

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

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 drunds, organizations that operate one or more hospital facilities, and certail controlling
organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$400 box and to
assets less than \$500,000 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

B Considered	A For the 2010 calendar year, or tax year beginning and ending	
Same change DOWNTOWN SPORTSMEN CLUB 30 - 050 2779	R Check if C Name of organization	aployer identification number
Delay Del		
Terrementate Southern South		30-0502779
Temmoder return STOCKTON CA 95202 F. Group Exemption STOCKTON CA 95202 Number F. Group Exemption STOCKTON CA 95202 Number F. Group Exemption Hopeace sender of the organization is not assessed in the organization and its great receipts are \$200,000 or more, the form 990,990-K; possible organization and its great receipts are \$200,000 or more, the form 990 inspead of Form 990 inspead of Form 990-Form 990-Form 990 inspead of Form 990-Form 9	Number and street (or B.O. how if mail is not delivered to street address) Decreated E. T.	
Accounting Method:		•
Sporteds protes STOCKTON CA 95202	7/10	
G Accounting Method:	7,110,110,010,010,010,010,010,010,010,01	•
Website: N/A Tax-exempt status (check only one)		
J Tax-exempt status (check only one)	· · · · · · · · · · · · · · · · · · ·	
K Check It he organization is not a SECTION 5009/(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 55, 6c, and 75, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part III, line 25, column (6) below) are \$500,000 or more, file Form 990-EZ		
Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a compilete return. 1 Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. It gross receipts are \$200,000 or more, or if total assets (Part II), Inne 25, column (B) below) are \$50,000 or more, the Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part L) Check if the organization used Schedule O to respond to any question in this Part II. Check if the organization used Schedule O to respond to any question in this Part II. Check if the organization used Schedule O to respond to any question in this Part II. The Add lines 5b, 6c, and 7b, to line 9b and 550,000 to the Check if the organization chooses to file a return, be sure to file a company of the check of the organization chooses to file a set to the line 1. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments: 3 Membership dues and assessments received 4 Investment income 5 Gorss amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Garn or (loss) from sale of assets other than inventory (Subtract line 5b frolia-Infe 5a) 6 Garning and fundraising events (not including \$ of contributions from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income from gaming and fundraising events 6 Less: direct expenses from gaming and fundraising events 6 Less: direct expenses from gaming and fundraising events 6 Less: direct expenses from gaming and fundraising events 6 Less: direct expenses from gaming and fundraising events 6 Less: direct expenses from gaming and fundraising events 6 Less: direct expenses from gaming and fundraising events 6 Less: direct expenses from gaming and fundraising events 7 Less: direct expenses from gaming and		
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it total assets (Part III, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (set the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I. (2) 1 Contributions, girls, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 6 Gaming and fundraising events a Cross income from gaming (attach Schedule G if greater than \$15,000) 6 Gaming and fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events 6 La 39,023. 6 Net income or (loss) from gaming and fundraising events 6 La 39,023. 6 Other revenue (describe in Schedule O) 8 Other revenue (add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21, 117. 10 Grants and similar amounts paid (list in Schedule O) 8 EE SCHEDULE O 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members AUG Ø 1 2012 12 Salares, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 6 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses, Add lines 10 through 16 18 Excess or (defect) for the year (Subtract line 7) from line 9) 19 Net assets or fund balances at beginn		
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. It gross receipts are \$200,000 or more, or it total assets (Part III, line 25, column (B) below) are \$500,000 or more, the Form 990 instead of Form 990: in the color of Form 990: in Net Assets or Fund Balances (set the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in the Part II. Check if the organization used Schedule 0 to respond to any question in the Part II. Check if the organization used Schedule 0 to respond to any question in the Part III. Check if the organization used Schedule 0 to respond to any question in the Part III. Check if the organization used Schedule 0 to respond to any question in the Part III. Check if the organization used Schedule 0 to respond to any question in the Part III. Check if the organization used Schedule 0 to respond to any question in the Part III. Check if the organization used Schedule 0 to respond to any question in the Part III. Check if the organization used Schedule 0 to respond to any question in the Part III. Check if the organization used Schedule 0 to respond to any question in the Part III. Check if the organization used Schedule 0 to respond to any question in the Part III. Check if the organization used Schedule 0 to respond to any question in the Part III. Check if the organization used Schedule 0 to respond to any question in the Part III. Check if the organization used Schedule 0 to respond to any question in the Part III. Check if the organization used Schedule 0 to respond to any question in the Part III. Company, ent. United Schedule 0 to see Schedule 0 to the part III. Check if the organization used Schedule 0 to see Schedul		ses to the a return, be sure to the a
Part Revenue, Expenses, and Changes in Net Assets or Fund Balance's (see the instructions for Part i.)		
Revenue, Expenses, and Changes in Net Assets or Fund Balances (sight the distructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I. Contributions, girts, grants, and similar amounts received 1 Contributions, girts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Membership dues and assessments 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gaming and fundraising events a Gross income from garning glattach Schedule G if greater than \$15,000\$ b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions schedule \$15,000) c Less: direct expenses from garning and fundraising events (ad lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 4 Net income or (loss) from garning and fundraising events (ad lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 4 Description from garning and fundraising events (ad lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 5 Description from garning and fundraising events (ad lines 6a and 6b and subtract line 6c) 6 Gross profit or (loss) from garning and fundraising events 6 Less: cost of poods soid 6 Gross profit or (loss) from garning and fundraising events 8 Description from garning and fundraising events (ad lines 6a and 6b and subtract line 6c) 7 Total revenue (describe in Schedule 0) 8 Description from garning and garning from gar		60 140
