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2009

OMB No 1545 1150

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 black lung benefit trust or private foundation)

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 may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For ti	he 2009 calendar year, or tax year beginning , 2009	, and er	nding		•	
В		if applicable C	·		Employer	identification number	
		dress change   Please use IRS   MAURY COUNTY GUN CLUB, INC			62-1191440		
	Name	ame change label or P.O. BOX 283			E Telephone number		
	Initial r						
	Termin	nation Specific					
H		ded return Instruc- tions			Group E Number	Exemption	
ш		ation pending	-	G Accounting met		<del></del>	
		<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>		Other (specify)		T Ousir	
						ganization is not	
ı	Webs	site: ► N/A		required to atta	ch Sche	edule B (Form 990,	
		xempt status (check only one) $  X $ 501(c) $(7)$ (insert no) 4947(a)(1) or	527	990-EZ or 990-			
	Chec \$25,0	k • [] If the organization is not a section 509(a)(3) supporting organization a 200 A Form 990-EZ or Form 990 return is not required, but if the organization					
L		lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more ad of Form 990-EZ	, file Fo	rm 990	<b>►</b> \$	160,691.	
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund	Balar	ices (See the ins	structi	ons for Part I.)	
	1	Contributions, gifts, grants, and similar amounts received			1		
<u></u> δέ,	2	Program service revenue including government fees and contracts			2		
155	3	Membership dues and assessments			3	32,826.	
5	4	Investment income			4	251.	
		Gross amount from sale of assets other than inventory	5a		-		
ŚCANNED"JUÑ		Less cost or other basis and sales expenses	5b		5c		
Ĕ	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)  6 Special events and activities (complete applicable part) of Schedule G) If any amount is from gaming, check here  a Gross revenue (not including 3 Complete applicable part) of contributions				30		
ÇĖ							
Ξij	_ a	reported on line 1).	6a				
جب۔ ③	ь	Less. direct expenses other than fundrals the expenses	6b	<del> </del>	7		
	С	Net income or (loss) from special example and activities (Subtract thin 6b from line 6a)	L		6c		
2010	7a	Gross sales of inventory, less returns and allowances.	7a	127,614			
$\Rightarrow$	b	Less cost of goods sold GOEN, Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7ь	107,510			
	С	\			7с	20,104.	
	8	Other revenue (describe		)	8		
	9	<b>Total revenue</b> . Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			<b>&gt;</b> 9	53,181.	
	10	Grants and similar amounts paid (attach schedule)			10 11		
E	l	11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other neuments to independent contractors.					
P							
EXPENSE	13	<ul><li>13 Professional fees and other payments to independent contractors</li><li>14 Occupancy, rent, utilities, and maintenance</li></ul>				4,167.	
Ē		15 Printing, publications, postage, and shipping			14 15	4,107.	
S	16	Other expenses (describe ► See Statement 1		)	16	25,436.	
	17	Total expenses. Add lines 10 through 16			▶ 17	29,603.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	23,578.	
N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (i					
NS EE T		figure reported on prior year's return)	<b>3</b>	· · · · · · · · · · · · · · · · · · ·	19	486,116.	
'Ť S		Other changes in net assets or fund balances (attach explanation)			20	500 504	
	21	Net assets or fund balances at end of year Combine lines 18 through 20			21	509,694.	
Pa	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000	) or moi				
วา	Car	(See the instructions for Part II) sh, savings, and investments		(A) Beginning of y		(B) End of year 73, 317.	
22 23		on, savings, and investments and and buildings		348,93		348,936.	
24		ner assets (describe > See Statement 2)		87,44		87,441.	
25		tal assets		488,25		509,694.	
26	Tot	tal liabilities (describe  See Statement 3 )			6. <b>26</b>	0.	
_27		t assets or fund balances (line 27 of column (B) must agree with line 21)		486,11		509,694.	
BA	A For	r Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		-		Form <b>990-EZ</b> (2009)	

