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Form 990-E7

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

Department of the Treasury Internal Revenue Service

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SCANINED

Revenue

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 Open to Public Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Please Address use IRS label or Name change GOVERNORS ONE SHOT, INC 26-2725081 print or type Initial Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-C/O RICHARD HARDIN, 504 KIWANIS AVENUE 304-284-1642 Amended return City or town, state or country, and ZIP + 4 tions F Group Exemption MORGANTOWN, WV Number > • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method X Cash Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check ▶ ☐ If the organization is not Tax-exempt status (check only one) - \times 501(c) (3) \triangleleft (insert no) \longrightarrow 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check In 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 62,592. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 41,835. Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5с Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 41,835. of contributions a Gross revenue (not including \$ 20,757. reported on line 1) 17,958. b Less direct expenses other than fundraising expenses 6b 2,799. c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold RECEIVED Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c ũ Other revenue (describe 8 O 44,634. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 STMT 35,000. Grants and similar amounts paid (attach schedule) 10 Benefits paid to or for members 11 OGDEN, UT 12 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping 15 SEE STATEMENT 1) 546. 16 Other expenses (describe 16 35,546. 17 Total expenses. Add lines 10 through 16 9,088. 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 64,759. 19 (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) 20 73,847. Net assets or fund balances at end of year Combine lines 18 through 20 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) (B) End of year (A) Beginning of year

Net Assets Part II 64,759. 73,847. Cash, savings, and investments 22 Land and buildings 23 24 24 Other assets (describe 64,759. 73,847. 25 Total assets 0 26 Total liabilities (describe 26 64,759. 73,847. Net assets or fund balances (line 27 of column (B) must agree with line 21) 932171 02-08-10 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

_	m 990-EZ (2009) GOVERNORS ONE SHOT, INC			26-	-27250	81 Page 2
	art III Statement of Program Service Accomplishme		Part III)		Ex	penses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	г 4				r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pu			ıbe		organizations and (a)(1) trusts, optional
_	services provided, the number of persons benefited, and other relevant		<u> </u>		for others)	
28	GOVERNOR'S ONE SHOT, INC SOLICITED					
	DONATED MONIES TO THE HUNTERS HELP	ING THE HUNGRY	- SEE			
	STATEMENT OF EXEMPT PURPOSE					
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	<u>نــا</u>	28a	35,546.
29						
	(Grants \$) If this amount includes foreign	grants, check here		لسيا	29a	-
30						
		· · · · · · · · · · · · · · · · · · ·				
				$\overline{}$		
04	(Grants \$) If this amount includes foreign	grants, check here		<u> </u>	30a	
31	Other program services (attach schedule)		_			
22	(Grants \$) If this amount includes foreign	grants, check here	<u></u>	닏	31a 32	35,546.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I	Employees Listant and	.aa if nat aamuunaatad	/S == 4h=		
	art ty List of Officers, Directors, Trustees, and Ney 1	List each one ex	/en if not compensated		ontributions	or Part IV)
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	1	efit plans &	account and
		position	-0)		leferred apensation	other allowances
GI	LEN ADRIAN, 1015 LUCAS DRIVE,	PRESIDENT		0011	pensation	
	ORGANTOWN, WV 26505	0.01	0.		0.	0.
	RENT CAYTON, 3904 WEST LAKE DRIVE,	VICE-PRESIDEN		1		
	ORGANTOWN, WV 26505	0.01	0.		0.	0.
	AVID TRUBAN, 4407 FAIRMONT ROAD,	SECRETARY		 		
	ORGANTOWN, WV 26505	0.01	0.		0.	0.
	CHARD HARDIN, 504 KIWANIS AVENUE,	TREASURER		 		
	DRGANTOWN, WV 26505	0.01	0.		0.	0.
	ICHOLAS DEMARCO	DIRECTOR				
	BOX 3231, CHARLESTON, WV 25332	0.01	0.		0.	0.
	RA PRITT	DIRECTOR				
RF	R1, BOX 97, BRIDGEPORT, WV 26330	0.01	0.		0.	0.
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02-0	172 08-10	2			Form	990-EZ (2009

P	art V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
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			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		1	
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Ā
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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.0		
	in a prior year and still outstanding at the end of the period covered by this return?	38a	· 1	Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	300		
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1 1		
	section 4911 ▶ 0 • , section 4912 ▶ 0 • , section 4955 ▶ 0 •			
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	40b		X
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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the			
	organization • 0.			
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		Х
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► RICHARD HARDIN Telephone no ► 304-28	4-1	642	
	Located at ▶ 504 KIWANIS AVENUE, MORGANTOWN, WV ZIP+4 ▶ 2			
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		Yes	No
	account)?	42b		Х
	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.?	42c		Х
	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	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
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		·	1
	completed instead of Form 990-EZ	45		Х
		Form 9	90-EZ	(2009)

