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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 0047 2009

Department of the Treasury

me	mai nev	enue Service The diganization may have to use a copy of this return to satisfy state reporting	ig requirements	Open to Fublic Inspection					
	For t	ne 2009 calendar year, or tax year beginning , 2009, and ending		.,					
В	_	of applicable Please use C Name of organization	D Employer Identification Number						
	X A	idress change IRS label TRI-CITY GUN CLUB, INC.	73-11	.32566					
	L N₁	name change or type. Number and street (or P O box if mail is not delivered to street addr) Room/sui	ite E Telephone	number					
	In In	tial return specific P.O. BOX 1362	(405)	354-4879					
	Ŭ.	ermination tions. City, town or country State 2IP code + 4							
	Ar	nended return NORMAN OK 73070	G Gross rece						
	L A		(a) Is this a group return for	H PH					
_		ROBIN COOPER TO BOX 1302 NORTHN OR 73070	(b) Are all affiliates include If 'No,' attach a list (se						
1		exempt status X 501(c) (4) ◀ (insert no) 4947(a)(1) or 527							
7			(c) Group exemption numb						
K		of organization X Corporation Trust Association Other L Year of Formation	n 1976 M Stat	e of legal domicite OK					
Pa	rt I	Summary							
	1	Briefly describe the organization's mission or most significant activities <u>GUN_SAFET</u>	Y/SPONSOR YOU	UTH_PROGRAMS					
Çe									
Activities & Governance									
Ş	2	Check this box ► ☐ if the organization discontinued its operations or disposed of more	than 25% of its asse	- ets					
Ğ		Number of voting members of the governing body (Part VI, line 1a)		3 250					
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 250					
Viţi.	5	Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) RECEIVED	h	5					
Act i	6		<u> </u>	6 50					
•		Total gross unrelated business revenue from Parl (M), Icolumn (C), ine 12 Net unrelated business taxable income from Form 980-T, Imag34, 7 2046	-	7a 0. 7b					
			T	· · · · · · · · · · · · · · · · · · ·					
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year					
92		Program service revenue (Part VIII, line 2g)	58,360 17,59						
Revenue	l .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,440						
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		337.					
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,403	92,598.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)							
	14	Benefits paid to or for members (Part IX, column (A), line 4)							
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)							
3	ь	Total fundraising expenses (Part IX, column (D), line 25) ► 0.							
ű		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	51,002	50,031.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	51,002						
		Revenue less expenses Subtract line 18 from line 12	26,401						
88			Beginning of Year						
Net Assets or Fund Balancos	20	Total assets (Part X, line 16)	305,342						
A B		Total liabilities (Part X, line 26)	82,452						
z	22	Net assets or fund balances Subtract line 21 from line 20	222,890						
Pa	rt II	Signature Block		200/2201					
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	ments, and to the best of m	y knowledge and belief, it is					
		true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowledge	1 -					
Sig		Yeolyn (ooper	1/5/26	110					
Here Signature of officer Date									
	► ROBIN COOPER TREASURER								
_		Type or print name and title							
_		Date	Check if self-	Preparer's identifying number (see instructions)					
Pai Pre									
par									
Us									
Only employed). PO BOX 851530									
		ZP+4 YUKON / OK 73085-1530	Phone no ► (4	05) 354-4879					
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No					
BAA	\ For	Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	TEEA0101 07	720/09 Form 990 (2009)					

TEEA0101 07/20/09

	1 990 (2009) TRI-CITY GUN CLUB, INC.	<u>/3-11325</u>	<u>66</u>		Page 2
Par	''				
i	Briefly describe the organization's mission				
	GUN SAFETY/SPONSOR YOUTH PROGRAMS		- - -		
					
