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Form 990-EZ

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 frust or private foundation)

Sponsonng 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 recepts 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

Openito Rublic Inspection

Α	For the	2010 calend	ar year, or tax year beginning , 2	2010, and	ending			, 20	
В	Check if a	pplicable	le C Name of organization D Em		D Emplo	oloyer identification number			
	Address o	change	PARK COUNTY ROD AND GUN CLUB	OD AND GUN CLUB		81	81-6013647		
	Name cha	inge	Number and street (or P O box, if mail is not delivered to street address)	eet (or P O box, if mail is not delivered to street address) Room/sute E Telep		E Teleph	phone number		
	Initial retur	m							
\Box	Termnate	d	PO BOX 315	ļ					
\Box	Amended	return	City or town, state or country, and ZIP + 4			F Group	Exem	ption	
$\overline{\sqcap}$	Application	n pending	LIVINGSTON, MT 59047			Numbe	er 🕨		
_		nting Method	X Cash Accrual Other (specify) ▶	-	Н	Check	X If	the organization is not	
ı	Websi	te: ►			_			Schedule B	
J	Tax-exe	empt status (check only one) - 501(c) (3) X 501(c)(7) ◀ (insert no) 4	947(a)(1) or	527	(Form 990	990-Е	Z, or 990-PF)	
	Check		rganization is not a section 509(a)(3) supporting organization and						
	Form 99		990 return is not required though Form 990-N (e-postcard) may	_	-	-			
			e to file a complete return		, , , , , , , , , , , , , , , , , , , ,	,		g	
_			7b, to line 9 to determine gross receipts. If gross receipts are \$20	00 000 or	more or if to	tal assets (Part II		
			elow) are \$500,000 or more, file Form 990 instead of Form 990-E						
_	art I		e, Expenses, and Changes in Net Assets or Fund						
	aiti		e organization used Schedule O to respond to any question in the						
	1		s, gifts, grants, and similar amounts received				1		
	2		vice revenue including government fees and contracts VED.				2	7,198	
	3		dues and assessments				3	19,640	
	4		101].છ્ల[4	816	
	5a	Gross amou	ncome MAY 1.6. 2011	.O 5a			الالادراس		
	h	h lace cost or other hasis and cales evidences							
	ے ا	c Gain or (loss) from sale of assets other than inventory (Sabracting 5b from line 5a)						•	
	6	Gaming and fundraising events							
R e		a Gross income from gaming (attach Schedule G if greater than \$15,000)							
٧	"								
e n	h	• •	·						
u e	"	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) · · · · · · · 6b							
-									
			expenses from gaming and fundraising events • • • • • • • •		<u> </u>				
				L					
	۳ ا	line 6c) · ·	or (loss) from gaming and fundraising events (add lines 6a and 6b	o and sub	liaci		3454 Fe		
	72	•	of inventory, less returns and allowances		 I		6d		
			goods sold · · · · · · · · · · · · · · · · · · ·	-					
-		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7.00°		
N 7	8		ue (describe in Schedule O) · · · · · · · · · · · · · · · · · ·				8		
つ	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · ·				9	27,654	
. <u>a</u> ⇒	10		similar amounts paid (list in Schedule O) · · · · · · · · ·				10	2.,001	
	1	Benefits paid to or for members · · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·	
でのなどを回じっていま	12		er compensation, and employee benefits · · · · · · · · · ·		11 12				
	13		fees and other payments to independent contractors · · · · ·		13				
	14	Occupancy, rent, utilities, and maintenance · · · · · · · · · · · · · · · · · · ·						3,598	
	15							217	
26	16							23,687	
හී	17							27,502	
	18		eficit) for the year (Subtract line 17 from line 9) · · · · · · ·				17 18	152	
A	19		r fund balances at beginning of year (from line 27, column (A)) (m			•	13.6		
N S			igure reported on prior year's return).	_			19	59,412	
NS e e t·t·s	20		es in net assets or fund balances (explain in Schedule O) · ·				20		
	21		r fund balances at end of year Combine lines 18 through 20 ·				21	59,564	
								= - 7 +	