Form 99	0-EZ (2009) GOVERNORS ONE SHOT, INC			26-27250	81	Page 4
Part	VI Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.	4947(a)(1) nonexempt a trusts must answer question	charitable tru ns 46-49b and cor	ists only. All s mplete the table	section 50 s for lines	1(c)(3) 50
46 Did	the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public	· · · · · · · · · · · · · · · · · · ·	Ye	s No
off	ice? If "Yes," complete Schedule C, Part I		•		46	X
	the organization engage in lobbying activities? If "Yes," complete Sci				47	X
	the organization a school as described in section 170(b)(1)(A)(ii)? If "Ye			-	48	X
	the organization make any transfers to an exempt non-charitable related	l organization?		-	49a	X
50 Co	Yes," was the related organization a section 527 organization? mplete this table for the organization's five highest compensated employ: in \$100,000 of compensation from the organization. If there is none, ente		s, trustees and key e	L mployees) who ea	49b ch received	l more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp accoun other allo	t and
51 Cor	al number of other employees paid over \$100,000 mplete this table for the organization's five highest compensated indepen ianization of there is none, enter "None" NONE	dent contractors who each recer	ved more than \$100	,000 of compensa	tion from t	he
	(a) Name and address of each independent contractor paid more	e than \$100,000	(b) Type of se	rvice (c) Compens	ation
						
d Tot	al number of other independent contractors each receiving over \$100,00	0 .	 			
Sign Here	Under penalties of benuty. I declare that have examined this return, including a correct, and complete Declaration of preparey other than officer is based on all Signature of officer. Signature of officer. Type or print name and title	Information of which preparer has any	its, and to the best of m knowledge	y knowledge and bel 2 - 16 - 2 Date		
Paid Preparer Use Only			ck if self-	parer's identifying nu	mber (See In:	str)
Juo Viny	Firm's name (or yours of self-employed), address, and ZIP+4 BADGER AND SAL 430 SPRUCE STREET MORGANTOWN, WV 26505-5	5506	EIN I		0154 31-65	1188 00
May the I	RS discuss this return with the preparer shown above? See instructions		I	▶ [2		No
			· · · · · · · · · · · · · · · · · · ·		orm 990-E	

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** GOVERNORS ONE SHOT, INC 26-2725081 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II d Type III - Other c ___ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (I) Name of supported (ii) EIN (vii) Amount of organization organization in col in col (i) listed in your organization in col organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? US? above or IRC section (see instructions)) Yes No Yes No Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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	edule A (Form 990 or 990 EZ) 2009 Int II Support Schedule for C			Sections 170	(b)(1)(A)(iv) ar	ıd 170(b)(1)(A)(v	Page 2
-	(Complete only if you checked	the box on line 5	7, or 8 of Part I.)				
		(-) 0005	(h) 0000	(-) 0007	40.000	4.1.0000	
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					ļ	
3	The value of services or facilities					1	
	furnished by a governmental unit to						
4	the organization without charge Total. Add lines 1 through 3						
	The portion of total contributions	·····					
J	by each person (other than a	1					
	governmental unit or publicly	1					
	supported organization) included						
	on line 1 that exceeds 2% of the	1					
	amount shown on line 11,	1					
	column (f)						
	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	-					
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources					1	
9	Net income from unrelated business						
•	activities, whether or not the	ļ					
	business is regularly carried on						
	Other income. Do not include gain						
10							
10	or loss from the sale of capital				i .		
10	or loss from the sale of capital assets (Explain in Part IV.)						
l1 l2	assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, e	,	•			12	
l1 l2	assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, e First five years. If the Form 990 is for the	he organization's	•	d, fourth, or fifth ta	ax year as a secti	· · · · · · · · · · · · · · · · · · ·	
11 12 13	assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, e First five years. If the Form 990 is for torganization, check this box and stop I	he organization's here	first, second, thir	d, fourth, or fifth ta	ax year as a secti	· · · · · · · · · · · · · · · · · · ·	>
11 12 13	assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, e First five years. If the Form 990 is for t organization, check this box and stop letion C. Computation of Public	he organization's here Support Per	first, second, thir		ax year as a secti	on 501(c)(3)	>
11 12 13 Sec	assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, e First five years. If the Form 990 is for t organization, check this box and stop etion C. Computation of Public Public support percentage for 2009 (line)	he organization's here Support Per le 6, column (f) di	first, second, thir centage yided by line 11, c		ax year as a secti	on 501(c)(3)	▶ □
11 12 13 Sec 14	assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, e First five years. If the Form 990 is for t organization, check this box and stop letion C. Computation of Public Public support percentage for 2009 (lin Public support percentage from 2008 S	he organization's here Support Per le 6, column (f) dr Schedule A, Part	first, second, thir centage vided by line 11, c I, line 14	column (f))		14 15	%
11 12 13 Sec 14	assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, e First five years. If the Form 990 is for t organization, check this box and stop etion C. Computation of Public Public support percentage for 2009 (line)	he organization's here Support Per le 6, column (f) di Schedule A, Part I ganization did not	first, second, thir centage vided by line 11, o I, line 14 check the box or	column (f))		14 15	%