		·			
2	Did the organization undertake any significant program services during the year which were not listed on the	prior			
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.	_			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	7	Yes	X	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported	expenses Sec cations to oth	tion 50 ers, the	1 (c) (3 e total	3)
	expenses, and revenue, it any, for each program solving reported				
	1.600			_	
4a		enue \$			<u>U.</u>)
	SPONSORED YOUTH PROGRAMS FOR YOUTH IN BOY SCOUTS AND 4-H		. – – –		-
		-	. 		
		- -			
		 -	. – – –		
		 -	- 		
		_			
		. 			-
		_			
Ah	(Code) (Expenses \$ 9,969. including grants of \$ 0.) (Rev	enue S			0.)
410	DUDITO CAPERY AND EDUCATION				<u> </u>
	PUBLIC SAFEIT AND EDUCATION				· -
		- -			
		· -			· -
		- -			
					· -
					· -
					· -
4 <i>c</i>	(Code) (Expenses \$ including grants of \$) (Reve	enue \$			}
	, , , , , , , , , , , , , , , , , , ,	т			<u> </u>
	~				
	Other areas and consider (Decaribe in Sabadula O.)				
4 d	Other program services (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$.			
<u> 4e</u>	Total program service expenses ► 11,577.				

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	_5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Oid the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII .	:		
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		.	1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X			
-	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		<u> </u>
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X		}	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{x}{x}$
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) TRI-CITY GUN CLUB, INC.

Part IV | Checklist of Required Schedules (continued)

		ŀ	res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	b Is the organization 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	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		_ X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>x</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2	renns

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 5 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable n 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X 2a Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 21 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **3** a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 4a 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) 4a Х **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a ¥ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7** g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make any distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Entera Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

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Form 990 (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A.	Governing Body and Management					
						Yes	No
1	a Enter the	number of voting members of the governing body		1a 250			
	b Enter the	number of voting members that are independent		1 b 250			ł
2	Did any officer, d	officer, director, trustee, or key employee have a family rela rector, trustee or key employee?	tionship or a business rela	ationship with any other	2		x
3		rganization delegate control over management duties custo s, directors or trustees, or key employees to a management			3		х
4		rganization make any significant changes to its organization	· · · · · · · · · · · · · · · · · · ·	,	4		X
•		prior Form 990 was filed?	ia. addamonto		<u> </u>		
5		rganization become aware during the year of a material divi	ersion of the organization	's assets?	5		x
6		organization have members or stockholders?	orbiori or the organization	3 433013	6	X	<u> </u>
7		organization have members, stockholders, or other persons	who may elect one or m	ore members of the			
	governin	g body?	•		7a	х	
	b Are any	decisions of the governing body subject to approval by mem	bers, stockholders, or oth	er persons?	7b	Х	
8	Did the o	rganization contemporaneously document the meetings held ring.	d or written actions under	taken during the year by		-	
	a The gove	rning body?			8a	Х	
	b Each cor	nmittee with authority to act on behalf of the governing body	יז		8ь	Х	
9	Is there a	iny officer, director or trustee, or key employee listed in Par ion's mailing address? <i>If 'Yes,' provide the names and addi</i>	t VII, Section A, who cani resses in Schedule O	not be reached at the	9		x
Sec	tion B.	Policies (This Section B requests information	n about policies not	required by the Interna	i		
Rev	enue Code	<u> </u>					
						Yes	No
10	a Does the	organization have local chapters, branches, or affiliates?			10 a		X
ļ	b If 'Yes,' o and bran	oes the organization have written policies and procedures gones to ensure their operations are consistent with those of	governing the activities of the organization?	such chapters, affiliates,	10b		
		organization provided a copy of this Form 990 to all member		efore filing the form?	11	Х	<u> </u>
11.	A Describe	in Schedule O the process, if any, used by the organization	to review this Form 990.		<u></u>		
12	a Does the	organization have a written conflict of interest policy? If 'No	,' go to line 13		12a		X
ا	h Are office to conflic	rs, directors or trustees, and key employees required to dis is?	close annually interests th	nat could give rise	12b		
4		organization regularly and consistently monitor and enforce O how this is done	compliance with the poli	cy? If 'Yes,' describe in	12c		
13	Does the	organization have a written whistleblower policy?	•		13	Х	
14	Does the	organization have a written document retention and destruc	tion policy?		14		<u> X</u>
15	Did the p	ocess for determining compensation of the following persor comparability data, and contemporaneous substantiation of	ns include a review and a the deliberation and deci	oproval by independent sion?			i
		nization's CEO, Executive Director, or top management offic			15a	`	X
		cers of key employees of the organization			15b		X
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See	instructions)			\Box	
16	Did the o	ganization invest in, contribute assets to, or participate in a ing the year?	joint venture or similar a	rrangement with a taxable	16a		, X
ı	olf 'Yes,' h	as the organization adopted a written policy or procedure re	quiring the organization to	o evaluate its participation			
	in joint ve	enture arrangements under applicable federal tax law, and to h respect to such arrangements?	aken steps to safeguard ti	he organization's exempt	16b		
Sec	tion C.	Disclosures					
17	List the s	ates with which a copy of this Form 990 is required to be fil-	ed > Oklahoma				
18	Section 6	104 requires an organization to make its Forms 1023 (or 10 n Indicate how you make these available. Check all that app	24 if applicable), 990, and	d 990-T (501(c)(3)s only) ava	ılable	for pul	blic
	Own	website Another's website X Upor	n request				
19		in Schedule O whether (and if so, how) the organization ma	kes its governing docume	nts, conflict of interest policy	, and t	inanci	ıal
		name, physical address, and telephone number of the person		oks and records of the organi	zation		
•	TRI-C	TY GUN CLUB INC P.O. BOX 1362	NORMANO	K73070(40	<u>)5)_2</u>	1 <u>0-3</u>	<u> 505</u>