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2010)

Balance Sheets. (see the instructions for Part II Check if the organization used Schedule O to respond		urt II			
Check if the organization used deflective of to respond	to any question in this re		A) Beginning of year		3) End of year
22 Cash, savings, and investments · · · · · · · · · · · · · · · · · · ·			59,412		59,564
23 Land and buildings · · · · · · · · · · · · · · · · · · ·			00,111		0
24 Other assets (describe in Schedule O) · · · · · · · · · ·				 _	0
25 Total assets · · · · · · · · · · · · · · · · · · ·			59,412		59,564
26 Total liabilities (describe in Schedule O) · · · · · · · ·			35,412	$\overline{}$	0
27 Net assets or fund balances (line 27 of column (B) must agree			59,412	_ 	59,564
				121	Expenses
Part III Statement of Program Service Accomplication Check if the organization used Schedule O to respon				(Rea	uired for section
What is the organization's primary exempt purpose? COMMUNITY		art III · · ·		1 1 '	c)(3) and 501(c)(4)
					nizations and section
Describe what was achieved in carrying out the organization's exen					(a)(1) trusts, optiona
the services provided, the number of persons benefited, and other in 28 PROVIDE SPECIAL EVENTS AND OTHER COMMUNITY		cn program	iiie	101 01	thers)
OPPPORTUNITIES FOR GUN SAFETY CLASSES AND					
(Grants \$) If this amount	includes foreign grants, ch	eck here ·	· · · · · · • [28a	27,502
29					
(Grants \$) If this amount	includes foreign grants, ch	eck here ·	• • • • • • • □	29a	<u> </u>
30					
2					
	ıncludes foreign grants, ch			30a	
31 Other program services (describe in Schedule O) · · · · ·				•	
(Grants \$) If this amount	includes foreign grants, ch	eck here ·	▶ [31a	
32 Total program service expenses (add lines 28a through 31a)				32	27,502
Part IV List of Officers, Directors, Trustees, and Key Emp	 				ns for Part IV)
Check if the organization used Schedule O to respon	d to any question in this P	art IV · ·			
	(b) Title and average	(c) Comper	nsation (d) Contribut	ons to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not pa enter -0			account and other allowances
HAYES GOOSEY	PRESIDENT				
203 BLUE HERON DRIVE, LIVINGSTON MT 59047	2		þ	þ	0
GARY GARDNER	VICE PRESIDENT				
312 SOUTH D STREET, LIVINGSTON MT 59047	2		d	d	0
JOEY BAUMAN	SECRETARY				
505 SOUTH 8TH, LIVINGSTON MT 59047	2		d	d	0
HAROLD STEWART	TREASURER				
406 WEST SUMMIT, LIVINGSTON MT 59047	2		d	þ	0
RÓB LABS	DIRECTOR				
8 BROKEN WHEEL, LIVINGSTON MT 59047	2		d	d	0
LOU GOOSEY	DIRECTOR				
514 NORTH 10TH STREET, LIVINGSTON MT 59047	2		ď	d	0
PAUL DOWELL	DIRECTOR				
119 S. M STREET, LIVINGSTON MT 59047	2		q	þ	o
(
1					
.16					
11 (
405					
. 5	· · · · · · · · · · · · · · · · · · ·	EEA			Form 990-EZ (2010)

