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**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)

**2009**

Department of the Treasury  
 Internal Revenue Service

▶ 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

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending ,

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. Paradise Bowhunters PO Box 1185 Paradise, CA 95969	<b>D</b> Employer identification number 94-3177379
		<b>E</b> Telephone number 530-877-7907
		<b>F</b> Group Exemption Number
		<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶ N/A

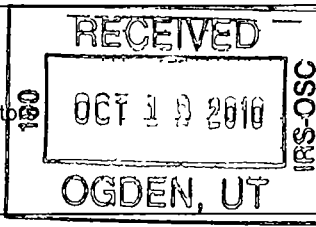
**J Tax-exempt status (check only one)** —  501(c) ( 4 ) ◀ (insert no) | 4947(a)(1) or | 527

**K** 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.

**L** 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. ▶ \$ 48,941.

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)		
1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3 784.
4	Investment income	4 192.
5a	Gross amount from sale of assets other than inventory	5a
5b	Less cost or other basis and sales expenses	5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 47,965.
6b	Less direct expenses other than fundraising expenses	6b 27,455.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 20,510.
7a	Gross sales of inventory, less returns and allowances	7a
7b	Less cost of goods sold	7b
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8	Other revenue (describe ▶ _____)	8
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 21,486.
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
13	Professional fees and other payments to independent contractors	13
14	Occupancy, rent, utilities, and maintenance	14
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe ▶ See Statement 1)	16 10,789.
17	<b>Total expenses.</b> Add lines 10 through 16	17 10,789.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 10,697.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 22,002.
20	Other changes in net assets or fund balances (attach explanation)	20
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 32,699.

<b>Part II Balance Sheets.</b> 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 year
22	Cash, savings, and investments	22 22,002.	22 28,539.
23	Land and buildings	23	23
24	Other assets (describe ▶ See Statement 2)	24	24 4,160.
25	<b>Total assets</b>	25 22,002.	25 32,699.
26	<b>Total liabilities</b> (describe ▶ _____)	26 0.	26 0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	27 22,002.	27 32,699.



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**Part V Other Information** (Note the statement requirements in the instrs 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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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		
35a	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?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/>		
37b	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 any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="N/A"/>		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9 <input type="text" value="N/A"/>		
39b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="N/A"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text" value="N/A"/> , section 4912 <input type="text" value="N/A"/> , section 4955 <input type="text" value="N/A"/>		
40b	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		X
40c	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 <input type="text" value="0"/>		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/>		
40e	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		X
41	List the states with which a copy of this return is filed <input type="text" value="None"/>		

42a The organization's books are in care of  Telephone no   
 Located at  ZIP + 4

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country <input type="text"/>		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country <input type="text"/>		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  and enter the amount of tax-exempt interest received or accrued during the tax year   N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		X

**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		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If 'Yes,' was the related organization a section 527 organization?		

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'

(a) 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) Expense account and other allowances
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f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 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
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-----		
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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, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ *Richard Mangrum* Signature of officer Date 9-12-10

▶ Richard Mangrum Type or print name and title President

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**Paid Preparer's Use Only**

Preparer's signature ▶ <u><i>Jeffrey G. Vesely</i></u>	Date <u>8/11/2010</u>	Check if self employed <input type="checkbox"/>	Preparer's identifying Number (See instructions) <u>N/A</u>
Firm's name (or yours if self employed), address, and ZIP + 4 <u>Jeffrey G. Vesely CPA Accountancy Corp. PO Box 560 Magalia, CA 95954-0560</u>		EIN ▶ <u>N/A</u>	Phone no ▶ <u>(800) 330-3662</u>

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Jun Carp Shoot (event type)	(event type)	(total number)	(Add col (a) through col (c))
	1	Gross receipts	47,965.		47,965.
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	47,965.		47,965.
DIRECT EXPENSES	4	Cash prizes	25,042.		25,042.
	5	Noncash prizes			
	6	Rent/facility costs	884.		884.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	1,529.		1,529.
	10	Direct expense summary Add lines 4- through 9 in column (d)			27,455.
	11	Net income summary Combine lines 3, column (d) and line 10			20,510.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column (d) and line 7			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain.	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		YES	NO
<b>13</b> Indicate the percentage of gaming activity operated in <b>a</b> The organization's facility	13a	%	
<b>b</b> An outside facility	13b	%	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name ▶ _____  Address ▶ _____			
<b>15a</b> Does the organization have a contact with a third party from whom the organization receives gaming revenue? <b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____ <b>c</b> If 'Yes,' enter name and address of the third party  Name ▶ _____  Address ▶ _____	15a		
<b>16</b> Gaming manager information  Name ▶ _____  Gaming manager compensation ▶ \$ _____  Description of services provided ▶ _____  <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____	17a		

Paradise Bowhunters

94-3177379

**Statement 1**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Depreciation	\$	882.
Property Taxes		282.
Range Costs		9,625.
Total	\$	<u>10,789.</u>

**Statement 2**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	\$ 0.	\$ 4,160.
Total	<u>\$ 0.</u>	<u>\$ 4,160.</u>

**Statement 3**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

Equip and train individuals in the practice of archery by providing an environment of education, with hands-on training in the sport; to promote and foster sports competition with integrity and self-control; provide a safe and controlled location for the practice of archery; encourage mentoring of the young by those more mature in age and experience.

**Statement 4**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

During 2009 we held archery tournaments, assisted individuals in the practice of archery, and provided a year-round safe and controlled location for the practice of archery in the Sierra foothills along the West Branch of the Feather River to both members and the general public (through the local Paradise Recreation and Parks District).