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Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees
 See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (c) (E) (F) Average hours Position (check all that apply) Reportable compensation from Estimated amount of other Name and Title Reportable compensation from per week Figure the organization (W-2/1099 MISC) related organizations (W-2/1099-MISC) compensation from the organization and related PLE SE 3 548 organizations trustee JERRY THOMLINSON PRESIDENT 1.00 X BILL FERGASON 1.00 VICE PRESIDENT BOB THORNTON 3.00 Х SECRETARY RALPH SNYDER 5.00 X TREASURER WALT NAGY 1.00 X SCHEDULER EUGENE_ATKISON RANGE SAFETY OFFICER 8.00 STUART HAURY MEMBER AT LARGE 2.00 X

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(A)	(B)	\ey	<u>CII</u>		c)	:05,	all	(D)	(E)	рюуес	<u>5</u> (€ (F)	
Name and Title	Average			(chec	-	that a	pply)		Reportable compensation from		Estimat	ted
	hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099 MISC)	0.	ount of impensa- from th rganizat and rela- ganizat	ation ne ition ated
1 b Total							•					
2 Total number of individuals (including but not limited	to those	list	ed a	abov	e) v	vho	rece	eived more than \$1	00,000 in reportabl	e comp	ensa	tion
from the organization			—					-,			Yes	No
3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such ind 4 For any individual listed on line 1a is the sum of recommendation.	lıvıdual		-				_	·	•	3		X
4 For any individual listed on line 1a, is the sum of repetithe organization and related organizations greater that individual	an \$150	,000	? If	Yes	cc	mpl	ete	Schedule J for suc	h	4		x
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sche	mpensa <i>dule J f</i>	tion or su	fron <i>ich j</i>	n an pers	y ur on	nrela	ated	organization for s	ervices	5		x
Section B. Independent Contractors 1 Complete this table for your five highest compensated	d undono	n do						Ab	£100 000 -4			
compensation from the organization	поере	nae		ontra	acto	ors ti	nat r	eceived more than	1 \$100,000 of			
(A) Name and business address								(B) Description of	Services	((Compe	C) ensatio	on
			<u> </u>									
			<u> </u>									
	<u> </u>											
2 Total number of independent contractors (including bit \$100,000 in compensation from the organization ►	ut not lir	nited	J to	thos	e li	sted	abo	ove) who received	more than			

