fro			f there is none, ent	ter "N	lone."	1
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comp	ensation	(d) Contributions to employee benefit plans & deferred compensation	àc	Expen count a allowa	and
							-	
f	Total number of other employees paid over \$100	0,000 ▶						
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Тур	e of service	(c) Co	mpensa	ation
						_		
d	Total number of other independent contractors			<u> </u>				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accom	panying schedu	les and sta	tements, and to the bes	st of my	/ knowl	ledge
Sign	and belief, it is tide, correct, and complete beclaration	or preparer (other than onicer)	is based on an	- I	//2 e/.			
Here	Signature of officer				0/28//0 Date			
		REASURER						
Paid	Preparer's signature	Date	Chec self- emple	k if byed ▷	Preparer's identifying nur	nber (Se	e instruc	rtions)
Prepare Use On	yours if self-employed),			EIN				
May th	address, and ZIP + 4 P	a above? See instruction		<u>j Ph</u>	one no ▶] Voc		

OREGON BAS.S. STATE FEDERATION 93-1071426 12/31/09

	11	
	LINE 6 - SPECIAL EVENT #1. HELD ONCE	A YEAR IN FAIL OREGON
	BASS STATE FEDERATION DESIGNATE	D AS HOST BY OREGON
	DEPT. OF FISH AND WILDLIFE TO P.	ROVIDE VENUE FOR ALL
	BASS DREADIZATIONS WITHIN OREA	ion to SET PERMITS TO HOLD
	EVENTS FOR THE UPCOMING YEAR	
	DOOR ENTRY FEE, RAFFLE TABLE	
	THEIR OWN PRODUCTS. ATTENDED	
	OREGON BASS FEDERATION VIA	•
	SPECIAL EVENT & DREGON BA	SS FEDERATION PROVIDES
	TOURNAMENT OFFICIALS WEIGHIN	SCALES, AND EXPERTISE
	IN HANDLING FISH TO AN OUT	
	A FEE ORELON BAGS FEDERATIO	
	THE EVENT TO ASSURE COMPLIE	ANCE WITH STATE OF DREGON
	REGULATIONS. VOLUNTEER SERVICE	ES BY MEMBERS TO RAISE
	FUNDS FOR THE DREANIZATION.	
	LINE 16 OTHER EXPENSES	
	TRAVEL	z 3 4 7
	BANK CHARGES	95
	CORPORATE LICENSE	50
	WEB MAINTEN ANCE	794
	CONSERVATION EXPENDITURES	1820
	MEETING ROOM	50
***************************************	OREGON FORM ZO TAX	53
	PROGRAM SERVICE COSTS	22 732
		27941