990-EZ

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 private foundations)

OMB No 1545-1150 2018

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

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18 Excess or (deficit) for the year (Subtract line 17 from line 9)			1	▶	$\overline{}$	
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) Net assets or fund balances at end of year. Combine lines 18 through 20 19 LL 365 20 21 S72, 442					18	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 P 21 32, 492	ë			e with		<u> </u>
21 Net assets or fund balances at end of year. Combine lines 18 through 20 P 21 32, 492	Ass				19	66 365
21 Net assets or fund balances at end of year. Combine lines 18 through 20 P 21 32, 492	et/	20	Other changes in net assets or fund balances (explain in Schedule O)			
	ž	1		. ▶		52,442
tof taperwork fleduction Act Notice, see the separate instructions.	For		work Reduction Act Notice, see the separate instructions. Cat No 10642			Form 990-EZ (2018)

Form	aan.	F7	1201	Q١

Page 2

Pa	rt II. Balance Sheets (see the instructions	for Part II)	· — · · · · · · · · · · · · · · · · · ·			
	Check if the organization used Schedul		ny question in this	Part II		
	Check if the organization used concurr	e o to respond to a	ny question in this	(A) Beginning of year	· ·	(B) End of year
22	Cash, savings, and investments		ŀ	66,365	22	
23	Land and buildings			64,363	23	52,442
24	Other assets (describe in Schedule O)				24	
25	Total assets			66,365	25	52,442
26	Total liabilities (describe in Schedule O)			00,705	26	22, 1-12
27	Net assets or fund balances (line 27 of colum		,	66,365	27	52,442
Par					21)	52, 170
	Check if the organization used Schedule	•		,		Expenses
Wha	t is the organization's primary exempt purpose?	o o to respond to a	ny quodion in this	<u> </u>		uired for section
	- · · · · · · · · · · · · · · · · · · ·		<u> </u>			c)(3) and 501(c)(4) nizations, optional for
as m	cribe the organization's program service accompline assured by expenses. In a clear and concise r	manner, describe the			othe	
	ons benefited, and other relevant information for e	ach program title.				·
28						

	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ 🗆	28a	
29	•					
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	<u></u> . ▶ 🗆	29a	
30						
		t includes foreign gra	ints, check here .	. ▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount				31a	
32	Total program service expenses (add lines 28a	through 31a)		▶	32	
Par						
	Check if the organization used Schedule	O to respond to a			<u> </u>	<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	e (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	01	ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		
	SON HOOPER, PRESIDENT				1	
	425 NEVADA ST N.E SALEM, OR	<u> </u>				
KE	VIN GRAY VICE PRESIDENT					
ρ. ε	BOX 928 HERMISTON OR	2				
M	CK FITZSIMMONS, TREASURER					
P. 0	BOX SS3 LYLE, WA	3			J	
J	CK FITZSIMMONS, TREASURER D. BOX SS3 LYLE, WA ASON VIAGIL, SECRETARY					
24	10 N.E. 9+M ST HERMISTON, OR	3				
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Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the			П
	Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	J i dit	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		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			
35a	change on Schedule O. See instructions	34		X
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
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 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	35b 35c		×
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a № № €	1		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		·····	لبدد
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	╣		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	ŀ		
a	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶	- =	<u></u>	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	١.		
1	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		
· c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	-		
į	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
∂ d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		×
41	List the states with which a copy of this return is filed ORELON			
42a	The organization's books are in care of ► John BullER Telephone no. ► 54			
		401-		<u> </u>
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)?	42b	Yes	X
	If "Yes," enter the name of the foreign country ▶	420	9	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	P. Carlo	إبح	r.
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		Х
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		Yes	No
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		*
С	Did the organization receive any payments for indoor tanning services during the year?	44c		メ
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	i .	-	
	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	45b		X

46	Did the organization engage, directly or into candidates for public office? If "Yes," of		. •	behalf of or				X
Part	All section 501(c)(3) organization 50 and 51.	s must answer que	estions 47–49b and	52, and cor			for lin	es
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI	<u> </u>		1	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio				Yes	No
48	Is the organization a school as described in							
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	zation?		. 49a	-	
50 50	If "Yes," was the related organization a se Complete this table for the organization's							l kov
50	employees) who each received more than							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to contributions to benefit plans, a compens	penefits, o employee and deferred	(e) Estima	ted amo	unt of
					-			
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	s five highest compo	ensated independent	contractors	who each	received	i more	than
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	Compensa	tion	
					<u> </u>			
			_		-			
	Total number of other independent contra	•	,	>				
52	Did the organization complete Scheducompleted Schedule A	ıle A? Note: All se	ection 501(c)(3) orga		ust attach	na . <mark>▶∐ Ye</mark>	s 🔲 I	No
Under po	enalties of perjury, I declare that I have examined this rect, and complete Declaration of proparer (other than	retum, including accompan n officer) is based on all info	ying schedules and stateme ormation of which preparer h	ents, and to the t nas any knowled	pest of my kr ge	nowledge an	d belief,	ıt ıs
	1 4 Hz							
Sign Here		pur Presio	lent _	Date	211	6/19	1	
	Type or print name and title	Preparer's signature	Da	te		PTIN		
Paid	Print/Type preparer's name	. roparor s signature			Check L	of [
Preparent	1			Fırm'	s EIN ▶			
	Firm's address ▶			Phon	e no			
Mayth	ie IRS discuss this return with the prepare	r shown above? See i	nstructions			► ∐ Ye:	s∐I	No

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

OREGON B. A. S. S. STATE FEDERATION	93-1071	426
INE 16		
CUNAORATE LICENSE	50	
STATE FEES	57	
WEBSITE	182	
PROCRAM SERVICE	17, 317	
JAM BOR EE	499	
STATE TEAM TRAVEL	16, 765	
BANK CHARCE	/2	
REPRESENTATIVE TRAVEL	509	
	35, 391	