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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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
and total 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

OMB No 1545 1150 2010

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

| Α                                       | For th    | ne 2010 calendar year, or tax year beginning , 2010, and ending  |            |                 | ·                            |
|---|-----------|--|------------|-----------------|------------------------------|
| <u>B_</u>                               | Check     | f applicable C   | D E        | nployer         | dentification number         |
|   | Addres    | s change MAURY COUNTY GUN CLUB, INC  | 6          | 2-11            | .91440                       |
|   | Name of   | change P.O. BOX 283  | Ε Τε       | lephone         | number                       |
| <u> </u>                                | Initial r | 002013211, 11 00102  |            |                 |                              |
| <u> </u>                                | Termin    |  |            |                 |                              |
| <b>-</b>                                |           | ed return<br>tron pending  | F Gi       | roup E<br>umber | xemption                     |
| G                                       |           |  |            |                 | e organization is <b>not</b> |
| ı                                       |           |  |            |                 | Schedule B (Form             |
|   |           | empt status (ck only one) — 501(c)(3)   X   501(c) ( 7 )   ✓ (insert no )   4947(a)(1) or   527   990, 99  | 0-E2       | Z, or 99        | 90-PF).                      |
| <u>K</u>                                | Check     |  | norm       | ally <b>n</b> e | ot more than                 |
| • |           | 00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required   | d (se      | e instr         | uctions) But if the          |
|   | organ     | ization chooses to file a return, be sure to file a complete return  | - (        |                 |                              |
|   |           | nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t<br>s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.   |            | <b>►</b> \$     | 107,199.                     |
| Pa                                      | ırt f     | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in-   | stru       | ctions          | , <u> </u>                   |
|   |           | Check if the organization used Schedule O to respond to any question in this Part I  |            | ,               | X                            |
|   | 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               | 29,685.                      |
|   | 4         | Investment income  |            | 4               | 69.                          |
|   | 5a        | Gross amount from sale of assets other than inventory 5a   |            |                 |                              |
|   | Ь         | Less, cost or other basis and sales expenses 5b  |            |                 |                              |
|   | l         | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  |            | 5c              |                              |
|   | l         | Gaming and fundraising events  |            |                 |                              |
| R                                       | l         | Gross income from gaming (attach Schedule G if greater than \$15,000)  |            |                 |                              |
| R<br>E<br>V<br>E<br>N                   | 1         | Gross income from fundraising events (not including \$ of contributions  |            |                 |                              |
| Ņ                                       | _         |  |            |                 |                              |
| Ē                                       |           | from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)   |            |                 |                              |
|   |           | Less. direct expenses from gaming and fundraising events  [6c]   |            |                 |                              |
|   | d         | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   |            | 6d              |                              |
|   | 7a        | Gross sales of inventory, less returns and allowances 77, 4  |            |                 |                              |
|   | b         | Less. cost of goods sold 68, 39  | <u>99.</u> |                 |                              |
|   | С         | Cross sales of inventory, less returns and allowances  Less. cost of goods sold  Gross profit or (loss) from sales of inventory (Subtract line 76 from 179-76)  Other revenue (describe in Schedule O)  Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 |            | 7c              | 9,046.                       |
|   | 8         | Other revenue (describe in Schedule O)   |            | 8               |                              |
|   | 9         | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   |            | 9               | 38,800.                      |
|   | 10        | Grants and similar amounts paid (list in Schedule O)  Benefits paid to or for members  Salaries, other compensation, and employee benefits   |            | 10              | . <u>.</u>                   |
| ارست<br>رست                             | 11        | Benefits paid to or for members  |            | 11              |                              |
| $\frac{2}{5}$                           | 12        |  |            | 12              | <del> </del>                 |
| CE E                                    | 13        | Professional fees and other payments to independent contractors  |            | 13              |                              |
| N<br>S ات≕ت                             | 14        | Occupancy, rent, utilities, and maintenance  |            | 14              | 5,095.                       |
|   | 15        | Printing, publications, postage, and shipping .  |            | 15              | 300.                         |
| Å,                                      | 16        | Other expenses (describe in Schedule O)  See Schedule O  |            | 16              | 43,844.                      |
| e <del></del>                           | 17        | Total expenses. Add lines 10 through 16  | <b></b>    | 17              | 49,239.                      |
| ASSETS                                  | 18        | Excess or (deficit) for the year (Subtract line 17 from line 9)  |            | 18              | -10,439.                     |
| N S                                     | 19        | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year   | ear        |                 | <b>-</b>                     |
| ES<br>TE                                |           | figure reported on prior year's return)  |            | 19              | 509,694.                     |
|   | 20        | Other changes in net assets or fund balances (explain in Schedule O)   | _          | 20              | <del></del>                  |
| 72                                      | 21        | Net assets or fund balances at end of year Combine lines 18 through 20   |            | 21              | 499,255.                     |