Pa	rt 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 · · · · · · · · · · · · · · · · · ·			•			
	•		Yes	No			
33	Did the rganization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed						
	description of each activity in Schedule O · · · · · · · · · · · · · · · · · ·	33	1	X			
34	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 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			11, 12 67			
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		76.72.4 H	1. The			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),	S, ru _{li,} ,	11 201	1.45			
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X			
, F	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	1				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		1				
	during the year? If "Yes," complete applicable parts of Schedule N	36		X			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ► 37a	74(0)(1) to	1.3	¥, ,			
	Did the organization file Form 1120-POL for this year?	37b	34-57	X			
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	25. 18. 7. 6. 9. 18. 6.		7. 75			
-	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? • • • • • • • • • • • • • • • • • • •	38a	il diseri	X			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • • • • • • •	E.M.	3700	10.0			
39	Section 501(c)(7) organizations Enter.		2.00				
a		2422					
	Gross receipts, included on line 9, for public use of club facilities						
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	-		10			
	section 4911 , section 4912 , section 4955						
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit						
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	.d 3,444.	m 218:15	-			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		l			
С		专物的	RESTS.	131 617			
Ū	organization managers or disqualified persons during the year under sections 4912,						
	4955, and 4958 • • • • • • • • • • • • • • • • • • •						
ч	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c						
ŭ	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·						
۵	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter						
C	transaction? If "Yes," complete Form 8886-T						
3.4		40e	I	X			
41 42 a	List the states with which a copy of this return is filed The errorization's backs are in core of NAROLD STEWART. Talephone no.						
42 d	The organization's books are in care of ▶ HAROLD STEWART Located at ▶ 406 WEST SUMMIT LIVINGSTON, MT ZIP + 4 ▶ 590	17					
h	Located at ▶ 406 WEST SUMMIT LIVINGSTON, MT ZIP + 4 ► 590 At any time during the calendar year, did the organization have an interest in or a signature or other authority						
Ü	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No			
	account)?	42b	163	X			
		42b	40 C C C	(保養			
	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank						
_	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? • • • • • • • • • • • • • • • • • • •	42c	2036-716	20 (6)			
C		420	L	X			
12	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			. [
13		1		Į,			
	and enter the amount of tax-exempt interest received or accrued during the tax year • • • • • • • • • • • • • • • • • • •	Ь.					
			Van	NI.			
11 -	Did the expension maintenancy depos advised funds during the ward If "Ves " Form 000 must be		Yes	No			
+4 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		refiges 1	ης-147,) τ σ			
		44a	を行っており	X PT less			
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1. 数分数	開発上記	群集			
•	completed instead of Form 990-EZ	44b		X			
, с		44c	a) Seption	X			
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		能認時	1 112			
	explanation in Schedule O	44d		l			