	990-EZ (2009) MAURY COUNTY GU				<u>-119</u>	91440	Page 2
Par	t III Statement of Program Se	rvice Accomplishment	<b>s</b> (See the instructi	ions.)	_	Expenses	
What i	s the organization's primary exempt purpose? See	e Statement 4			(Reg	uired for section c)(3) and (4) nizations and se (a)(1) trusts, opt	)
Desc	ribe what was achieved in carrying out the	e organization's exempt purpo	ses In a clear and cor	ncise manner,	orga	nizations and se	ction
desc	rike the services provided, the number of ram title.	persons benefited, or other re	elevant information for e	each	4947	(a)(1) trusts, opt thers.)	tional
					101 0		
28	See Statement 5						
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	<b>•</b>	28 a		
29							
						l	
	(Grants \$ ) If th	is amount includes foreign gra	ants check hare		29 a		
30	(Citalità 4)	is amount includes loreign gr	antis, check here		254		
30							
		is amount includes foreign gr	ants, check here		30 a		
31	Other program services (attach schedule	•		. $\Box$			
		is amount includes foreign gr	ants, check here	<b>•</b>	31 a		
	Total program service expenses (add lin		<u> </u>	<u> </u>	32		
Par	t IV List of Officers, Directors	<u>, Trustees, and Key En</u>	iployees. List each o	ne even if not con	npens		
		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense a	ccount
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan	ns and	and other allow	vances
DOE	BERT McKAY, III		0.	deletted competisa	_		
		President	υ.		0.		0.
	DEERFIELD DRIVE	0					
	UMBIA, TN 38401					<u></u>	
RYA	N JOHNSON	Vice President	0.		0.		0.
479	7 MINGO BRANCH ROAD	o					
SAN	TA FE, TN 38482						
	ID THOMAS	Secretary	0.		0.		0.
	DEERFIELD DRIVE	Deelecaly	0.		٠.		٥.
		٧					
	UMBIA, TN 38401	<u> </u>			_		
	VE_BURT	Treasurer	0.		0.		0.
141	4 WINDERMERE DRIVE	] 0					
COI	UMBIA, TN 38401						
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Other Information (Note the statement requirements in the instrs for Part V. Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 33 33 Х each activity Х Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 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, Х 35 a reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the Х 36 year? If 'Yes,' complete applicable parts of Schedule N 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 b **b** Did the organization file Form 1120-POL for this year? X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were X 38 a 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 N/A amount involved 38 b 39 Section 501(c)(7) organizations. Enter n a Initiation fees and capital contributions included on line 9 39 a 39 b 0. **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. N/A, section 4955 ► section 4911 ► N/A , section 4912 ► 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 40 h c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization n 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 0 by the organization 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 40e Х 41 List the states with which a copy of this return is filed 42a The organization's STEVE BURT Telephone no ► 931-381-9292 books are in care of ▶ Located at ► 1414 WINDERMERE DRIVE COLUMBIA Yes No **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a 42b 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 a Foreign Bank and Financial Accounts. Х c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42 c If 'Yes,' enter the name of the foreign country N/A 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Х 44 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 45

Form 990-EZ (2009)	MAURY	COUNTY	GUN	CLUB.	INC

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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 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 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 a 49 a Did the organization make any transfers to an exempt non-charitable related organization? b If 'Yes,' was the related organization a section 527 organization? 49 b 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' (b) Title and average (c) Compensation (d) Contributions to employed (e) Expense (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position benefit plans and deferred compensation account and other allowances f Total number of other employees paid over \$100,000 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 d Total number of other independent contractors each receiving over \$100,000 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, corrects and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here REAS URER TEUE BUR Type or print name and title Preparer's Identitying Number (See instructions) Check if Paid self employed signature P00622621 Pre-Firm's name (or yours if self employed), address, and ZIP + 4 ames B. Hughes, parer's Use Bass Drive 62-1835732 Only Columbia, TN 38401 Phone no 381-8888 May the IRS discuss this return with the preparer shown above? See instructions ► X Yes

2009	Federal Sta	atements	Page 1	
	MAURY COUNTY GUN CLUB, INC			
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses				
Advertising and Promoti Board Meeting Expenses BUILDING MAINTENANCE/SU GROUNDS MAINTENANCE Insurance MEMBERSHIPS Memorial donations Office Expenses PROPERTY TAXES Telephone WEBSITE		\$ Total ₹	2,867. 5,593. 3,641. 5,065. 155. 500. 2,297. 3,222. 983. 213.	
Statement 2 Form 990-EZ, Part II, Line 24 Other Assets				
Machinery and Equipment	t	Beginning  \$ 87,441.  Total \$ 87,441.	\$ 87,441.	
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities				
Secured Mortgages and N	Notes Payable	Beginning \$ 2,136.  Total \$ 2,136.	Ending \$ 0. \$ 0.	

# Organization's Primary Exempt Purpose

THE ORGANIZATION TEACHES GUN & HUNTER SAFETY CLASSES AND PROVIDES FACILITIES FOR SCHOLASTIC SHOOTING TEAMS TO PRACTICE AND COMPETE. CLUB PERSONNEL SUPERVISE RANGE ACTIVITIES.

### Statement 5 Form 990-EZ, Part III, Line 28 **Statement of Program Service Accomplishments**

THE ORGANIZATION TEACHES GUN SAFETY CLASSES TO 4-H & SCOUT TROOPS, TEACHES HUNTER SAFETY CLASSES, PERSONAL PROTECTION CLASSES & ALSO CLASSES FOR GUN PERMIT APPLICANTS & SUPERVISES RANGE ACTIVITIES. THE RANGE IS ALSO AVAILABLE FOR SCHOLASTIC SHOOTING TEAMS TO PRACTICE AND COMPETE.

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## **Federal Statements**

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MAURY COUNTY GUN CLUB, INC

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Statement 6
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No