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

OMB No 1545-1150

**2011**Department 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 2011 calendar year, or tax year beginning****, 2011, 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 or a section 527 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.**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. ► \$ 54,530.**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 ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	1,500.
	2	Program service revenue including government fees and contracts	2	30,817.
	3	Membership dues and assessments	3	11,914.
	4	Investment income	4	201.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	8,320.
6c	Less: direct expenses from gaming and fundraising events	6c	3,685.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,635.	
7a	Gross sales of inventory, less returns and allowances	7a	41.	
7b	Less: cost of goods sold	7b	1,769.	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1,728.	
8	Other revenue (describe in Schedule O)	8	1,737.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	49,076.	
EXPENSES	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	1,465.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	17,255.
	16	Other expenses (describe in Schedule O)	16	37,985.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	56,705.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,629.	
NET ASSETS	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	37,629.
	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	30,000.

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

Form 990-EZ (2011)

W  
W



**Part V Other Information** (Note the Schedule A and personal benefit contract 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
<b>35b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	X	
<b>35c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
<b>37b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> 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>38b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	39a	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
<b>40a</b> 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>40b</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.		X
<b>40c</b> 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.		0.
<b>40d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		0.
<b>40e</b> 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		X
<b>41</b> 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

**42b** 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)?

	Yes	No
42b		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.

**42c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

	Yes	No
42c		X

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 ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

	Yes	No
<b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>44b</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		X
<b>44c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>44d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
<b>45b</b> 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 instructions)		X

- 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

	Yes	No
46		X

**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 or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

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

48		
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

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

49b		
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- 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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

e 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.

<b>Sign Here</b>	Signature of officer		Date	
	GLEN WALKER		TREASURER	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date
	DAVID D. MCFETRIDGE		<i>DMCFETRIDGE</i>	5-10-12
	Firm's name		Check <input checked="" type="checkbox"/> if self employed	
	Firm's address		PTIN	
SUNDBERG, RAUCH, BENNETH, HORNER & MCFETRIDGE		P01258046		
884 PARK STREET		Firm's EIN		
LEBANON, OR 97355		93-0693275		
		Phone no		
		(541) 259-1201		

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

Form 990-EZ (2011)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

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.

CLIENT 18431

OREGON BOW HUNTERS INC

20-0739869

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

ADVERTISING

TOTAL	\$	1,737.
	\$	<u>1,737.</u>

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

BANK CHARGES..	\$	1,551.
CONFERENCES, CONVENTIONS, AND MEETINGS		20,886.
DUES		480.
INSURANCE		900.
LICENSES & PERMITS		95.
MEMBERSHIP EXPENSES		3,646.
OFFICE EXPENSES		169.
SHOOTING EVENT EXPENSES		10,258.
TOTAL	\$	<u>37,985.</u>

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

	BEGINNING	ENDING
INVENTORIES	\$ 3,175.	\$ 3,175.
TOTAL	<u>\$ 3,175.</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	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
BUCK KELTY PO BOX 429 COTTAGE GROVE, OR 97424	PRESIDENT 8	\$ 0.	\$ 0.	\$ 0.
MICKI BRADLEY 1767 12TH ST #343 HOOD RIVER, OR 97031	SECRETARY 5	0.	0.	0.
GLEN WALKER 42030 MCDOWELL CREEK DR LEBANON, OR 97355	TREASURER 10	0.	0.	0.
WAYNE ENDICOTT 392 Q STREET SPRINGFIELD, OR 97477	VICE PRESIDENT 3	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	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
CARL SWARTZ 2490 KIRKWOOD RD NW SALEM, OR 97304	VICE PRESIDENT 3	\$ 0.	\$ 0.	\$ 0.
JOHN C. ERIKSON 32540 WOODS DRIVE WARREN, OR 97053	VICE PRESIDENT 3	0.	0.	0.
MIKE BROWN 21500 SOUTH ZELLER ROAD CANBY, OR 97103	VICE PRESIDENT 3	0.	0.	0.
MIKE THOMAS 4122 JANA DRIVE KLAMATH FALLS, OR 97603	DIRECTOR 3	0.	0.	0.
NATHAN ZEILER PO BOX 2355 LA PINE, OR 97739	DIRECTOR 3	0.	0.	0.
DAN BOERSMA 12545 SE FINN LANE DAYTON, OR 97114	COMMITTEEMAN 3	0.	0.	0.
SCOTT WILSON 61471 EAGLE DRIVE LA GRANDE, OR 97850	COMMITTEEMAN 3	0.	0.	0.
DARRELL BAGENT 623 S. 35TH SPRINGFIELD, OR 97478	COMMITTEEMAN 3	0.	0.	0.
MIKE BLASCHKA 2722 JACKSONVILLE HWY MEDFORD, OR 97501	COMMITTEEMAN 3	0.	0.	0.
ALLAN SANFORD 3183 NE POST AVENUE BEND, OR 97701	COMMITTEEMAN 3	0.	0.	0.
TIM LOGUE 2432 W 13TH STREET THE DALLES, OR 97058	COMMITTEEMAN 3	0.	0.	0.
GEORGE JOHNSON 50764 DEER FOREST RD LAPINE, OR 97739	COMMITTEEMAN 3	0.	0.	0.



2011

## SCHEDULE O - SUPPLEMENTAL INFORMATION

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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	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
ANDY DAY 245 N. CANYON CITY BLVD CANYON CITY, OR 97820	COMMITTEEMAN 3	\$ 0.	\$ 0.	\$ 0.
KELLY CREWSE 4609 SUMAC AVENUE KLAMATH FALLS, OR 97603	COMMITTEEMAN 3	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.