Yes No No No No No No No N	Form	990-EZ (2010)	PARK COUNTY ROD AND	GUN CLUB		81	-6013647	Page 4		
a Dot the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of accion of 12(0)(1/3) if "Yes," From 990-E2 (see instructions) 45 Dot the organization and search of the property of indirectly, in political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Dot the organization and section 4947(a)(1) nonexempt charitable trusts only. At section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 47 Dot the organization in section 501(c)(3) organizations according to the solid payment of the organization in section 501(c)(3) organization according to the solid payment of the organization in section 501(c)(3) organization? 48 Is the organization engage in biblying activities? If "Yes," complete Schedule C, Part II 49 Dot the organization make any transfers to an exempt non-charitable feated organization? 49 Is 11'-Yes, "the related organization is section 52' organization? 49 Is 11'-Yes, "the related organization is refer highest compensated employees other than officers, directors, trustees and two organization? 40 In the stable for the organization is refer highest compensated employees other than officers, directors, trustees and refer himself or organization? 40 Total number of other engloyees paid over \$100,000 organization from the organization in fifther is none, eight "None" (a) Name and address of each independent contractors each received more than \$100,000 organization from the organization in from the organization of organization in the organization organization in the organization in the organization in the organization in the organization organization in the organiz										
meaning of sociols of \$2(b)(13)* If "Yes," From 990 and Schedule R may need to be completed interest of \$65	45	•			-		45 A	X		
Form 990-E2 (see matructons) to candidates for public office? If Yes, "complete Schedule C, Part I Fart VI Fort VI F	а									
46 Det de organization empage, directly or indirectly, in potiecal campaign activities on behalf of or in opposition to candidates for public offices. Schedula C, Part II		_		-	•	Of	F	1		
to candidates for public office? If Yes, complete Schedule C, Part IVI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI. 77	46					eition				
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b	40			· -			1			
Solicio(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI 7	Par									
and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O. to respond to any question in this Part VI 47 Bot the organization associated in Section 17/10/11/A/(v)/2 if "Fee", complete Schedule E	<u> </u>									
Check if the organization used Schedule O to respond to any question in this Part V Vas No						naot amonot qu		••		
Yes No Yes		· · · · · · · · · · · · · · · · · · ·	•		question in this	Part VI · · · ·		• • • • □		
the organization as school as described in section 170(b)(1)(A)(n)? If "Yes," complete Schedule E	, ,							Yes No		
49a Dil the organization make any transfers to an exempt non-chaintable related organization? 49b 17 Yes; Wash the related organization as economic \$70 organization? 49c 17 Yes; Wash the related organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None " (a) Name and address of each medicine and some than \$100,000 of compensation from the organization of the organization is the series of the \$100,000 of compensation of the organization is the series of the \$100,000 of compensation of the organization is the series of the organization	47	•								
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each environce paid more develoded to greaten than \$100,000 of compensation from the organization. If there is none, enter "None" (b) Compensation (d) Compensation (d) Compensation (d) Compensation (d) Compensation (d) Compensation (e) Compen	48									
Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (g) Name and address of each employee pad more (g) Total inumber of other employees paid over \$100,000										
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 (b) The and expected to passion the interval of the property of the prop			-				L	1		
(a) Name and address of each employee paid more bun \$100,000	50	·								
(a) Name and address of each employee paid more han \$100,000		employees) who each	received more than \$100,000 of 0	··· · · · · · · · · · · · · · · · · ·						
4 Total number of other employees paid over \$100,000				hours per week	(c) Compensation	employee benefit pl	ans & acc	ount and		
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 · • ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A · · · · · · · · · · · · · · · · · ·		than \$	\$100,000	devoted to position		deterred compens	ation other a	allowances		
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 · • ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A · · · · ▶ □ Yes ☒ No Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Figure of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Figure of pergury of officer Toes Stewart Teessurer Toessurer To										
Somplete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 · ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A · · · ▶ □ Yes ☒ No Under the penalties of pegipt, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is topic, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Figure 1 Toes Stewart Treasurer Toes Stewart Treasurer Toes Stewart Treasurer Tom Stellenberg Preparer's signature Firm's address ▶ 75 St.NDS.FATHER DR Livingston MT 59047 Firm's address ▶ 76 KINDS.FATHER DR Livingston MT 59047										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 · • ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A · · · · ▶ □ Yes ☒ No Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Figure of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Figure of pergury of officer Toes Stewart Teessurer Toessurer To										
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 · ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A · · · ▶ Yes ☒ No Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Figure 1 Total Stellar Tellar Stellar Schedule A · · · · · · · · · · · · · · · · · ·										
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A▶ Yes ☒ No Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is to be considered to the state of										
Somplete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
Somplete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
Sign Here Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Did the organization of perpart, Ideclare that have examined this return, including accompanying schedules and stalements, and to the best of my knowledge and belief, it is toxic, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Print/Type preparer's reme To M Stellenser Reme Preparer's signature To M Stellenser Reme Preparer's signature Firm's address b 76 KINDSFATHER DR Livingston MT 59047 Phone no 406-223-3522					<u> </u>	<u> L.,</u>				
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SCHEDULE O (Form 990 or 990-EZ)

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 **kinspection**

Employer identification number

OMB No 1545-0047

81-6013647 PARK COUNTY ROD AND GUN CLUB 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT TRAPS 11,308 38 BANK FEES DUES 2,665 302 ADVERTISING DONATIONS 781 INSURANCE 4,903 ATA SHOOT PAYOUTS 1,169 TAXES 420 MISC 1,069 EQUIPMENT RENT 1,032