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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

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
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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
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?
39 Section 501(c)(7) organizations Enter
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911
41 List the states with which a copy of this return is filed

42a The organization's books are in care of CHRISTIAN BAIR Telephone no (360) 990-1290 Located at 818 SW 3RD AVE, PMB 1153 PORTLAND OR ZIP + 4 97204

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?
42c 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

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b 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)

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		
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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


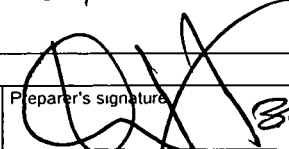
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(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.

Sign Here	Signature of officer 	Date 06/19/13			
	CHRISTIAN BAIR Type or print name and title	TREASURER			
Paid Preparer Use Only	Print/Type preparer's name CARL W. FOSTER	Preparer's signature 	Date 6/5/13	Check <input type="checkbox"/> if self-employed	PTIN P00009266
	Firm's name ▶ FOSTER & ASSOCIATES, CPA, LLC	Firm's EIN ▶ 46-1881127			
	Firm's address ▶ 9011 SW BEAVERTON-HILLSDALE HWY #1A PORTLAND, OR 97225	Phone no (503) 297-2610			

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**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 BEARS, INC.

Employer identification number

93-1240458

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

THE MISSION STATEMENT AND SCOPE OF THE CLUB AND ITS GENERAL MEMBERSHIP IS TO ORGANIZE EVENTS AND ACTIVITIES THAT PROVIDE FOR THE SOCIAL ENJOYMENT AND CAMARADERIE OF ITS MEMBERS, AND TO PROVIDE RESOURCES (FINANCIAL AND OTHERWISE) TO SELECTED CHARITABLE ORGANIZATIONS.

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BEARS IN BRIDGETOWN - BEARTOWN IS THE OREGON BEARS BIGGEST FUNDRAISING EVENT. THE MONEY RAISED AT BEARTOWN IS DIVIDED UP AMONGST THE CHARITIES THE MEMBERS VOTED ON AND PRESENTED AT THE BEAR & CUB CORONATION EVENT. IT BENEFITS HUNDREDS OF PEOPLE, MEMBERS INCLUDED.

FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HOLIDAY SHOW 2011 - THE HOLIDAY SHOW IS AN EVENT THAT BRINGS TOGETHER SEVERAL FACETS OF THE GAY COMMUNITY. THE PROCEEDS OF THE EVENT WENT TO OUR HOUSE WHICH HELPS PEOPLE WHO ARE LOW INCOME AND HAVE AIDS.

OREGON BEARS, INC.

93-1240458

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

CONFERENCES, CONVENTIONS, AND MEETINGS	\$	565.
ENTERTAINMENT		1,539.
FOOD AND BEVERAGES		4,517.
GENERAL OPERATIONS		13,180.
INSURANCE		382.
MISCELLANEOUS EXPENSES		2.
NONCASH PRIZES		714.
OTHER PROGRAM EXPENSES		6,643.
RENT/FACILITY COSTS		16,751.
TRAVEL		34.
WEBSITE		1,443.
TOTAL	\$	<u>45,770.</u>

FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
<p>SATURDAY BEAR BUSTS - THE MONTHLY BEAR BUST PROVIDES THE MEMBERS WITH A PLACE TO SOCIALIZE WITH A GOOD DEAL ON BEVERAGES. THE BAR BENEFITS FROM THE SALES, THE OREGON BEARS PORTION OF THE FUNDS GOES INTO THE GENERAL FUND OF THE OREGON BEARS WHERE IT IS USED FOR OPERATIONAL EXPENSES.</p>		
<p>INCLUDES FOREIGN GRANTS: NO</p>		
TOTAL		\$ <u>0.</u> \$ <u>0.</u>