Check if the organization used Schedule 0 to respond to any question in this Part 1		
1 Contributions, affis, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or offer basis and sales expenses 6 Gaming and fundraising events 6 Gaming and fundraising events 7 Gross income from gaming (attach Schedule G if greater than stis,000) 7 Gross income from fundraising events (not including \$ of contributions from fundraising events (not online) () (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 8 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 9 Less: cost of goods sold 9 Gross profit or (less) from gales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21, 117. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 1 (2) returned to the payments of the payments		·
Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from the following service revenue (assets other than inventory (Subtract line 5b from the following sevents (not including \$ of contributions from fundraising events (not including \$ of contributions fold in the sum of such gross including \$ of contributions fold in the sum of such gross including \$ of contributions fold in the sum of such gross including \$ of contributions fold in the sum of such gross including \$ of contributions fold in the sum of such gross in		
Sa Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sales of assets other than inventory (Subtract line 5b from the Sa) 6 Garming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events c Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deflict) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 5, 357.	2 Program convice revenue including government free and contracts	
Sa Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sales of assets other than inventory (Subtract line 5b from the Sa) 6 Garming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events c Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deflict) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 5, 357.	2 Program service revenue including government lees and contracts	
Sa Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sales of assets other than inventory (Subtract line 5b from the Sa) 6 Garming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events c Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deflict) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 19 5, 357.	3 Membership dues and assessments	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from time 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) f Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) f Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) f Other revenue (describe in Schedule 0) f Otal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants	4 investment income	4
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from time 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) f Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) f Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) f Other revenue (describe in Schedule 0) f Otal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants and similar amounts paid (list in Schedule 0) f Grants	5a Gross amount from sale of assets other than inventory	
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$		
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$	$\mathcal{O}_{\mathcal{O}}}}}}}}}}$	56
c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21, 117. 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 5, 357.	6 Gaming and fundraising events	
c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21, 117. 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 5, 357.	a Gross income from gaming (attach Schedule Gir greater than	
c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21, 117. 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 5, 357.	\$15,000)	
c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21, 117. 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 5, 357.	b Gross income from fundraising events (not including \$ of contributions	
c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21, 117. 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 5, 357.	trom fundraising events reported on line 1) (attach Schedule G if the sum of such	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 6 d 14,852. 7a 7a 7b 7a 7a 7b 7c 8 CHEDULE O 8 65. 9 21,117. 10 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 1,705.	9,000	——————————————————————————————————————
Ta Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 5, 357.		
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 7b 8 CFLEVED ENTITY DEPT 10 SEE SCHEDULE O 11 SEE SCHEDULE O 12 SEE SCHEDULE O 15 S87. 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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)		60 14,852.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 7 Total expenses with end-of-year figure reported on prior year's return) 7 Total expenses with end-of-year figure reported on prior year's return)		-
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21, 117. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 8 EXE SCHEDULE O 8 65. 9 21,117. 10 18 65. 9 21,117. 11 12 12 12 13 14 14 15 15 19,412.		→ _
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 10 18,825. 11 12 12 13 Professional fees and other payments to independent contractors 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15		
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 10 18,825. 11		
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 10 10 12 012 11 12 12 13 13 14 15 15 16 17 19 15 17 19 19 15 18 1, 705.	· · · · · · · · · · · · · · · · · · ·	
Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 5, 357.		
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 18 Foressional fees and other payments to independent contractors 14	AUT VI /III/	
14 Occupancy, rent, utilities, and maintenance RECEIVED ENTITY DEPT 14 15 15 15 15 16 Other expenses (describe in Schedule 0) SEE SCHEDULE 0 16 587. 17 Total expenses. Add lines 10 through 16 17 19,412. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 1,705. 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 5,357.	142 Professional face and other payments to independent contractors	
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 15 16 587. 17 19, 412. 18 1,705.	AFCEIVED ENTITY DEDE	
16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) SEE SCHEDULE O 16 587. 19 19 18 1,705.		
17Total expenses. Add lines 10 through 16■ 1719,412.18Excess or (deficit) for the year (Subtract line 17 from line 9)181,705.19Net assets or fund balances at beginning of year (from line 27, column (A))195,357.		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 5,357.		
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 5,357.		
(must agree with end-of-year figure reported on prior year's return) 19 5,357.		1,705.
		10 5 257
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
20 Other changes in the assets of fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 7, 062.	• 1	
	HA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2010)

