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SCANNED AUG U 8 2019

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, 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.

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending	, 20		
B Check if applicable C Name of organization D Employer identification	mployer identification number		
Address change DREGON BASS STATE FEDERATION 93-107 1426			
Name change Number and street (or P O box, if mall is not delivered to street address) Room/surte E Telephone number			
1 Initial return 440 E. 2 ND AVE 541-342-160	00		
Terminated City or town, state or country, and ZIP + 4 F Group Exemption			
□ Application pending EUBENE, OR 97401 - 2419 Number ►			
G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ► ☐ H Check ► ☐ if the organization of the control of t	nization is not		
I Website: ► OREGON BASS FEDERATION, OR 6 required to attach Sche			
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 9	90-PF)		
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 of the property of t			
to file a return, be sure to file a complete return.			
L 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			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Par	t 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	715		
1 Contained and granter, and entitled and en	5 470		
	260		
4 Investment income			
5a Gross amount from sale of assets other than inventory 5a			
b Less: cost or other basis and sales expenses			
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)			
from fundraising events reported on line 1) (attach Schedule G if the			
sum of such gross income and contributions exceeds \$15,000) 6b 2550			
c Less: direct expenses from gaming and fundraising events 6c 6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
	490		
7a Gross sales of inventory, less returns and allowances	. , , ,		
b Less: cost of goods sold			
	978		
8 Other revenue (describe in Schedule O)			
	913		
10 Grants and similar amounts paid (list in Schedule O)	-		
To Clarify and Charles and Control of the Control o			
RECEIVED 1			
O 12			
13 Professional fees and other payments to independent contractors			
15 Printing, publications, postage, and shipping	600		
10 Tilling, publications, postage, and simpling	683		
	283		
18 Suggest of (Infinity for the upper (Cultivent line 17 from line 0)	630		
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) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O)			
end-of-year figure reported on prior year's return)	1167		
20 Other changes in net assets or fund balances (explain in Schedule O)			
20 Other changes in net assets or fund balances (explain in Schedule 0)			
7 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 8	1797		

Par	Balance Sheets. (see the instructions Check if the organization used Schedule	for Part II.) O to respond to any ques	stion in this Part I	1		\sqcap
				ginning of year	(B) End of year
22	Cash, savings, and investments			34167	22	84797
23	Land and buildings				23	· · · · · · · · · · · · · · · · · · ·
24	Other assets (describe in Schedule O)				24	
25	Total assets		8		25	84797
26	Total liabilities (describe in Schedule O)	(7)	· · ·		26	0.1767
27 Pari	Net assets or fund balances (line 27 of column		•	· - /	27	84797
Part	Statement of Program Service Accome Check if the organization used Schedule				(Regu	Expenses ired for section
	is the organization's primary exempt purpose?	<u></u>				(3) and 501(c)(4)
Descr	ibe what was achieved in carrying out the organization			er, describe		izations and section a)(1) trusts, optional
he se	rvices provided, the number of persons benefited, and	other relevant information for e	each program title.		for oth	
28						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	
29						
	(Grants \$) If this amount	includes foreign grants, ch	ock here		29a	
30	Grants \$) It this amount				29a	
00						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	31a	
	Total program service expenses (add lines 28a				32	
Part	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nstruc	tions for Part IV)
	Check if the organization used Schedule	(b) Title and average	(c) Compensation	(d) Contribution	s to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit p		account and other allowances
	ASON HOOPER					
4	425 NEVADA ST. NE SALEM OR	PRESIDENT 5	-6-		ĺ	
7	M MCART					
3	137 26+ AVE SE ALBANY, OR	V- PRESIDENT 2	- 0 -	- 0 .	~	- 0
	HN BulleR					
	155 KEVINGTON AVE EUGENE, OR	TREASURER 3			•	
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Part	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	33		×
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)	34		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.	4 . A . A		
а	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?	35a		×
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		1	-
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a	March.	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	197	136	
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			2. A
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
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		
С	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			
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	A Section	×
41	List the states with which a copy of this return is filed. ▶ ORE LON	<u>. </u>		
42a b	The organization's books are in care of \triangleright John D Buller Telephone no. \triangleright Jy Located at \triangleright 440 E. 2 ND Ave EUBENE, OR ZIP + 4 \triangleright 97 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)?	42b	Yes	No X
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
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	•	•	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
_	completed instead of Form 990-EZ	44a	·	×
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	+	×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		X

Form 99	D <u></u>				Yes No
45	Is any related organization a controlled entity o	f the organization within the r	meaning of section	n 512(b)(13)?	45 X
а	Did the organization receive any payment from meaning of section 512(b)(13)? If "Yes," Form	or engage in any transaction	with a controlled	entity within the	45a X
46	Did the organization engage, directly or indirect to candidates for public office? If "Yes," comp	tly, in political campaign acti			46 X
Part					
	Check if the organization used Schedul	e O to respond to any ques	tion in this Part \	<u>/1</u>	🗆
47 48 49a b 50	7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II				47 48 49a 49b crustees and key
	(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 & deferred compensation	(e) Expense
					-
		•••			
f	Total number of other employees paid over \$1	00.000	<u> </u>	1	<u> </u>
51	Complete this table for the organization's five	highest compensated inde	pendent contract	- ors who each rec	eived more than
	\$100,000 of compensation from the organizat (a) Name and address of each independent contract			pe of service	(c) Compensation
	(a) Name and address of each independent contract	or paid more than \$100,000	(0) 1)	SC OF SCI VICO	(o) Compensation
					<u> </u>
			-		
		••••			
d	Total number of other independent contractors	each receiving over \$100,00	00▶		
52	Did the organization complete Schedule A? No nonexempt charitable trusts must attach a con	npleted Schedule A		▶ [Yes 🗌 No
Under potrue, cor	enalties of perjury, I declare that I have examined this return, rect, and complete_beclaration of preparer (other than office	including accompanying schedules a r) is based on all information of which	and statements, and to n preparer has any kno	the best of my knowled wiedge	ige and belief, it is
	July 10 Both				
Sign Here	Signature of officer JOHN D. BullER TR.	EASURER		Date	
	Type or print name and title				····
Paid	Print Type preparer s stattle	parer's signature	Date	Check if self-employed	PTIN
Preparer Use Only Firm's name ►				·	
	Firm's address ▶ Phone no				
May th	e IRS discuss this return with the preparer show	wn above? See instructions	<u> </u>	<u> ▶ </u>	JYes ∐ No

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* ***	CORPORATE LICENSE	56
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