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

and stop here. The organization qualifies as a publicly supported organization

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 62,592. include any "unusual grants.") 71,963. 134,555. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 71,963. 62,592. 134,555. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 134,555. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (f) Total 71,963. 62,592. 134,555. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 62,592. ,963. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 100.00 15 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 100.00 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage .00 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

Name of the organization							ntification number	
	ONE SHOT, INC					26-2725081		
Part I Fundraising Activities. Correquired to complete this part.	omplete if the organization answe	ered "\	es" to	o Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not	
 Indicate whether the organization raised a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or or key employees listed in Form 990, Part If "Yes," list the ten highest paid individuompensated at least \$5,000 by the organization have a written or organization have a written or organization have a written or organization. 	e Solicitat f Solicitat g X Special ral agreement with any individual VII) or entity in connection with p uals or entities (fundraisers) pursi	ion of ion of fundra (includerofess	non-g gover alsing ding of lonal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes		
(i) Name of Individual or entity (fundralser)	(ii) Activity	(iii) fundr have c or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
		ļ						
			<u> </u>					
				:				
Total	>	1	L					
3 List all states in which the organization is WV	s registered or licensed to solicit t	funds	or has	been notified it is ex	cempt	from registrate	on or licensing	
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LHA For Privacy Act and Paperwork Redu	ction Act Notice, see the Instru	ctions	for F	orm 990 or 990-EZ.		Schedule G (For	m 990 or 990-EZ) 2009	

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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events HELPING THE NONE (add col. (a) through HUNGRY FUNDR col. (c)) (event type) (event type) (total number) 62,592. Gross receipts 62,592. 41,835 2 Less: Charitable contributions 41,835. 3 Gross income (line 1 minus line 2) 20,757 20,757. Cash prizes Noncash prizes Expenses 14,649. 6 Rent/facility costs 14,649. Direct 7 Food and beverages 8 Entertainment 3,309. 3,309. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 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 (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 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? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: Does the organization operate gaming activities with nonmembers? 11 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? 932082 02-03-10 Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 GOVERNORS ONE SHOT, INC 26-	-2725			
·	r		Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility 13a	<u>%</u>		1	
b An outside facility 13b	<u>%</u>		1	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	-	15a		
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:		1		
a is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?	<u> </u>	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. 1		- 1	1

organization's own exempt activities during the tax year ▶ \$

FORM 990-EZ	OTHER EXPENSES STATEM				
DESCRIPTION		AMOUNT			
LICENSES AND FEES INSURANCE		62. 484.			
TOTAL TO FORM 990-EZ, LINE	16	546.			

FORM 990-EZ NONCA	SH GRANTS AN	ND ALLOCA	TIONS		STATEMENT	2
CLASS OF ACTIVITY						
NAME OF GRANTEE		GRANTEE	ADDRES	SS		
HELPING THE HUNGRY PROGRAM		324 4TH, SOUTH CH			25303	
RELATIONSHIP OF GRANTEE	DESCRIPTION	OF PROP	ERTY		DATE OF G	IFT
NONE	CASH				08/17/0	9
METHOD USED TO DETERMINE BOOK	VALUE					
CASH						
METHOD USED TO DETERMINE FAIR	MARKET VALUI	Ε	воок	VALUE	AMOUNT GIV	EN
CASH				35,000.	35,0	00.
TOTAL INCLUDED ON FORM 990-EZ,	LINE 10				35,0	00.

FO:	FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS					3
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?			YES	[X]	NO
В)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	•	[]	YES	[X]	NO

990-EZ PG 2

STATEMENT

GOVERNOR'S ONE SHOT, INC SOLICITS CONTRIBUTIONS AND DONATES MONIES TO HELPING THE HUNGRY PROGRAM. (A WEST VIRGINIA DEPARTMENT OF NATURAL RESOURCES PROGRAM, EIN:55-6000763, WHERE VENISON IS CONTRIBUTED TO THE MOUNTAINEER FOOD BANK AND THEN DISTRIBUTED TO VARIOUS SOUP KITCHENS AND FOOD PANTRIES AROUND THE STATE OF WEST VIRGINIA).