Form 990-EZ (2010) DOWNTOWN SPORTSMEN CLUB			30-0502	779 Page 2
Part ii Balance Sheets. (see the instructions for Part II.)	and the Date II			F-1
Check if the organization used Schedule O to respond to any question		A) Beginning of year	(0)	End of year
22 Cash, savings, and investments	1	5,357		7,062.
22 Cash, savings, and investments 23 Land and buildings		5,357	23	1,002.
24 Other assets (describe in Schedule 0)			24	
25 Total assets		5,357		7,062.
26 Total liabilities (describe in Schedule 0)		0,		0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		5,357		7,062.
Part III Statement of Program Service Accomplishme		Part III.)		Expenses
Check if the organization used Schedule O to respond to any question	•	. ,	(Require	d for section
What is the organization's primary exempt purpose? SEE SCHEDULE			501(c)(3	3) and 501(c)(4) Itions and section
Describe what was achieved in carrying out the organization's exempt pu		use manner, describ		(1) trusts; optional
the services provided, the number of persons benefited, and other releva			for other	s.)
28 DONATION OF \$7,500 TO TRINITAS				
			_	
			_	
(Grants \$ 7,500.) If this amount includes foreign	grants, check here	. •	28a	7,500.
29 DONATION OF \$5,000 TO THE BOYS AND		STOCKTON		
			_	
(Grants \$ 5,000.) If this amount includes foreign	grants, check here	🕨		5,000.
30 DONATION OF \$2,000 TO RSC OF SAN JO				
			_	
			_	
(Grants \$ 2,000.) If this amount includes foreign	grants, check here .		30a	2,000.
31 Other program services (describe in Schedule O) SEE SCHI				
(Grants \$ 4,325.) If this amount includes foreign	grants, check here	<u>.</u>	31a	4,912.
32 Total program service expenses (add lines 28a through 31a)			32	19,412.
		•	102	<u> </u>
Part IV List of Officers, Directors, Trustees, and Key I	mployees. List each one e	ven if not compensated (se	ee the instructions	for Part IV)
Part IV List of Officers, Directors, Trustees, and Key I Check if the organization used Schedule 0 to respond to any question		ven if not compensated (s	ee the instructions	for Part IV)
	n in this Part IV . (b) Title and average hours	(c) Compensation	ee the instructions (d) Contributions	(e) Expense
	n in this Part IV . (b) Title and average hours per week devoted to	(c) Compensation (if not paid, enter	(d) Contributions to employee benefit plans &	(e) Expense account and
Check if the organization used Schedule 0 to respond to any question	n in this Part IV (b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee	(e) Expense
Check if the organization used Schedule O to respond to any questio (a) Name and address STEVE BROWN	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred	(e) Expense account and
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202	(b) Title and average hours per week devoted to position PRESIDENT 10.00	(e) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred	(e) Expense account and other allowances
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00	(c) Compensation (If not paid, enter -0) O.	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR.	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN	(c) Compensation (If not paid, enter -0) O. T	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00	(c) Compensation (If not paid, enter -0) O.	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER	(c) Compensation (if not paid, enter -0) O. T O.	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00	(c) Compensation (If not paid, enter -0) O. T	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00	(c) Compensation (if not paid, enter -0) O. T O.	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances O O O
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances O O O
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0 0 0 0
Check if the organization used Schedule 0 to respond to any question (a) Name and address STEVE BROWN 301 E. MINER AVE, STOCKTON, CA 95202 JOHN MORRISON 301 E. MINER AVE, STOCKTON, CA 95202 ED SPRAGUE, JR. 301 E. MINER AVE, STOCKTON, CA 95202 MICHEAL HALEY 301 E. MINER AVE, STOCKTON, CA 95202 PHIL STEPHENS	n in this Part IV (b) Title and average hours per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 10.00 VICE PRESIDEN 10.00 TREASURER 10.00 SECRETARY	(c) Compensation (If not paid, enter -0) O. T O. T O.	ee the instructions (d) Contributions to employee benefit plans & deferred compensation 0 0 0 0 0	(e) Expense account and other allowances O O O