Form 990-EZ (2010) MAURY COUNTY GUN CLUB, INC

62-1191440

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|    | n 990-EZ (2010) MAURY COUNTY GUN CLUB, INC 62-119144  | <u> </u>    | <u> </u>       | age 3        |
|----|---|-------------|----------------|--------------|
| Pa | 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  |             |                |              |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of   | 33          | Yes            | No<br>X      |
| 34 | each activity in Schedule Q  Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule Q (see instructions)                                       | 34          |                | Х            |
| 35 |   |             |                |              |
| i  | 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         |                | Х            |
|    | b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?   | 35 b        |                |              |
|    | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N   | 36          |                | Х            |
|    | a Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.  | 37 b        |                | Х            |
|    | b Did the organization file <b>Form 1120-POL</b> for this year?  a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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            |
| ı  | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A  |             |                | <del>T</del> |
| 39 | Section 501(c)(7) organizations. Enter.   |             |                |              |
|    | a Initiation fees and capital contributions included on line 9  |             |                |              |
|    | b Gross receipts, included on line 9, for public use of club facilities.  39b  0.  a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.  |             |                |              |
| 40 | section 4911 > N/A, section 4912 > N/A, section 4955 > N/A  |             |                |              |
| 1  | b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit<br>transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported<br>on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 40 Ь        |                |              |
| •  | c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |             |                |              |
|    | d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization   |             |                |              |
|    | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  | 40 e        |                | Х            |
| 41 | List the states with which a copy of this return is filed ► None  |             |                |              |
| 42 | a The organization's books are in care of ► STEVE BURT Located at ► 1414 WINDERMERE DRIVE COLUMBIA TN  ZIP + 4 ► 38401  | <u>31-9</u> | <u>292</u><br> | <br>         |
|    | <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a  |             | Yes            | No           |
|    | 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:  | 42b         |                | X            |
|    |   |             |                |              |
| ,  | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c 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:                                   | 42c         |                | <u>x</u>     |
| 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   | ı           |                | N/A<br>N/A   |
| 44 | a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead<br>of Form 990-EZ   | 44 a        | Yes            | No<br>X      |
|    | <b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  | 44b         |                | X            |
|    | c Did the organization receive any payments for indoor tanning services during the year?  | <b>44</b> c |                | Х            |
|    | d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q   | 44 d        |                |              |

