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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2010Department of the Treasury
Internal Revenue Service

- 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

Open to Public Inspection**A For the 2010 calendar year, or tax year beginning****, 2010, and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C OREGON BOW HUNTERS INC
42030 MCDOWELL CREEK DR
LEBANON, OR 97355

D Employer identification number

20-0739869

E Telephone number

541-451-2718

F Group Exemption Number**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 88,243.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

1 Contributions, gifts, grants, and similar amounts received	1	5,723.
2 Program service revenue including government fees and contracts	2	23,466.
3 Membership dues and assessments	3	15,718.
4 Investment income	4	194.
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 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	39,995.
c Less: direct expenses from gaming and fundraising events	6c	31,742.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	8,253.
7a Gross sales of inventory, less returns and allowances	7a	638.
b Less: cost of goods sold	7b	937.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-299.
8 Other revenue (describe in Schedule O) SEE SCHEDULE O.	8	2,509.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	55,564.
10 Grants and similar amounts paid (list in Schedule O)	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	484.
14 Occupancy, rent, utilities, and maintenance.	14	
15 Printing, publications, postage, and shipping.	15	11,782.
16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	36,240.
17 Total expenses. Add lines 10 through 16	17	48,506.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,058.
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	30,571.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	37,629.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

P 25ne

Check if the organization used Schedule O to respond to any question in this Part II

X

Check if the organization used Schedule O to respond to any question in this Part III

☒

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

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, and other relevant information for each program title.

Check if the organization used Schedule O to respond to any question in this Part IV

☒Form 990-EZ (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	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		X
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?		X
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 tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 39a N/A; section 4912 39b N/A; section 4955 39c 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		X
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 40c 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d 0.		
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. 40e		X
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**

	Yes	No
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: 42b		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: 42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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

Sign Here

Signature of officer

Date

GLEN WALKER

TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self employed

PTIN N/A

DAVID D. MCFETRIDGE

[Signature]

5-9-11

Firm's name ▶ SUNDBERG, RAUCH, BENNETH, HORNER & MCFETRIDGE

Firm's address ▶ 884 PARK STREET
LEBANON, OR 97355

Firm's EIN ▶ N/A

Phone no. (541) 259-1201

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

BAA

Form 990-EZ (2010)

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AUCTION AND RA (event type)	(event type)	(total number)	(add column (a) through column (c))
	1 Gross receipts	39,995.			39,995.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	39,995.			39,995.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	31,742.			31,742.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4- through 9 in column (d)				31,742.
	11 Net income summary. Combine line 3, column (d), and line 10				8,253.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1 Gross revenue			
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d).				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION

THE ORGANIZATION HOLDS AN AUCTION AND A RAFFLE TO PROMOTE THEIR ACTIVITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

OREGON BOW HUNTERS INC

Employer identification number

20-0739869

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.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE ORGANIZATION HELD ITS ANNUAL MEMBERSHIP MEETING TO PROVIDE FOR EDUCATIONAL
CLINICS AND SEMINARS. PUBLICATION OF BI-MONTHLY BOWHUNTER MAGAZINE. THE
ORGANIZATION HELD ARCHERY TOURNAMENTS TO FOSTER COMMUNITY AND SPORTSMANSHIP IN A
COMPETITIVE AND EDUCATIONAL ENVIRONMENT.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

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CLIENT 18431

OREGON BOW HUNTERS INC

20-0739869

FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

ADVERTISING

TOTAL	\$	2,509.
	\$	<u>2,509.</u>

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	146.
ARCHERY EDUCATION		548.
BANK CHARGES		1,208.
BOOTH SPACE RENTAL		1,161.
CONFERENCES, CONVENTIONS, AND MEETINGS		18,972.
DUES		145.
INSURANCE		630.
MEMBERSHIP EXPENSES		4,172.
OFFICE EXPENSES		220.
SHOOTING EVENT EXPENSES		9,038.
TOTAL	\$	<u>36,240.</u>

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
INVENTORIES	\$ 2,333.	\$ 3,175.
TOTAL	<u>\$ 2,333.</u>	<u>\$ 3,175.</u>

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 8.00	\$ 0.	\$ 0.	0.
MICKI BRADLEY 1767 12TH ST #343 HOOD RIVER, OR 97031	SECRETARY 5.00	0.	0.	0.
GLEN WALKER 42030 MCDOWELL CREEK DR LEBANON, OR 97355	TREASURER 10.00	0.	0.	0.
WAYNE ENDICOTT 392 Q STREET SPRINGFIELD, OR 97477	VICE PRESIDENT 3.00	0.	0.	0.

CLIENT 18431

OREGON BOW HUNTERS INC

20-0739869

FORM 990-EZ, PART IV (CONTINUED)

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
CARL SWARTZ 2490 KIRKWOOD RD NW SALEM, OR 97304	VICE PRESIDENT 3.00	\$ 0.	\$ 0.	\$ 0.
JOHN C. ERIKSON 32540 WOODS DRIVE WARREN, OR 97053	VICE PRESIDENT 3.00	0.	0.	0.
MIKE BROWN 21500 SOUTH ZELLER ROAD CANBY, OR 97103	VICE PRESIDENT 3.00	0.	0.	0.
MIKE THOMAS 4122 JANA DRIVE KLAMATH FALLS, OR 97603	DIRECTOR 3.00	0.	0.	0.
NATHAN ZEILER PO BOX 2355 LA PINE, OR 97739	DIRECTOR 3.00	0.	0.	0.
DAN BOERSMA 12545 SE FINN LANE DAYTON, OR 97114	COMMITTEEMAN 3.00	0.	0.	0.
SCOTT WILSON 61471 EAGLE DRIVE LA GRANDE, OR 97850	COMMITTEEMAN 3.00	0.	0.	0.
DARRELL BAGENT 623 S. 35TH SPRINGFIELD, OR 97478	COMMITTEEMAN 3.00	0.	0.	0.
MIKE BLASCHKA 2722 JACKSONVILLE HWY MEDFORD, OR 97501	COMMITTEEMAN 3.00	0.	0.	0.
ALLAN SANFORD 3183 NE POST AVENUE BEND, OR 97701	COMMITTEEMAN 3.00	0.	0.	0.
TIM LOGUE 2432 W 13TH STREET THE DALLES, OR 97058	COMMITTEEMAN 3.00	0.	0.	0.
GEORGE JOHNSON 50764 DEER FOREST RD LAPINE, OR 97739	COMMITTEEMAN 3.00	0.	0.	0.

CLIENT 18431

OREGON BOW HUNTERS INC

20-0739869

FORM 990-EZ, PART IV (CONTINUED)

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
ANDY DAY 245 N. CANYON CITY BLVD CANYON CITY, OR 97820	COMMITTEEMAN 3.00	\$ 0.	\$ 0.	\$ 0.
KELLY CREWSE 4609 SUMAC AVENUE KLAMATH FALLS, OR 97603	COMMITTEEMAN 3.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.