	990-EZ (2010) DOWNTOWN SPORTSMEN CLUB 30-050	<u> 2779</u>)	Page
Pa	ort V Other Information (Note the statement requirements in the instructions for Part V.)			
•	Check if the organization used Schedule O to respond to any question in this Part V			X
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in		1.00	
00	Schedule 0			3,5
		33	 	<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			1
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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	Ī		i
	reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or	-		
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		x
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	330	11/	<u>-</u> -
30				
	complete applicable parts of Schedule N	36	 	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	4		ł
	Did the organization file Form 1120-POL for this year?	_37b	<u> </u>	X
38 a	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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A			
39	Section 501(c)(7) organizations. Enter:	7		ļ
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	┪	ľ	
		-{		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			ĺ
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	40b		X_
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			1
	or disqualified persons during the year under sections 4912, 4955, and 4958	1		l
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		1	l
•	organization			l
				1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		<u>X</u>
41	List the states with which a copy of this return is filed. ► <u>CA</u>			
42 a	The organization's books are in care of \blacktriangleright JOHN MORRISON Telephone no. \blacktriangleright 209-34			
	Located at ► 301 E. MINER AVENUE, STOCKTON, CA ZIP+4 ► 9	520	2	
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	125		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	· · · · · · · · · · · · · · · · · · ·			**
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	l	_X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		100	
774	Form 990-EZ	144-		v
	• •	44a		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	l		
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	$oxed{oxed}$	X
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1		
	ın Schedule O	44d		
		Form 9	90-EZ (2010)