<u> </u>	it viii] Statement of Nevenue				r
,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9	1a Federated campaigns 1a	•		·	5.2, 6.6, 6. 514
A ST	b Membership dues 1b 73,801.	e		-	
80	5 Fundamental and 15		ļ		
₹.	c Fundraising events 1c				
58	d Related organizations			l	
S.	e Government grants (contributions)	,	Ī		}
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 2,019.	8			
EO	g Noncash contribns included in Ins 1a-1f: \$				i
౭ౖఀ౾	h Total. Add lines 1a-1f	75,820.			<u>'</u>
-	Business Code	73,620.			
3	O CUCOMO AND THE				
Š	2a SHOOTS AND FEES 900099	16,239.	• 16,239.	0.	0.
æ	b	 .			
Š	c				
ğ	d				
3	e				
S.	f All other program service revenue				
õ	g Total. Add lines 2a-2f	16,239.			
		10,239.			
	3 Investment income (including dividends, interest and	520	. 520	ا م	
	other similar amounts)	539.	→ 539.	0.	0.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal	•			
	6a Gross Rents				,
	b Less. rental expenses	•	,		
	c Rental income or (loss)	•	` ;		
	d Net rental income or (loss)				
	The remaining of (ioss) (i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory		•	,	
	b Less cost or other basis and sales expenses	,		`	
	c Gain or (loss)				
	d Net gain or (loss)			. ~	
			·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
ENUE	8a Gross income from fundraising events (not including \$				
[[of contributions reported on line 1c)				
æ	See Part IV, line 18				
OTHER REVEN	b Less direct expenses b				
۰ ۱	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				. 1
	b Less direct expenses b	Ì			1
	c Net income or (loss) from gaming activities				
l					·
	10 a Gross sales of inventory, less returns and allowances				1 4 1
ı	b Less' cost of goods sold b		,	. ~	-
	c Net income or (loss) from sales of inventory				
Į	Miscellaneous Revenue Business Code				-
ĺ	11a				
	b				
- 1	c				<u>-</u>
	d All other revenue			-	
ļ					
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	92,598.	16,778.	0.	0.
ВАА	TEEA	01/2/120 0010			Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
•	Compensation of current officers, directors, trustees, and key employees				····
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees) .				
i	Management	·			
ı	Legal	<u></u>			
	Accounting .	1,535.	0.	1,535.	<u> </u>
	d Lobbying				
	Prof fundraising svcs. See Part IV, In 17.				
	Investment management fees				
	Other				
	Advertising and promotion .	5 000		5 000	
	Office expenses	5,899.	0.	5,899.	0.
14	Information technology				
15	Royalties .	10 401		10 401	
16	Occupancy .	10,491.	0.	10,491.	0.
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,784.	0.	2,784.	0.
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
ä	MAINTENANCE	17,688.	0.	17,688.	0.
	YOUTH AND EDUCATION	2,513.	2,513.	0.	0.
•	PUBLICATIONS	6,719.	6,719.	0.	0.
•	DONATIONS	2,346.	2,346.	0.	0.
•	GIFTS AND AWARDS	26.	0.	26.	0.
f	All other expenses	30.	0.	30.	0.
	Total functional expenses. Add lines 1 through 24f	50,031.	11,578.	38,453.	0.
	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2009)
3 A C					FORM 990 (2009)

