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Form 990-EZ

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

OMB No 1545-1150

Open to Public Inspection

Private foundation)

➤ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All the 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 Department of the Treasury Internal Revenue Service

▶ 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 R Check if applicable C Name of organization D Employer identification number -Please Address use IRS label or Name change HIGHLAND ROD & GUN CLUB 27-0049364 print or type Number and street (or P.O. box, if mail is not delivered to street address) Initial Room/suite E Telephone number Specific Termin 401-487-5691 Instruc-City or town, state or country, and ZIP + 4 Amende return tions F Group Exemption NORTH SCITUATE, RI 02857 Number > • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website > WWW.HIGHLANDRODANDGUN.COM H Check X if the organization is not Tax-exempt status (check only one) - \times 501(c) (7) 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 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. 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 64,700. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 <u> 28,368.</u> 35,140. 3 Membership dues and assessments 3 Investment income 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than (nyeater) (\$\subtract line \$b from line 5a) 5c Special events and activities (complete applicable parts of Schedule 3). If any amount is from gaming, check here **Ent**ibutions Gross revenue (not including reported on line 1) 6a b Less: direct expenses other than rundraising expenses 6b Net income or (loss) from special events and aprivities (Subtract line db from line 6a) 60 Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с C Other revenue (describe MISCELLANEOUS 461 8 8 64,700. 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 1,650. Professional fees and other payments to independent contractors 13 13 SEE STATEMENT 2 19,976. 14 Occupancy, rent, utilities, and maintenance 14 971. 15 Printing, publications, postage, and shipping 15 42,065. Other expenses (describe 1) 16 SEE STATEMENT 16 17 17 Total expenses Add lines 10 through 16 64,662. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 3√8. 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 275,227. 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines, 18 through 20. 21 275 265

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 y	/ear
22 Cash, savings, and investments 54,820.22 64	,610.
23 Land and buildings 191,887. 23 191	,634.
24 Other assets (describe ► OTHER DEPRECIABLE ASSETS) 28,520.24 19	,021.
25 Total assets 275, 227. 25 275	,265.
26 Total liabilities (describe ►) 0 . 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 275, 227. 27 275	,265.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions Form **990-EZ** (2009)

	m 990-EZ (2009) HIGHLAND ROD & GUN CLUB			27-	<u>-00493</u>	64 Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		E	xpenses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	r 5			(Required fo	or section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt put		se manner descr	iho		4) organizations and
	escribe what was achieved in carrying out the organizations exempt points exempt point			iDe	section 494 for others)	7(a)(1) trusts, optional
		it information for each prog	nam dde		107 Utilets)	
28	SEE STATEMENT 4					
			<u> </u>			
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		28a	<u>57,018.</u>
29						
			·			
	(Out the Charles of t	ananta abaali bana		$\overline{}$	29a	
	(Grants \$) If this amount includes foreign (grants, check here	<u> </u>		294	
30						
	(Grants \$) If this amount includes foreign	grants, check here			30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign	grants, check here	>		31a	
32	Total program service expenses (add lines 28a through 31a)		· <u>*</u> -		32	57,018.
	art IV List of Officers, Directors, Trustees, and Key E	mployees Lud con con		/Con the	T UZ 1	577010.
	altiv Elot of Officers, Billotters, Francess, and Italy	List each one ev	en il not compensated	1		T
		(b) Title and average hours	(c) Compensation	, ,	ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	account and
	· ,	position	-0-)		leferred	other allowances
			·	com	pensation	
JO	OHN RUDOLPH	PRESIDENT				
	D BOX 239, NORTH SCITUATE, RI 02857	2.00	0.		0.	0.
	HOMAS PIERCE	VICE PRESIDEN				
_	BOX 239, NORTH SCITUATE, RI 02857	2.00	0.		0.	0
			<u>U.</u>			0.
_	ARSHA LEVY	SECRETARY			_	
	D BOX 239, NORTH SCITUATE, RI 02857	2.00	0.		0.	0.
ΑI	LLEN SCHENCK	TREASURER				
PC	BOX 239, NORTH SCITUATE, RI 02857	2.00	0.		0.	0.
RC	DBERT LANE	BOARD MEMBER	-			
_	BOX 239, NORTH SCITUATE, RI 02857	1.00	0.		0.	0.
	CCHAEL ONEIL	BOARD MEMBER		<u> </u>		
	D BOX 239, NORTH SCITUATE, RI 02857	1.00	0.		0.	0.
			· ·			
	ARY MADDOCKS	BOARD MEMBER			•	
	BOX 239, NORTH SCITUATE, RI 02857		0.	ļ	0.	0.
	ICK RAY	BOARD MEMBER				
<u>PC</u>	D BOX 239, NORTH SCITUATE, RI 02857	1.00	0.		0.	0.
M]	CHAEL BROULIARD	BOARD MEMBER				
PC	BOX 239, NORTH SCITUATE, RI 02857	1.00	0.		0.	0.
	DBERT YOUNG	BOARD MEMBER				
	BOX 239, NORTH SCITUATE, RI 02857	1.00	0.		0.	0.
	LL MCGUIRE	BOARD MEMBER		 		
	D BOX 239, NORTH SCITUATE, RI 02857	7	^	1	^	
<u>P(</u>) BOX 239, NORTH SCITUATE, RI 0285/	1.00	0.	-	0.	0.
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<u> </u>	IT 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	163	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	- 54		
00	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
9	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?	35a		x
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		<u> </u>
•	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?	37Ь		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	10.5		
	in a prior year and still outstanding at the end of the period covered by this return?	38a		х
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	,		
b	Gross receipts, included on line 9, for public use of club facilities 39b 0	.]		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			1
	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright 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			1
	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			1
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A
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			1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A			1
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		_ X
41	List the states with which a copy of this return is filed. \blacktriangleright RI			
42 a	The organization's books are in care of \blacktriangleright ALLEN SCHENCK Telephone no \blacktriangleright 401-48			
	Located at ► 36 ST JAMES LANE, NORTH SCITUATE, RI ZIP+4 ► (285	7	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	_
	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			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	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	37 / 3		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
4.4	Did the expensive maintain any depart of used funds 2 If "Nea" Form 000 must be associated unclosed of	Γ	168	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	,,		v
45	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	A E		Х
—	completed instead of Form 990-EZ	45 Form 9	90-EZ (
		1011113	JU-CL	, 2003)