Form 990-E	Z (2010) DOWNTOWN SPORT	SMEN CLUB			30-0502	779	F	age 4
	•							No
45 Is any	related organization a controlled entity of the or	rganization within the me	aning of section 512(b)	(13)?		45		Х
a Did th	e organization receive any payment from or enga	age in any transaction with a	controlled entity within th	e meaning of section	512(b)(13)?			
If "Yes	s," Form 990 and Schedule R may need to be con	npleted instead of Form 990)-EZ	-		45a	l i	Х
46 Did th	e organization engage, directly or indirectly, in po	olitical campaign activities o	n behalf of or in opposition	n to candidates for pi	ublic office?			
If "Yes	s," complete Schedule C, Part I			·		46	•	Х
Part VI	Section 501(c)(3) organization	s and section 4947	(a)(1) nonexempt	charitable tru	sts only. All	section	1501(c)	(3)
	organizations and section 4947(a)(1) nonexe							
	Check if the organization used Schedule O to						u 0 1.	
						•	Yes	No
47 Did th	e organization engage in lobbying activities? If "	Yes." complete Scheduk	e C. Part II			47		X
	organization a school as described in section 17					48		X
	e organization make any transfers to an exempt i					49a		X
	s," was the related organization a section 527 organization		inzacion :	•		49b		
	lete this table for the organization's five highest of		har than officers, directors	tructone and key on	anloveen) who e			
	100,000 of compensation from the organization.			, trustees and key en	ibiosees) wito e	aumeu	eivea ii	ore
	100,000 of compensation from the organization.) Title and average hours	(a) Componentian	(d) 0		\ <u> </u>	
	(a) Name and address of each ampleyee as	,	per week devoted to	(c) Compensation	(d) Contributions to employee	") Expen	
	(a) Name and address of each employee pa		position		beлefit plans & deferred		r allowa	_
	than \$100,000 NOI	NE			compensation			
-						_		
-								
						1		
	number of other employees paid over \$100,000		>					
51 Compl	lete this table for the organization's five highest c	ompensated independent co	ontractors who each receiv	ed more than \$100,0	000 of compens	ation fr	om the	
organi	zation. If there is none, enter "None." NON	VE						
	(a) Name and address of each independent	contractor paid more than \$	\$100,000	(b) Type of serv	rice (d	c) Com	pensatio	— П
					ļ			
								