| orm <b>990-E</b>   | Z (2010) MAURY COUNTY GUN CL  | UB, INC   |   | 62-11914   | 140                  | P         | age 4       |
|--------------------|---|---|---|--|----------------------|-----------|-------------|
|                    |   |   |   |  |                      | Yes       | No          |
| -                  | related organization a controlled entity of   |   | -   |  | 45                   |           | X           |
| a Did th<br>of sec | ie organization receive any payment from<br>ction 512(b)(13)? If 'Yes,' Form 990 and S                              | or engage in any trans<br>chedule R may need to                   | action with a contro<br>be completed inste  | olled entity within the meaning ead of Form 990-EZ (see inst.)         | 45a                  | 3         | Х           |
| 46 Did th          | e organization engage, directly or indirec<br>dates for public office? If 'Yes,' complete                           | tly, in political campaigi<br>Schedule C. Part I                  | n activities on beha                        | If of or in opposition to  | 46                   |           | Х           |
| Part VI            | Section 501(c)(3) organizations   | and section 4947  | (a)(1) nonexem                              | pt charitable trusts only  |                      | ction     |             |
| T CAN T VI         | 501(c)(3) organizations and sec   | tion 4947(a)(1) no  | nexempt charita                             | able trusts must answer  | questio              | ns        | •           |
|                    | 47-49b and 52, and complete the   | e tables for lines 5  | 50 and 51.                                  |  |                      |           |             |
|                    | Check if the organization used Schedule   | O to respond to any q   | uestion in this Part                        | VI   |                      |           | $\Box$      |
|                    |   |   |   |  |                      | Yes       | No          |
|                    | ie organization engage in lobbying activiti   |   |   |  | 47                   |           | L           |
|                    | organization a school as described in se  |   | •   |  | 48                   |           | <b>_</b>    |
|                    | e organization make any transfers to an   | · ·   | elated organization                         | ?  | 49a                  |           | <del></del> |
|                    | s,' was the related organization a section  |   |   | ff   | 49b                  |           | Ь           |
| 50 Comp<br>emplo   | plete this table for the organization's five to<br>oyees) who each received more than \$100                         | nignest compensated er<br>0,000 of compensation (                 | nployees (other tha<br>rom the organization | n officers, directors, trustees a<br>on. If there is none, enter 'None | na key<br>e.'        |           |             |
|                    |   | (b) Title and average hours per week                              | (c) Compensation                            | (d) Contributions to employee benefit plans and                        | <b>(e)</b> Exp       |           |             |
| (a)                | Name and address of each employee paid<br>more than \$100,000   | devoted to position   |   | deferred compensation  | accour<br>other allo |           | s           |
|                    |   |   |   |  |                      |           |             |
|                    |   |   |   |  |                      |           |             |
|                    | <del>-</del>  |   |   |  |                      |           |             |
|                    |   |   |   |  |                      |           |             |
|                    |   |   |   |  |                      |           |             |
|                    |   |   |   |  |                      |           |             |
|                    | <b></b>   |   |   |  |                      |           |             |
|                    |   |   |   |  |                      |           |             |
|                    |   |   |   |  |                      |           |             |
| f Total            | number of other employees paid over \$10  | 00,000  |   | <u> </u>   |                      |           |             |
| 51 Comp            | olete this table for the organization's five the ensation from the organization. If there is                        | ighest compensated in   | dependent contract                          | ors who each received more th  | an \$100,            | 000 of    | f           |
| comp               | (a) Name and address of each independent contr  |   |   | (b) Type of service  | (c) Comp             | ensation  |             |
|                    | (a) turns and address of outst mappendant conta   | 35131 Pala 11131 (11141 ) (11141 )                                |   | (a) Type of Sarvice  | (c) comp             | crisation | <del></del> |
|                    |   |   |   |  |                      |           |             |
|                    |   |   |   |  |                      |           |             |
|                    |   |   |   |  |                      |           |             |
|                    | <del></del>   | - <b></b>   |   |  |                      |           |             |
| ·                  |   |   |   |  |                      |           |             |
|                    |   | <b></b>   |   |  |                      |           |             |
|                    |   | <del>-</del> · · · · -  |   |  | <del></del>          |           |             |
|                    |   |   |   |  |                      |           |             |
| d Total            | number of other independent contractors   | each receiving over \$1   | 00,000                                      | <b>&gt;</b>  |                      |           |             |
| 52 Did th          | ne organization complete Schedule A? No   | te. All section 501(c)(3)   | organizations and                           | 4947(a)(1) nonexempt   |                      |           |             |
|                    | able trusts must attach a completed Sche  | <del></del>   | <u> </u>                                    |  | Yes                  |           | No          |
| true, correct,     | es of perjury, I declare that I have examined this return<br>and complete Declaration of preparer (other than offic | i, including accompanying sche<br>er) is based on all information | of which preparer has an                    | nd to the best of my knowledge and belie<br>y knowledge                | it is                |           |             |
|                    | > Su Dim  |   |   |  |                      |           |             |
| Sign               | Signature of officer  STEVE BURT  | +0-1  |   | Date <   | 1                    | . i       |             |
| Here               | Type or print name and title  | 1 12 EX   | SURER                                       | 3/13/  | 10                   | 1 [       |             |
|                    | Print/Type preparer's name  | Preparer's signature  | // Date                                     | Charle of PTIN   |                      |           |             |
| Daid               | James B. Hughes, Jr., CPA   | hme & the   | shell 5-1.                                  | 2-2011 Check - "   | 622621               |           |             |
| Paid<br>Preparer   | Firm's name James B. Hughes, Jr.  | ., CPA  | Junger 1                                    | Seil employed   FUU  | 122021               |           |             |
| Use Only           | Firm's address > 101 Bass Drive   | ,   | <del>- v</del>                              | Firm's EIN ► 62  | -183573              | 2         |             |
|                    | Columbia, TN 38401  |   |   |  | 381-888              |           |             |
| May the IR         | S discuss this return with the preparer sho   | own above? See instruc  | tions                                       | <b>-</b>   | X Yes                |           | No          |
| BAA                |   |   |   |  | Form 990             | -EZ (     | 2010)       |

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

Open to Public Inspection

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.

Employer identification number Name of the organization 62-1191440 MAURY COUNTY GUN CLUB, INC Form 990-EZ, Part III - Organization's Primary Exempt Purpose THE ORGANIZATION TEACHES GUN & HUNTER SAFETY CLASSES AND PROVIDES FACILITIES FOR SCHOLASTIC SHOOTING TEAMS TO PRACTICE AND COMPETE. CLUB PERSONNEL SUPERVISE RANGE ACTIVITIES. Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments THE ORGANIZATION TEACHES GUN SAFETY CLASSES TO 4-H & SCOUT TROOPS, TEACHES HUNTER SAFETY CLASSES, PERSONAL PROTECTION CLASSES & ALSO CLASSES FOR GUN PERMIT APPLICANTS & SUPERVISES RANGE ACTIVITIES. THE RANGE IS ALSO AVAILABLE FOR SCHOLASTIC SHOOTING TEAMS TO PRACTICE AND COMPETE.

| 2010  | Schedule O - Supplementa | l Information | Page 2  |
|---|--------------------------|---------------|---|
| •   | MAURY COUNTY GUN CLU     | JB, INC       | 62-1191440  |
| Form 990-EZ, Part I, Line 10 Other Expenses  Advertising and Promote Bank Charges Board Meeting Expenses BUILDING MAINTENANCE/SGROUNDS MAINTENANCE/SGROUNDS MAINTENANCE Insurance MEMBERSHIPS Memorial donations Office Expenses PROPERTY TAXES Telephone WEBSITE  Form 990-EZ, Part II, Line 2 Other Assets  Machinery and Equipment | ion<br>SUPPLIES          | Total   S     | 1,450. 78. 3,034. 6,058. 18,139. 4,926. 175. 500. 1,449. 6,832. 990. 213. 43,844.  Ending 95,904. 95,904. |