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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)
oring 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 fille
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

2011

Open to Public Inspection

2011, and ending For the 2011 calendar year, or tax year beginning D Employer identification number R Check if applicable Address change MAURY COUNTY GUN CLUB, INC 62-1191440 Name change P.O. BOX 283 Telephone number Initial return COLUMBIA, TN 38401 Terminated Amended return Group Exemption Number Application pending X Cash Check ► X if the organization is **not** required to attach Schedule B (Form Accounting Method Accrual Other (specify) н Check ► Website: ► N/A 990, 990-EZ, or 990-PF) |X| 501(c) (7 527 Tax-exempt status (ck only one) — 501(c)(3)) <(insert no) 4947(a)(1) or Check | If the organization is not a section 509(a)(3) supporting organization or a section 527 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 Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► Ś 104,003. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) X Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 26,120. Membership dues and assessments 3 4 50. Investment income 5a Gross amount from sale of assets other than inventory 5a 5ь b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5с 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 \$ 5,000 6Ь c Less direct expenses from gaming and fundraising 6c Net income or (loss) from gaming and dd lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7 a 77,833 7 b 50,071. b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 27,762. 8 Other revenue (describe in Schedule O) 9 53,932 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 4,987. Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 See Schedule O 52,836. 16 Other expenses (describe in Schedule O) 16 17 17 57,823. Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -3,891. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 499,255. figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (explain in Schedule O) 495,364. Net assets or fund balances at end of year Combine lines 18 through 20 21

Form 990-EZ (2011)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990-EZ (2011) MAURY COUNTY GUI	N CLUB, INC		62	-119	1440 Page 2
	th Balance Sheets. (see the ins	tructions for Part II.)	etion in this Bort II			<u> </u>
	Check if the organization used Sche	dule O to respond to any que	Stion in this Part ii	(A) Beginning of ye	ar	(B) End of year
-00	0 1		}	54,415		50,524.
22	Cash, savings, and investments		}	348, 936		348, 936.
23	Land and buildings	Car Cabadula				95,904.
24	Other assets (describe in Schedule O)	See Schedule) U	95,904		
25	Total assets		ļ	499,255		495,364.
26	Total liabilities (describe in Schedule O)		ļ	0		0.
27	Net assets or fund balances (line 27 of co	olumn (B) must agree with lin	ie 21)	499,255	. 27	495,364.
Par	t III Statement of Program Serv	vice Accomplishments	(see the instrs for F	Part III)	1	Expenses
	Check if the organization used Sch	nedule O to respond to any qu	estion in this Part I	ιι ´ [X]		uired for section
What	s the organization's primary exempt purpose? See tribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	Schedule 0	s three largest progr	ram services as	organ	(3) and 501(c)(4) nizations and section
mea	sured by expenses. In a clear and concise	manner, describe the service	es provided, the nur	nber of persons	494/((a)(1) trusts, optional hers)
bene	fited, and other relevant information for ea	ach program title			101 00	
28	See_Schedule_Q			. -	. I	
					1	
					J J	
	(Grants \$) If the	s amount includes foreign gra	ants, check here	▶	28 a	
29			· · · · · · · · · · · · · · · · · · ·			
					1	
					1	
	(Cranta É	s amount includes foreign gra			29 a	
	(Grants \$) If the	s amount includes loreign gra	ants, theck here		230	
30					-	
				. 	4	
					.	
	(Grants \$) If the	s amount includes foreign gr	ants, check here	>	30 a	
31	Other program services (describe in Scho	edule O)			1	
	(Grants \$) If the	is amount includes foreign gra	ants, check here	▶ □	31 a	
32	Total program service expenses (add line			•	32	
	t IV List of Officers, Directors,	Trustees, and Key Fmi	olovees. List each o	ne even if not compensated	l (see th	ne instructions for Part IV)
	Check if the organization used Sch				. (000 (
	Officer in the organization used out	(b) Title and average			ıts.	(e) Estimated amount of
	(a) Name and address	hours per week	(c) Reportable compensa (Form W 2/1099 MISC	confributions to em		other compensation
	.,	devoted to position	(If not paid, enter -0-	benefit plans, a		
	TITE CAN CUENTED C			deferred compens	ation	
	VE_SNACKENBERG	President				
	.5 BLUE BRANCH RD	0		0.	0.	0.
	WILLE, TN 38472					
WII	LIAM DUNNEBACKE	Vice President				
$\bar{1}\bar{3}$	8 HAMPSHIRE PIKE	0		0.	0.	0.
COI	UMBIA, TN 38401					
	IYA CROWELL	Secretary				
	RIDGETOP ROAD	1		0.	0.	0.
	PSHIRE, TN 38461	•		٠٠	٠.	
		m				
	EVE_BURT	Treasurer			•	
	4 WINDERMERE DRIVE	U		0.	0.	0.
COI	UMBIA, TN 38401					
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						L <u></u>
BAA		TEEA0812L (02/14/12			Form 990-EZ (2011)