					1			
								
		-						
d Total n								
u ividill	umber of other independent contractors each re-	CONUNA OVER \$100 000						
EO DIA 46-	umber of other independent contractors each re	• , ,	on and 4047/a\/4\			-		
	organization complete Schedule A? Note: All se	• , ,	 ns and 4947(a)(1) nonexer	npt	, F			•
	e organization complete Schedule A? Note: All se ble trusts must attach a completed Schedule A Under penalties of periory, I declare that I have examine	ection 501(c)(3) organization	nving schedules and statement	s, and to the best of my	Knowledge and bel	Yes	rue.	No
	organization complete Schedule A? Note: All se ble trusts must attach a completed Schedule A	ection 501(c)(3) organization	nving schedules and statement	s, and to the best of my	knowledge and bel	Yes	rue,	No
Sign	e organization complete Schedule A? Note: All se ble trusts must attach a completed Schedule A Under penalties of periory, I declare that I have examine	ection 501(c)(3) organization	nving schedules and statement	s, and to the best of my nowledge		X Yes	rue,	No_
charita	ble trusts must attach a completed Schedule A? Note: All se ble trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other that Signature of officer	ection 501(c)(3) organization	nving schedules and statement	s, and to the best of my nowledge	knowledge and bel	Yes	rue,	No_
<u>charita</u>	ble trusts must attach a completed Schedule A? Note: All se ble trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other that Signature of officer Signature Officer VICE PRESIDENT	ection 501(c)(3) organization	nving schedules and statement	s, and to the best of my nowledge		Yes	rue,	No
Sign	ble trusts must attach a completed Schedule A? Note: All see ble trusts must attach a completed Schedule A. Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other that Signature of officer CIENTS COPY VICE PRESIDENT Type or print name and title	ection 501(c)(3) organization and this return, including accompan an officer) is based on all informat	nying schedules and statement ion of which preparer has any h	s, and to the best of my nowledge	Date	K Yes	rue,	No
Sign Here	ble trusts must attach a completed Schedule A? Note: All se ble trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other that Signature of officer Signature Officer VICE PRESIDENT	ection 501(c)(3) organization	nving schedules and statement	s, and to the best of my nowledge	Date If PTIN	X Yes	rue,	No
Sign Here	e organization complete Schedule A? Note: All se ble trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other that CLIENTS COPY Signature of officer VICE PRESIDENT Type or print name and title Print/Type preparer's name	ection 501(c)(3) organization and this return, including accompan an officer) is based on all informat	nying schedules and statement ion of which preparer has any h	s, and to the best of my nowledge	Date If PTIN	X Yes	rue,	No
Sign Here Paid Preparer	e organization complete Schedule A? Note: All se ble trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other tha CLIENTS COPY Signature of officer VICE PRESIDENT Type or print name and title Print/Type preparer's name MICHAEL S. BUTLER	ection 501(c)(3) organization and this return, including accompan an officer) is based on all informat	nying schedules and statement ion of which preparer has any h	s, and to the best of my nowledge	Date If PTIN	Yes	rue,	No
Sign Here Paid Preparer	e organization complete Schedule A? Note: All se ble trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other that CIENTS CODY Signature of officer VICE PRESIDENT Type or print name and title Print/Type preparer's name MICHAEL S. BUTLER Firm's name IACOPI, LENZ	ection 501(c)(3) organization of this return, including accompands of the property of the prop	nying schedules and statement ion of which preparer has any h	s, and to the best of my nowledge	on the last of the	Yes	s rue,	No
Sign	e organization complete Schedule A? Note: All se ble trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other tha CIENTS CODY Signature of officer VICE PRESIDENT Type or print name and title Print/Type preparer's name MICHAEL S. BUTLER Firm's name IACOPI, LENZ	ection 501(c)(3) organization of this return, including accompand officer) is based on all information. Preparer's signature C & COMPANY	nying schedules and statement ion of which preparer has any h	check self-employ	on the print of th	ief, it is t	rue,	
Sign Here Paid Preparer	e organization complete Schedule A? Note: All se ble trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other that Signature of officer VICE PRESIDENT Type or print name and title Print/Type preparer's name MICHAEL S. BUTLER Firm's name IACOPI, LENZ Firm's address 3031 W. MAR	ection 501(c)(3) organization of this return, including accompand officer) is based on all information. Preparer's signature C & COMPANY	nying schedules and statement ion of which preparer has any t	check Firm's EIN	on the last of the	ief, it is t	rue,	
Sign Here Paid Preparer Use Only	e organization complete Schedule A? Note: All se ble trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other that Signature of officer VICE PRESIDENT Type or print name and title Print/Type preparer's name MICHAEL S. BUTLER Firm's name IACOPI, LENZ Firm's address 3031 W. MAR	Preparer's signature C & COMPANY CH LANE, SUI CA 95219	nying schedules and statement ion of which preparer has any t	check Firm's EIN	of PTIN ed (209)5) 5 7 -	- 3 6 9	
Sign Here Paid Preparer Use Only	e organization complete Schedule A? Note: All se ble trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other that CIENTS COPY Signature of officer VICE PRESIDENT Type or print name and title Print/Type preparer's name MICHAEL S. BUTLER Firm's name IACOPI, LENZ Firm's address > 3031 W. MAR STOCKTON, C	Preparer's signature C & COMPANY CH LANE, SUI CA 95219	nying schedules and statement ion of which preparer has any t	check Firm's EIN	onte If PTIN ed 209)9) 5.7 - ∑ Yes	- 3 6 9	1 No

