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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)

OMB No 1545-1150

2009

Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable

 Address Change
 Name Change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

EAU CLAIRE ROD & GUN CLUB

Number and street (or P.O. box, if mail is not delivered to street address)

P O BOX 1572

City or town, state or country, and ZIP + 4

EAU CLAIRE, WI 54702

D Employer identification number

23-7070245

E Telephone number

715-832-3425

F Group Exemption

Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► N/A

H Check ► if the organization is notJ Tax-exempt status (check only one) — 501(c) (7) (insert no.) 4947(a)(1) or 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 362,274.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	7,222.
2 Program service revenue including government fees and contracts	2	241,170.
3 Membership dues and assessments	3	20,584.
4 Investment income	4	1,501.
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 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	44,133.
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	32,859.
b Less: direct expenses other than fundraising expenses	6c	11,274.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	45,002.
7a Gross sales of inventory, less returns and allowances	7b	25,406.
b Less: cost of goods sold	7c	19,596.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	2,662.
8 Other revenue (describe ► MISCELLANEOUS)	9	304,009.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10 Grants and similar amounts paid (attach schedule)	STMT 4	10 4,470.
11 Benefits paid to or for members		11
12 Salaries, other compensation, and employee benefits		12 36,346.
13 Professional fees and other payments to independent contractors		13 4,440.
14 Occupancy, rent, utilities, and maintenance		14 24,688.
15 Printing, publications, postage, and shipping		15 7,289.
16 Other expenses (describe ►)	SEE STATEMENT 3	16 233,413.
17 Total expenses. Add lines 10 through 16		17 310,646.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	RECEIVED MAY 17 2010 SEE STATEMENT 1) OGDEN, UT	18 -6,637.
19 Net assets or fund balances at beginning of year (from line 27, column (A))		19 205,008.
must agree with end-of-year figure reported on prior year's return		20
20 Other changes in net assets or fund balances (attach explanation)		21 198,371.
21 Net assets or fund balances at end of year. Combine lines 18 through 20		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	59,509. 22	65,944.
23 Land and buildings	116,490. 23	105,086.
24 Other assets (describe ► INVENTORIES)	29,009. 24	27,844.
25 Total assets	205,008. 25	198,874.
26 Total liabilities (describe ► SEE STATEMENT 2)	0. 26	503.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	205,008. 27	198,371.

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02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

26 P

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? TRAP SHOOTING CLUB FOR MEMBERS

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.

Expenses

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

28 TO OFFER TRAP SHOOTING FACILITIES FOR MEMBERS

28a

29 TO OFFER A SOCIAL GATHERING PLACE FOR MEMBERS

29 TO OFFER A SOCIAL GATHERING PLACE FOR MEMBERS

292

1

(Grants \$) If this amount includes foreign grants, check here

31 Other program services (attach schedule)

1

(Grants \$) If this amount includes f

318

32 Total program service expenses (add lines 28a through 31a) ► 32
Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 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, attach a statement explaining 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

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?

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 period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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 ► N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► N/A

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

41 List the states with which a copy of this return is filed. ► NONE

42a The organization's books are in care of ► DOUG BURROWS Telephone no. ► 715-832-4391
 Located at ► PO BOX 1572, EAU CLAIRE, WI ZIP + 4 ► 54702

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: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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: ►

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 ► 43 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
33	X	
34	X	
35a	X	
35b	X	
36	X	
37b	X	
38a	X	
38b	N/A	
39a	0.	
39b	2,061.	
40b	N/A	
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	X	

Form 990-EZ (2009)

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 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46	46	
47	47	
48	48	
49a	49a	
49b	49b	

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

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

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 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

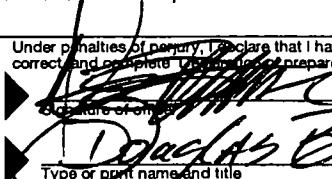
f Total number of other employees paid over \$100,000 ► _____

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."