Pa	irt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		179,838.	1	200,462.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I		5		
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	olete Part II of Schedule L	· 	6	
ŝ	7	Notes and loans receivable, net			7	
ASSETS	8	Inventories for sale or use			8	
Ś	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment, cost or other basis	10a 159,911.			
		Complete Part VI of Schedule D				
	b	Less accumulated depreciation	10Ь	125,504.	10 c	159,911.
	11	Investments - publicly-traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line	34)	305,342.	16	360,373.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
Ļ	20	Tax-exempt bond liabilities			20	
Å	21	Escrow or custodial account liability. Complete Part IV	/ of Schedule D		21	
L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal disqualified perso	tees, key employees, sons Complete Part II		1	
Ī		of Schedule L			22	
E Ş	23	Secured mortgages and notes payable to unrelated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D		82,452.	25	95,157.
	26	Total liabilities. Add lines 17 through 25		82,452.	26	95,157.
N E		Organizations that follow SFAS 117, check here	and complete lines	1		
7		27 through 29 and lines 33 and 34.				
Ş	27	Unrestricted net assets			27	
Ē	28	Temporarily restricted net assets	[28	
	29	Permanently restricted net assets			29	
Ŗ		Organizations that do not follow SFAS 117, check her	e ► X and complete			
F,		lines 30 through 34.	_			
OZC	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipr	ment fund	•	31	
Ĺ	32	Retained earnings, endowment, accumulated income,	+	222,890.	32	265,216.
日々しくさいもの	33	Total net assets or fund balances		222,890.	33	265,216.
Š	34	Total liabilities and net assets/fund balances		305,342.	34	360,373.

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Form **990** (2009)

	in I through a management and trackers.			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		Yes	No
•	Accounting method used to prepare the Form 350 Ex Gusti.	i l		1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			į
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2 b		X
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2с	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.			1
	X Separate basis Consolidated basis Both consolidated and separate basis			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3Ь		

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Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions 2009

Open to Public Inspection

Name of the organization Employer Identification number TRI-CITY GUN CLUB, INC. 73-1132566 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete If the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? |Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990. Part IV. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

•						
		CLUB, INC.		73-11		Page 2
Part III Organizations Mainta	ining Coll	ections of Art, His	torical Treasures, c	or Other Similar As	sets (continu	ued)
3 Using the organization's acquisit items (check all that apply):	on accession	and other records, che	eck any of the following t	hat are a significant use	e of its collection	n
a Public exhibition		d 🔲 Loai	n or exchange programs			
b Scholarly research		e [] Othe	er			
c Preservation for future gener						
4 Provide a description of the orga Part XIV			-	• • •	e in	
5 During the year, did the organiza assets to be sold to raise funds r					Yes	No
Part IV Escrow and Custodia 9, or reported an amount	ount on For	ments Complete if m 990, Part X, line	organization answe e 21.	red 'Yes' to Form !	990, Part IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?				er assets not	Yes [No
b If 'Yes,' explain the arrangement	in Part XIV a	and complete the follow	ing table [.]			
					Amount	
c Beginning balance				1c		
d Additions during the year				1 d	 	
e Distributions during the year		•		1 e		
f Ending balance			_	1f	T-1:	
2a Did the organization include an a		rm 990, Part X, line 21	7		∐ Yes [No
b If 'Yes,' explain the arrangement				00 5 107 1 10		
Part V Endowment Funds Co	F .		1			
4 - B	(a) Curren	t year (b) Prior ye	ear (c) Two years bac	k (d) Three years back	(e) Four year	rs back
1 a Beginning of year balance	ļ					
b Contributions	 					
 c Net Investment earnings, gains, and losses 			,			
d Grants or scholarships						·
 Other expenditures for facilities and programs 						t !
f Administrative expenses						
g End of year balance					_L	
2 Provide the estimated percentage	of the year of	end balance held as.				
a Board designated or quasi-endow	ment 🟲					
b Permanent endowment ►	8					
c Term endowment	&					
3a Are there endowment funds not in organization by	n the possess	sion of the organization	that are held and admin	stered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related o	rganizations l	listed as required on So	chedule R?		3b	
4 Describe in Part XIV the intended						
Part VI Investments—Land, B	uildings, a	nd Equipment. Se	e Form 990, Part X	, <u>line 10.</u>		
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Va	alue
1 a Land						

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

(a) Cost or other basis (investment)

b Buildings

c Leasehold improvements

d Equipment
e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B). line 10(c))

(c) Accumulated Depreciation

(d) Book Value

150, 529.