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name	of t	the organizat	ion						E	Employer	identificati	on nun	nber
				N SPORTSMEN						3 (0-0502	779	
Par	<u>t I</u> _	Reason	for Public Char	rity Status (All organi	zations mi	ust comple	te this pa	rt.) See ins	tructions				
The o	rgan	ization is not	a private foundation	because it is (For lines	1 through	11, check	only one I	box)					
1		A church, co	envention of churche	s, or association of chu	rches desc	cribed in se	ection 170	D(b)(1)(A)(i).				
2		A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach S	chedule E.)							
3		A hospital or	a cooperative hosp	ital service organization	described	ın sectior	170(b)(1))(A)(iii).					
4		A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170)(b)(1)(A)(i	iii). Enter t	he hospital	's name	∍,
_		city, and state:											
5	┙	_		benefit of a college or u	iniversity o	wned or o	perated by	y a govern	mental un	nt describe	ed in		
_		section 170)(b)(1)(A)(iv). (Compl	ete Part II)									
6	ᆗ	A federal, sta	ate, or local governm	ent or governmental un	it describe	d in sectio	on 170(b)(1)(A)(v).					
7		~	•	eives a substantial part	of its supp	oort from a	governm	ental unit d	or from the	e general p	oublic desc	ribed in	r
-			(b)(1)(A)(vi). (Comple										
8 L	=			section 170(b)(1)(A)(vi).									
9 L	X.	_		ceives. (1) more than 33						=	_	•	
				nctions - subject to cert							_		
				axable income (less sec	tion 511 ta	ax) from bu	isinesses	acquired b	y the orga	anization a	ifter June 3	0, 1975	i.
г			509(a)(2). (Complete		-4.6		.		45				
10 L	=	_	-	perated exclusively to te	· ·	_			•				
11 L		-		perated exclusively for t		-				•			r
				ations described in sect				2). See se	ction 509	(a)(3). One	ck the box	tnat	
		a Type		organization and comp Type II		e III - Fund		tograted		. []	Type III - C	\+ha=	
٦	\neg			at the organization is no			_	-	r more die	u ∟ı aualıfınd r	• •		
e L				han one or more public									
f				ten determination from						J(a)(1) 01 3	3000000	(a)(L).	
•			rganization, check th			a	,,,,,,	,, o , p.					
g			•	organization accepted a	nv aift or c	ontribution	from anv	of the foll	owina per	sons?		•	
3		_		lirectly controls, either a			-					Yes	No
		.,	-	upported organization?			•			, ,	. 11g(i)		
		_	- •	n described in (i) above?	?						11g(ii)		
		(iii) A 35%	controlled entity of a	person described in (i)	or (II) abov	e?					11g(iii)		
h		Provide the f	ollowing information	about the supported or	ganızation	(s).		-					
													_
(i) N	ame	of supported	(ii) EIN	(iii) Type of		organization			(vi) ls organizati	s the	(vii) Am	ount of	
(0)		nızatıon	, ,	organization (described on lines 1-9		sted in your			(i) organiz	zed in the		support	
				`above or IRC section	governing	document?	(i) of you	r support?	U.S	5.7			
				(see instructions))	Yes	No	Yes	No	Yes	No			
									-				
					ļ								
]		İ						
					 	-				 			
					1			İ					
					 	-	 			 			
					1								
					<u> </u>						<u> </u>		—
							-						
Total					l]])				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")					-	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					· Ì	
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge		1		Ĭ		
4	Total. Add lines 1 through 3						
	The portion of total contributions					-	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				ł		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4					 	
	ction B. Total Support		L		· .—		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4			(9/ = 5 - 5	(47, 2333	(0) 20.0	17 1014
8	Gross income from interest.						
Ū	dividends, payments received on			1			
	secunties loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on		•				
10	Other income. Do not include gain						
	or loss from the sale of capital	I			i		
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	nns)		<u> </u>	12	
	First five years. If the Form 990 is for	•		 d fourth or fifth t			
	organization, check this box and stop						
Sec	tion C. Computation of Publ		rcentage		· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2010 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%
	Public support percentage from 2009	***				15	%
	33 1/3% support test - 2010.If the or				14 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ı			▶□
b	33 1/3% support test - 2009. If the or	ganization did not	t check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2010. If the orga	anization did not d	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop i	n <mark>ere.</mark> Explain in Pa	rt IV how the organ	ızatıon
	meets the "facts-and-circumstances"						. ▶□
b	10% -facts-and-circumstances test	- 2009. If the orga	nization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported org	anization	. ▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box	and see instructions	<u>▶</u>
	-				·		

Schedule A (Form 990 or 990-EZ) 2010 DOWNTOWN SPORTSMEN CLUB Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	,	l				
	ınclude any "unusual grants.")	,		13,147.	3,700.	6,200.	23,047.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose			81,195.	31,175.	53.875.	166,245.
3	Gross receipts from activities that	.,.,		7.2.2.2	<u> </u>	00/0.00	
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	•						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			04 242	24 075	60 075	100 000
_	Total. Add lines 1 through 5			94,342.	34,875.	60,075.	189,292.
7 <i>a</i>	Amounts included on lines 1, 2, and						•
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)					<u> </u>	<u> 189,292.</u>
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	Amounts from line 6			94,342.	34,875.	60,075.	189,292.
10a	Gross income from interest,	į į				:	
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,]			
	whether or not the business is regularly carried on			1			
12	Other income. Do not include gain						
	or loss from the sale of capital					65.	65.
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)			94,342.	34,875.	60,140.	189,357.
	First five years, If the Form 990 is for	r the organization's	first second this				
••	check this box and stop here	ga	,	-,	,	. 00 . (0)(0) 0. ga2	▶ □
Sec	ction C. Computation of Publ	ic Support Per	rcentage		<u>.</u>		
	Public support percentage for 2010 (column (fl)		15	99.97 %
	Public support percentage from 2009	, , , ,	• •				100.00 %
	tion D. Computation of Inves						70
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2			ie 15, Column (i))	ſ		
				on line 14 and line		18 3 1 /3% and line 1	% 7 is not
192	33 1/3% support tests - 2010. If the	-				•	/ Is not ►X
	more than 33 1/3%, check this box a	-	=	•		•	
b	33 1/3% support tests - 2009. If the	-				•	
	line 18 is not more than 33 1/3%, che		•			-	
20	Private foundation. If the organization	n dia not check a l	box on line 14, 19	a, or 190, check thi	s box and see ins	tructions	▶

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2010

Name of the organization **Employer identification number** DOWNTOWN SPORTSMEN CLUB 30-0502779 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity have custody or control of or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part 1 . Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through BOXING NIGHT col. (c)) (event type) (event type) (total number) Revenue 53,875. 53,875. Gross receipts 2 Less: Charitable contributions 53,875. 3 Gross income (line 1 minus line 2) 53,875. Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment ... 39,023. 39,023. Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) . . 39,023 Net income summary. Combine line 3, column (d), and line 10 14,852. 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 (b) Puil tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 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: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: ____

<u>Sch</u>	nedule G (Form 990 or 990-EZ) 2010 DOWNTOWN SPORTSMEN CLUB	<u> 30 – 0</u>	502	779	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	☐ No
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?		\Box	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:				
а	a The organization's facility		13a		%
b	o An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s.			
	Name				
	Address >				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	nt			
	of gaming revenue retained by the third party > \$				
c	If "Yes," enter name and address of the third party.				
	Name				
	Address ►				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions.				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
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 🕨 \$	_			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.				
					 -

SCHEDULE O (Form 990 or 990-EZ)

(Lói iii aan ni aan-52

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Employer identification number

DOWNTOWN SPORTSMEN CLUB 30-0502779 FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: EXPENSE RECOVERIES 65. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: BANK SERVICE CHARGES 227. 10. TAXES 350. WEBSITE TOTAL TO FORM 990-EZ, LINE 16 587. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RAISE FUNDS FOR LOCAL CHARITABLE ORGANIZATIONS FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS: DONATIONS TO VARIOUS CHARITABLE ORGANIZATIONS GRANTS \$ 4,325. EXPENSES \$ 4,325. OPERATING EXPENSES OF THE CLUB EXPENSES \$ 587. GRANTS \$ 0. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.