Par	Other Information (Note the Schedule A and personal benefit contract 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 each activity in Schedule Q	33	Yes	No 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	_	Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35 b 35 c		X
36	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 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		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 Ь		Х
	Did the organization me Form 1720-10C for this year. 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?	38 a		X
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b 0.			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
t	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 reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40Ь		
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.			
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.			
	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 List the states with which a copy of this return is filed None	40 e		Х
	The organization's books are in care of STEVE BURT Located at 1414 WINDERMERE DRIVE COLUMBIA TN Telephone no 931-3: 2IP + 4 38401 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	81-9 	292 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
c	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? If 'Yes,' enter the name of the foreign country:	42c		Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		► ☐	N/A N/A
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
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		Х
	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		-
	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	45a	 	X
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	\ \ - 7	X (2011)

	EZ (2011) MAURY COUNTY GUN C	LUB. TNC		62-119	1440	Р	'age 4
	LE (2011) PENOICE COUNTY GON C	HOD, INC		02 113	1110	Yes	No
46 Did th	he organization engage, directly or indire	ectly, in political campaig	n activities on behalf of	or in opposition to	46		Х
Part VI		s and section 4947	nexempt charitable	charitable trusts or trusts must answe	ılv. All se	ection ons	
	Check if the organization used Schedu	ele O to respond to any o	question in this Part VI				
47 Did th	ne organization engage in lobbying activi olete Schedule C, Part II	ities or have a section 50	01(h) election in effect di	uring the tax year? If 'Yo	es,' 47	Yes	No
	e organization a school as described in s		•	ule E	48		
	he organization make any transfers to ar is,' was the related organization a section	•	related organization?		49a 49b		
50 Com	plete this table for the organization's five	highest compensated e	mployees (other than of	icers, directors, trustee	s and key		
empl	oyees) who each received more than \$10	T					
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
		+					
_ 							
	number of other employees paid over \$ plete this table for the organization's five	·	ndependent contractors v	vho each received more	than \$100.	000 of	 f
 _	pensation from the organization. If there labeled and address of each independent contractor paid		(b) Type (of service	(c) Comp	ensatio	
		-					
			_				
52 Did th	number of other independent contractors the organization complete Schedule A? N	ote: All section 501(c)(3	•	/(a)(1) nonexempt	▶ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
52 Did the charit	ne organization complete Schedule A? Nable trusts must attach a completed School of perjury, I declare that I have examined this return.	ote: All section 501(c)(3	organizations and 4947	7(a)(1) nonexempt	► Yes		No
52 Did the charit	ne organization complete Schedule A? Nable trusts must attach a completed Sches of perjury, I declare that I have examined this returned complete Declaration of presigner (other than office).	ote: All section 501(c)(3	organizations and 4947	7(a)(1) nonexempt			No_
52 Did th charit Under penaltie true correct, a	ne organization complete Schedule A? Nable trusts must attach a completed Sches of perjury, I declare that I have examined this returned complete Declaration of properer (other than officer Signature of officer B URT	ote: All section 501(c)(3) organizations and 4947 edules and statements, and to the of which preparer has any know	(a)(1) nonexempt the best of my knowledge and beledge Date			No
52 Did th charit Under penaltie true correct, a	ne organization complete Schedule A? Nable trusts must attach a completed Sches of perjury, I declare that I have examined this returned complete Declaration of preggrer (other than officer	ote: All section 501(c)(3 nedule A n, including accompanying scheer) is based on all information) organizations and 4947 edules and statements, and to the of which preparer has any know	(a)(1) nonexempt the best of my knowledge and befinding to be best of my knowledge and before the best of my knowledge and my knowledge and my knowledge and my knowledge and my knowled	elief, it is] No
52 Did the charity Under penalties true correct, a Sign Here	able trusts must attach a completed Sch s of perjury, I declare that I have examined this returned complete Declaration of preggrer (other than officer Signature of officer Type or print name and title Print/Type preparer's name James B Hughes, Jr , CPA	ote: All section 501(c)(3 nedule A n, including accompanying schecer) is based on all information TREAS UR Treparer's signature) organizations and 4947 edules and statements, and to the of which preparer has any know	(a)(1) nonexempt The best of my knowledge and be dedge Date Check Inf P1	2012		No
52 Did the charity Under penalties true correct, a Sign Here	ne organization complete Schedule A? Nable trusts must attach a completed Schedule A; Nable trusts must attach a completed Schedule A; Nable trusts must attach a complete Schedule A; Nable trusts must attach a complete Declaration of preggrer (other than officer Signature of officer Type or print name and title Print/Type preparer's name	ote: All section 501(c)(3 nedule A n, including accompanying scheen) is based on all information) organizations and 4947 edules and statements, and to the of which preparer has any know	(a)(1) nonexempt The best of my knowledge and be dedge Date Check if self employed Picture 1	2012		No
52 Did the charity Under penalties true correct, a Sign Here Paid Preparer Use Only	ne organization complete Schedule A? Nable trusts must attach a completed Sches of perjury, I declare that I have examined this returned complete Declaration of properer (other than officer Signature of officer Type or print name and title Print/Type preparer's name James B Hughes, Jr , CPA Firm's name James B. Hughes,	ote: All section 501(c)(3 nedule A n, including accompanying scheder) is based on all information TREAS UR Treparer's signature 4 n, CPA	organizations and 4947 edules and statements, and to the of which preparer has any known that the preparer has a preparer ha	(a)(1) nonexempt the best of my knowledge and bediedge Date Check if P1 self employed P1 Firm's EIN	2012 FIN 00622621	32 8	No No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2011

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Department of the Treasury Internal Revenue Service 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.

Name of the organization	Employer identification number
MAURY COUNTY GUN CLUB, INC	62-1191440
<u>Form 990-EZ, Part III - Organization's Primary Exempt Purpose</u>	
THE ORGANIZATION TEACHES GUN & HUNTER SAFETY CLASSES AND PROVID	DES FACILITIES FOR
SCHOLASTIC SHOOTING TEAMS TO PRACTICE AND COMPETE. CLUB PERSON	NEL_SUPERVISE RANGE
ACTIVITIES	
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments	s
THE ORGANIZATION TEACHES GUN SAFETY CLASSES TO 4-H & SCOUT TROC	PS, TEACHES HUNTER
SAFETY CLASSES, PERSONAL PROTECTION CLASSES & ALSO CLASSES FOR	GUN_PERMIT
APPLICANTS & SUPERVISES RANGE ACTIVITIES. THE RANGE IS ALSO AV	AILABLE FOR
SCHOLASTIC SHOOTING TEAMS TO PRACTICE AND COMPETE.	·
	•
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2 0 11	Schedule O - Supplem	ental Information	Page 2
	MAURY COUNTY GU	N CLUB, INC	62-1191440
Form 990-EZ, Part I. Other Expenses Board Meeting ExBUILDING MAINTEN GROUNDS MAINTEN Insurance MEMBERSHIPS Memorial donation office Expenses Telephone WEBSITE	rpenses NANCE/SUPPLIES NNCE	\$ Total ₹	16,489. 25,449. 5,632. 250. 630. 1,712. 919. 213.
Form 990-EZ, Part I Other Assets Machinery and Ed		Beginning \$ 95,904. Total \$ 95,904.	