150, 529.

8, 748.

8, 748.

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Schedule **D** (Form 990) 2009

Part VII Investments—Other Securities Sec			32366 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation
(including name of security) Financial derivatives		Cost or end-of-year ma	rket value
Closely-held equity interests			
Other			
	-	* * * * * * * * * * * * * * * * * * * *	
			·
Total (Column (b) must equal Form 990 Part X, col. (B) line 12)		120	
Part VIII Investments-Program Related (S			- .
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	ation rket value
Total (Column (b) must equal Form 990, Part X, Col (B) line 13.)	▶		
Part IX Other Assets (See Form 990, Part) Description		(b) Book value
(a) Description	·	(b) Book Value
·			· · ·

Total. (Column (b) must equal Form 990, Part X, col (B)			L
Part X Other Liabilities (See Form 990, Part X			
(a) Description of Liability	(b) Amount	_	
Federal Income Taxes	05 15	·	1
EARMARKED FUNDS FOR LAND PURCHASE	95,157	' · 	!
			-
· · · · · · · · · · · · · · · · · · ·			1
	-	7	ļ
			i
		7	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	95,157	7.	
2 FIN 48 Footpote In Part XIV provide the text of the fo			rganization's liability

	rt XI Reconciliation of Change in Net Assets from Form 990 to Fi		3-113	32366	Page
		nanciai Statements		Γ	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments			<u> </u>	
5	Donated services and use of facilities			ļ 	
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV)				
9	Total adjustments (net) Add lines 4 through 8	. •			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar		3-4:::::	L	
	TXII Reconciliation of Revenue per Audited Financial Statements Total revenue, gains, and other support per audited financial statements	s with Revenue per r	teturn		
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12		+		
	1	2a			
	a Net unrealized gains on investments Donated services and use of facilities	2b	러 :		
		2c	┥`		
	Recoveries of prior year grants	2d	-		
	d Other (Describe in Part XIV)		ا ۾ ا		
	e Add lines 2a through 2d Subtract line 2e from line 1		2e		
_	1	1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.0		1	
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a 4b	-	1	
	o Other (Describe in Part XIV) E Add lines 4a and 4b	40	ا ، ا	1	
			4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statemen	te With Evnences no			
	Total expenses and losses per audited financial statements	ts with Expenses pe	1 1	16.8.8	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		'		
	Donated services and use of facilities	2a			
	Prior year adjustments	2b	⊣ ∤		
	Other losses	2c	- 1		
	Other losses Other (Describe in Part XIV)	2d	-		
	e Add lines 2a through 2d		2e		
	Subtract line 2e from line 1		3		
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-	<u> </u>	
4	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
	O Other (Describe in Part XIV)	4b	-} }		
	: Add lines 4a and 4b	40)	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5		
	t XIV Supplemental Information		1 3 1		
lıne	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and mation	II, lines 1a and 4, Part IV, 4b Also complete this par	lines 1b	and 2b, Part	t V, tional
					.

TEEA3304 02/02/10

Schedule **D** (Form 990) 2009

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Schedule D. (Form 990) 2009 TRI-CITY GUN CLUB, INC. Part XIV Supplemental Information (continued)	73-1132566	Page 5
Part XIV Supplemental Information (continued)		
	- -	

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

TRI-CITY GUN CLUB, INC.	73-1132566
Pt VI-A, Line 6 NONPROFIT MEMBERS	
Pt VI-A, Line 7a REGULAR MEMBERS	
Pt VI-B, Line 11A REVIEWED BY OFFICERS AND INDEPENDANT ACCOUNTANT	,
Pt VI-C, Line 19 NO DOCUMENTS AVAILABLE TO THE PUBLIC	
	~~~~~~
·	
·	
· • • • • • • • • • • • • • • • • • • •	
·	

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Form 8868 (Rev 4 2009)

internal Revenue Service	1	File a sepa	rate application for	each return.		- 1		
If you are filing for	an Automatic 3-Month	Extension, comp	lete only Part I and o	heck this box				► X
If you are filing for	an Additional (Not Aut	omatic) 3-Month E	Extension, complete	only Part II (on g	page 2 of this f	orm)		-
Do not complete Part			•		_	-	<b>68</b>	
Part I Automa	tic 3-Month Exten	sion of Time.	Only submit origi	nal (no copies	s needed).			
				, ,	•			
A corporation required	to file Form 990-T and	requesting an aut	omatic 6-month exte	nsion — check thi	is box and con	nplete Part	Lonly	▶ 🗌
All other corporations (	including 1120-C filers	), partnerships, RE	EMICS, and trusts me	ust use Form 700	4 to request a	n extensio	n of time to file	e
income tax returns	_							
Electronic Filing (e-file returns noted below (6 the additional (not auto Form 990-T Instead, y this form, visit www irs	months for a corporation matic) 3-month extens on must submit the full	on required to file ion or (2) you file v completed and s	Form 990-T) Howev Forms 990-BL, 6069 Igned page 2 (Part I	er, you cannot fil . or 8870. group i	e Form 8868 e returns, or a cr	electronical	ly if (1) you wa r consolidated	ant
Name of Ex	empt Organization					Employer ide	ntification numbe	-
Type or								
print TRI-CI	TY GUN CLUB,	INC.				73-113	2566	
	eet, and room or suite number		ructions					
return See P.O. E	OX 30332		·					
instructions City town o	post office, state, and ZIP co	de For a foreign addre	ss, see instructions					
<del></del>	T CITY			····	<del></del>	OK_	73140	
Check type of return to	<b>be filed</b> (file a separa	<b>¬</b> ''			<u> </u>	_		
X Form 990		Form 990-T (co	•		Form 4720			
Form 990-BL	ļ	<b>≔</b>	ection 401(a) or 408(	•	Form 522	- <del>-</del>		
Form 990-EZ	}	<b>-</b>	ust other than above)	1	Form 6069			
Form 990-PF		Form 1041-A	<del></del>		Form 8870	)		
<ul> <li>If the organization of</li> <li>If this is for a Group check this box</li> <li>the extension will compare</li> </ul>	105) 769-9383 loes not have an office Return, enter the orga If it is for part of to	or place of busine inization's four dig the group, check th	FAX No. ►ess in the United State of the U	Number (GEN) attach a list with	If the names and		ne whole group Il members	<b>►</b> □
1   request an autor	natic 3-month (6 month	is for a corporation	required to file Form	n 990-T) extensio	on of time			
	, 20 <u>10</u> _, to file		ization return for the	organization nan	ned above.			
	or the organization's re	turn for						
	ear 20 <u>09</u> or							
tax year b	eginning	, ²⁰	and ending	, 20	<del></del>			
2 If this tax year is f	or less than 12 months	, check reason [.]	Initial return	Final retur	n Ch	ange in ac	counting perio	d 
	s for Form 990-BL, 990 dits See instructions	) PF. 990-T, 4720,	or 6069, enter the to	entative tax, less	any	3a \$		0.
<b>b</b> If this application made include any	s for Form 990-PF or 9 prior year overpaymen	90 T, enter any rent allowed as a cre	fundable credits and edit	estimated tax pa	ayments	3ь\$		0.
c Balance Due. Sub deposit with FTD of See instructions	tract line 3b from line 3 oupon or, if required, b	a Include your pa by using EFTPS (E	yment with this form lectronic Federal Tax	, or, if required, Payment Syster	n)	3c \$		0.
Caution. If you are going	to make an electronic	fund withdrawal v	vith this Form 8868,	see Form 8453-E	O and Form 8	879-EO for	•	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.