N/A

(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 ► _____

Sign Here	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. The preparer (other than officer) is based on all information of which preparer has any knowledge		
	5/12/10 Date		
 Douglas Barklow, PRES, DENT <small>Type or print name and title</small>			

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instr.)
	PAT STURZ	05/11/10		
Firm's name (or yours) If self-employed, address, and ZIP + 4		EIN ► _____ Phone ► _____ no. 715-852-1100		
LARSONALLEN LLP 2411 N. HILLCREST PARKWAY ALTOONA, WI 54720				

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2009)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 CORN DAY (event type)	(b) Event #2 FUNDRAISER (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts		1,670.	42,463.	44,133.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)		1,670.	42,463.	44,133.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		1,132.	26,341.	27,473.
	6 Rent/facility costs				
	7 Food and beverages		570.	3,999.	4,569.
	8 Entertainment				
	9 Other direct expenses			817.	817.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► (32,859)
	11 Net income summary. Combine line 3, column (d), and line 10				► 11,274.

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 col. (a) through col. (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 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? _____

b If "No," explain:

Yes	No
9a	
10a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? _____

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? _____

11	
12	

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 ► DOUG BURROWSAddress ► PO BOX 1572 - EAU CLAIRE, WI 54702

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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?

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 ► \$ _____

15a

17a

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
LICENSES	1,354.
MISCELLANEOUS SUPPLIES	463.
CABLE TELEVISION	702.
MAINTENANCE & REPAIR	1,058.
TARGETS - TRAP	51,084.
SHELLS	32,767.
LOADING COMPONENTS	79,434.
ADJUST TRAP INVENTORY	-2,871.
MAINTENANCE & REPAIR	2,297.
ATA ADDED MONEY	4,000.
AWARDS	6,349.
MISCELLANEOUS EXPENSES	2,037.
SALES TAX EXPENSE	8,504.
REAL ESTATE & PERSONAL PROPERTY TAX	7,050.
LICENSES	10.
BANK CHARGES	512.
MISCELLANEOUS SUPPLIES	3,265.
INSURANCE	8,086.
APPRECIATION DINNER	1,770.
SPONSORSHIPS & MEMBERSHIPS	3,303.
TELEPHONE	611.
SNOWPLOWING	695.
GARBAGE EXPENSE	1,479.
MAINTENANCE & REPAIR	7,815.
GAME CONTEST	125.
MISCELLANEOUS EXPENSES	1,444.
FEED COSTS	5,688.
MAINTENANCE & REPAIR	1,336.
GAME CONTEST	616.
MAINTENANCE & REPAIR	1,026.
MISCELLANEOUS EXPENSES	100.
PROMOTION & ADVERTISING	525.
MISCELLANEOUS SUPPLIES	779.
 TOTAL TO FORM 990-EZ, LINE 16	 233,413.

FORM 990-EZ

OTHER LIABILITIES

STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
FEDERAL TAXES PAYABLE	0.	320.
STATE TAXES PAYABLE	0.	183.
 TOTAL TO FORM 990-EZ, LINE 26	 0.	 503.

EAU CLAIRE ROD & GUN CLUB

23-7070245

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 3

DESCRIPTION	AMOUNT
DEPRECIATION	14,461.
OTHER EXPENSES	10,227.
TOTAL TO FORM 990-EZ, LINE 14	24,688.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
EAU CLAIRE YMCA	NONE	250.
CADOTT SCHOOL DISTRICT	NONE	200.
OSSEO-FAIRCHILD ARCHERY CLUB	NONE	200.
ELK MOUND SCHOOL DISTRICT	NONE	200.
COMMUNITY PARKS ASSOCIATION	NONE	500.
WEST WISCONSIN LAND TRUST	NONE	200.

EAU CLAIRE ROD & GUN CLUB

23-7070245

CV BOY SCOUTS

NONE

2,920.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

4,470.

10340511 133509 69368

10 STATEMENT(S) 4
2009.03051 EAU CLAIRE ROD & GUN CLUB 69368_1

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 5

INCOME

1. GROSS RECEIPTS	45,002
2. RETURNS AND ALLOWANCES	
3. LINE 1 LESS LINE 2	45,002
4. COST OF GOODS SOLD (LINE 13)	25,406
5. GROSS PROFIT (LINE 3 LESS LINE 4)	19,596

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	
7. MERCHANDISE PURCHASED	25,406
8. COST OF LABOR	
9. MATERIALS AND SUPPLIES	
10. OTHER COSTS	
11. ADD LINES 6 THROUGH 10	25,406
12. INVENTORY AT END OF YEAR	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	25,406

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO