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Department of the Treasury Internal Revenue Service

ENVELOPE POSTMARK DATE MAY

## 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

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

OMB No 1545-1150

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning Check if applicable C D Employer identification number Address change Two Shot Goose Hunt, Inc. 83-0300286 abel or Name change P.O. Box 337 Telephone number print or Initial return Torrington, WY 82240 Termination Specific Amended return F Group Exemption tions. Application pending Number Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method X Accrual Other (specify) > Check ► X If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Website: ► N/A Tax-exempt status (check only one) -|X| = 501(c) (4)  $\triangleleft$  (insert no.) | 4947(a)(1) or Check | If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 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. 107,065. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 18,400. Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 81,856 Membership dues and assessments 3 Investment income . 4 5,954. 5a Gross amount from sale of assets other than inventory . **b** Less. cost or other basis and sales expenses . . . . . 5b c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) 5c 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) . .. 6a **b** Less: direct expenses other than fundraising expenses 6b 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 7 a **b** Less, cost of goods sold . . c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 8 Other revenue (describe ► See Statement 1 8 855. 107,065. Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 14,315. 10 Grants and similar amounts paid (attach schedule) . See Statement 2 10 Benefits paid to or for members 11 7,362. 12 Salaries, other compensation, and employee benefits. 600. Professional fees and other payments to independent contradtors. 13 2,100. Occupancy, rent, utilities, and maintenance 14  $1,\overline{376}$ . 15 Printing, publications, postage, and shipping 15 MAY 21 2010 Other expenses (describe ► See Statement 3 60,642. 16 16 86,395. Total expenses. Add lines 10 through 16 17 17 20,670. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 OGDEN, UT 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 189,577. 19 figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (attach explanation) 210,247. Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

26 Total liabilities (describe ► See Statement 5 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cash, savings, and investments

Other assets (describe ► See Statement 4

Land and buildings

25 Total assets

(See the instructions for Part II.)

Form **990-EZ** (2009)

(B) End of year

209,972.

211<u>,807.</u>

1,835.

<u>1,560.</u> 210,247.

(A) Beginning of year

188,517.

190,879.

189,577.

2,362.

1,302.

24

25

26

27

Form 990-EZ (2009) Two Shot Goose 1	Hunt, Inc.			-030	0286 Page 2
Part III Statement of Program Ser	vice Accomplishments	(See the instruction	ns.)		Expenses
at is the organization's primary exempt purpose? See Statement 6 (Required for section 501(c)(3) and (4)					
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each					nizations and section
scribe the services provided, the number of persons benefited, or other relevant information for each spray (1) trusts; optional param title.					
28 Economic Development - Pr	comote local commun	ity development	t hv	10.0	
hosting an annual competi			<u> </u>		
nosting an annual competi	cive nancing event				
727				ا ۔۔ ا	62.010
	is amount includes foreign gr			28 a	63,919.
29 Community Improvement & E	<u>conomic Developmen</u>	t - Assist loca	<u>al</u>	!	
organizations					
(Grants \$ 10,650.) If th	is amount includes foreign gr	ants, check here	▶ 🗌	29 a	10,650.
30 Facilitate waterfowl habi					
				1	
					i
(Grants \$ 3,665.) If th	is amount includes foreign gr	ants, check here		30 a	3,665.
31 Other program services (attach schedule					
	is amount includes foreign gr	ants, check here		31 a	
32 Total program service expenses (add li	nes 28a through 31a).		<b>•</b>		78,234.
Part IV List of Officers, Directors				npens	
	(b) Title and average hours		(d) Contributions	s to	(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
	to position		deferred compens		<u> </u>
Toby Lewis	President			0.	0.
	1.00				
Torrington, WY 82240					
Louis Kuhnel	Treasurer	0.		0.	0.
	1.00				
Torrington, WY 82240		i			
Ron Miller	Vice President	0.		0.	0.
	1.00				
Torrington, WY 82240					
Judy Brown	Secretary	0.	İ	0.	0.
Dudy Brown	1.00			Ο.	٠.
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Torrington, WY 82240			<u> </u>		
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Га	Culer information (Note the statement requirements in the instrictor Part V.)		γ	
			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		<u>X</u>
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 reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
•	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?	35 a		Х
ı	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>x</u>
<b>37</b> a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
I	Did the organization file Form 1120-POL for this year?	37b		<u>X</u>
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	~	X
(	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(7) organizations. Enter:			1
	a Initiation fees and capital contributions included on line 9			,
	Gross receipts, included on line 9, for public use of club facilities	-	-	. !
40	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A	-		ĺ
,	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 b		х
	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	`		
	All organizations. At any time during the tay year, was the organization a party to a prohibited tay	-		,
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed ► None			
42	a The organization's books are in care of ► Louis Kuhnel Telephone no. ► 307-5	32-5	868	
	Located at ► P.O. Box 337, Torrington, WY ZIP + 4 ► 82240		<u> </u>	
		·		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country:	420		
	Too, one the name of the foligin country.			!
		1		
				1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			ال أ
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		<u>X</u>
	If 'Yes,' enter the name of the foreign country: . ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu of Form 1041 — Check here		▶ 🗍	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year . ► 43	_	لسا	N/A
			V.	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	<u> </u>	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 completed instead of Form 990-EZ	45		X
	The same and the s	<u> </u>		

Form 990-E	Z (2009) Two Shot Goose Hunt, Inc.	83-0300286 Pa
Part VI	Section 501(c)(3) organizations and section	4947(a)(1) nonexempt charitable trusts only. All section

	46-49b and complete the tables	for lines 50 and 5	техеттрі спаптаві 1.	e trusts must answer	questio	ns	
46 Did th	ne organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule C	ct political campaign ac	tivities on behalf of or	in opposition to candidates	46	Yes	No
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II			47				
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E			48				
49a Did the organization make any transfers to an exempt non-charitable related organization?			49a				
<b>b</b> If 'Ye	s,' was the related organization a section	527 organization?			49b		<u> </u>
50 Comp	olete this table for the organization's five oyees) who each received more than \$10	highest compensated e 0,000 of compensation	mployees (other than from the organization	officers, directors, trustees. If there is none, enter 'No	and key		
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	opense int and lowance	s
				<del>                                     </del>			
comp	polete this table for the organization's five pensation from the organization. If there is (a) Name and address of each independent contri	s none, enter 'None.'		(b) Type of service	(c) Com		
	(4) Traine and address of each independent conta-			(b) Type of Service	(0) 00111	pensauc	211
				1			
				,			<del>,</del>
<b>d</b> Total	number of other independent contractors	s each receiving over \$	00,000 .	<b>-</b>			
Sign Here	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer (or Signature of officer Locus Kuhnel	ined this return, including according to the return officer) is based on a	mpanying schedules and state Ill information of which prepa	ements, and to the best of my knowledge    5-14-207	edge and b	elief, it i	is
	Type or print name and title  Preparer's	$\overline{\Lambda}$	Date / /	Check if Prep (See	arer's Ident	ıfyıng Nı	umber
Paid Pre-	signature ///WULLY_(	Coher CP	4 13/14/1	self- employed ► N/		-	
parer's	Firm's name (or Fisher & Weissha						
Use	yours if self- employed,   241 East 21st Av				/A		
Only	address, and ZIP + 4 Torrington, WY	82240-2819		Phone no ► (307)	$\overline{}$	842	4
May the IR	S discuss this return with the preparer sh	iown above? See instru	ctions		►X Ye	s	No
3ΔΔ					Form 90		

2009	Federal Statements		Page 1
Client T575	Two Shot Goose Hunt, Inc.		83-0300286
5/12/10			05 02PM
Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue			
Reimbursements & Refunds Patronage Dividends		. \$ Total <u>\$</u>	831. 24. 855.
Statement 2 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid			
Class of Activity: Donee's Name:	Hunter Safety Class Eastern Wyoming College Instr. Torrington, WY 82240		
Cash Amount Given:	Tottingcon, Wi 02240	\$	1,650.
Class of Activity: Donee's Name:	Community Support Miscellaneous Torrington, WY 82240		
Cash Amount Given:	Tollington, WI 82240	\$	3,600.
Class of Activity: Donee's Name:	Community Support Goshen County Fairgrounds Torrington, WY 82240		
Cash Amount Given:	1011211gcon, 111 02210	\$	1,400.
Class of Activity: Donee's Name:	Community Support Goshen County Sportsmens Club Torrington, WY 82240		
Cash Amount Given:		\$	2,000.
Class of Activity: Donee's Name:	Community Support Goshen County Economic Dev Torrington, WY 82240		
Cash Amount Given:	,	\$	1,000.
Class of Activity: Donee's Name:	Community Support Goshen County Chamber Torrington, WY 82240		
Cash Amount Given:	Tollington, wi 62240	\$	1,000.
Class of Activity: Donee's Name: Description of Property:	Community Support Miscellaneous Torrington, WY 82240 Supplies		
Date of Gift: Book Value:	Various 1,165.		
Method Used to Determine BV: Fair Market Value: Method Used to Determine FMV:	Cost		1,165.

2009	Federal Statements		Page 2
Client T575	Two Shot Goose Hunt, Inc.		83-0300286
Statement 2 (continued) Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid  Class of Activity: Donee's Name:  Cash Amount Given:	Community Support Wyoming Game & Fish Cheyenne, WY 82002	\$	05·02PM
Statement 3 Form 990-EZ, Part I, Line 16 Other Expenses  Advertising and Promotion Auction Expenses Awards & Prizes Banquet Exp. Calcutta Exp. Committee Expenses Contract Services Depreciation Dues & Subscriptions Insurance Licenses & Fees Meals & Entertainment Office Supplies Past Shooter Exp. Raffle Expense Supplies			7,281. 1,180. 13,169. 10,864. 10,349. 168. 968. 540. 339. 978. 25. 5,946. 4,134. 1,764. 2,700. 237. 60,642.
Statement 4 Form 990-EZ, Part II, Line 24 Other Assets  Deferred Patronage Dividends Furniture and Fixtures	Total	Beginning \$ 43. \$ 2,319. \$ 2,362. \$	Ending 55. 1,780. 1,835.
Statement 5 Form 990-EZ, Part II, Line 26 Total Liabilities  Payroll Tax Payable	Total ,	Beginning	Ending 1,560. 1,560.

20	09

## **Federal Statements**

Page 3

**Client T575** 

Two Shot Goose Hunt, Inc.

**83-0300286** 05:02PM

5/12/10

Statement 6 Form 990-EZ, Part III Organization's Primary Exempt Purpose

Promote the general welfare of the community.