	organizations and section 4947(a)(1) nonexempt charital and 51	ble trusts must answer question	ns 46-49b and con	nplete the tables	s for h	nes 50	
46	Did the organization engage in direct or indirect political campaign activiti	ies on behalf of or in opposition to (candidates for public			Yes No	_
	office? If "Yes," complete Schedule C, Part I	ics on building of or in opposition to t	Junaidates for public	Γ	46	105 110	<u>'</u>
	Did the organization engage in lobbying activities? If "Yes," complete S	Schedule C. Part II			47		_
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "			-	48		_
	Did the organization make any transfers to an exempt non-charitable relai			-	49a		_
	If "Yes," was the related organization a section 527 organization?	organization		<u> </u>	49b		_
	Complete this table for the organization's five highest compensated empl	ovees (other than officers, directors	s, trustees and key en	<u> </u>		eived more	_
	than \$100,000 of compensation from the organization. If there is none, e		,,				
				T			_
		(b) Title and average hours	(c) Compensation	(d) Contributions	10	Expense	
	(a) Name and address of each employee paid more	per week devoted to	(o) componential	to employee benefit plans &		count and	
	than \$100,000	position		deferred	othe	allowance	S
	N/A			compensation	<u> </u>	_	_
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					<u> </u>		_
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							_
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	· · · · · · · · · · · · · · · · · · ·						
f	Total number of other employees paid over \$100,000		l	l	l		_
	Complete this table for the organization's five highest compensated indep	nendent contractors who each recei	ved more than \$100	NNN of compansat	tion fro	m the	
	organization. If there is none, enter "None."	chacht contractors who each recei	ved more than \$100,	ooo or compensar	1011 111	iii aic	
	N/A						
	(a) Name and address of each independent contractor paid m	ore than \$100,000	(b) Type of ser	vice (c)	Comr	ensation	_
			197 : 27 : 37	(3/		************	_
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			1				
			_			•	_
							_
ď	Total number of other independent contractors each receiving over \$100,	,000	>				
				_			
	Under penalties of perjury, I declare that I have exampled this return, includin correct, and complete Declaration of preparer (other than office) is based on	g accompanying schedules and statemen all information of which preparer has any	its, and to the best of my knowledge	knowledge and belie	ef itist	rue,	
Sign	alle I Whenle			4/30/10			
Here				Date			
		Heasurer					_
	Type or print name and type						
Paid	Preparer's signature	Daty/27/12 Che	ck if self-	arer's identifying nun	nber (Se	e instr)	
Prepa		912/1/0 emp	oloyed				
Use O	Firm's name (or yours KAHN, LITWIN, RENZA &	CO., LTD.	EIN D				_
	(I sett employed) 951 NORTH MAIN STREET	י	Phone	e >			_
	address, and ZIP+4 PROVIDENCE, RI 02904		no	401-27	4-2	2001	_
May ti	he IRS discuss this return with the preparer shown above? See instruction	ns		▶ X			0
				Fo	rm 99	0-EZ (200	91

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
MEMBER ACTIVITIES SUPPLIES BANK FEES MISCELLANEOUS BUILDING & GROUNDS MAINTENANCE PERMITS INSURANCE PROPERTY TAXES TRAP EXPENSE KITCHEN EXPENSE MEMBERSHIP	CTIVITIES S NEOUS & GROUNDS MAINTENANCE TAXES ENSE EXPENSE IP FORM 990-EZ, LINE 16 FORM 990-EZ, LINE 16 FORM 990-EZ, LINE 16 FORM PERSE FORM PERSE	5,541. 199. 40. 791. 11,001. 45. 5,091. 5,421. 13,119. 567. 250.
TOTAL TO FORM 990-EZ, LINE 16		42,065.
FORM 990-EZ OCCUPANCY, RENT	T, UTILITIES AND MAINTENANCE	STATEMENT 2
DESCRIPTION	,	AMOUNT
DEPRECIATION OTHER EXPENSES		9,752. 10,224.
TOTAL TO FORM 990-EZ, LINE 14		19,976.

FORM 990-EZ	ORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT			
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [1	YES	[X]	NO

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STATEMENT

CLUB HAS PROVIDED ORGANIZED ACTIVITIES FOR MEMBERS AND HAS MAINTAINED A PISTOL RANGE, RIFLE RANGES, REGULATION TRAP FIELDS, A POND STOCKED WITH TROUT, AND ARCHERY LANES. THE CLUB HAS HOSTED THE BOY SCOUTS & RI DEM FOR EDUCATIONAL ACTIVITIES, AS WELL AS FOR FIREARM QUALIFICATION OF LOCAL LAW ENFORCEMENT.

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STATEMENT 5

TO PROVIDE A SAFE & EFFICIENT PLACE FOR MEMBERS TO ENJOY THE SHOOTING SPORTS AND PROMOTE INTEREST IN HUNTING AND PRESERVATION OF WILDLIFE.