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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 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

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
WINDHAM-GORHAM ROD & GUN CLUB

Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite
269 HIGHLAND CLIFF RD

City or town, state or country, and ZIP + 4
Windham ME 04062

D Employer identification number
01-6019724

E Telephone number
(207) 847-3476

F Group Exemption Number ▶

G Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(7) (insert no.) ☐ 4947(a)(1) or ☐ 527

K 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.

L 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 . . . ▶ \$ 30,245

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

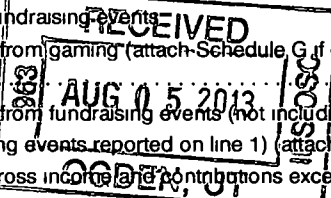
| | | | | |
|------------|--|--|-------|---------|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 778 |
| | 2 | Program service revenue including government fees and contracts | 2 | 22,160 |
| | 3 | Membership dues and assessments | 3 | 2,844 |
| | 4 | Investment income | 4 | 1,023 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | 6b | 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 | 3,440 |
| 6c | Less direct expenses from gaming and fundraising events | 6c | 2,839 | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 601 | |
| EXPENSES | 7a | Gross sales of inventory, less returns and allowances | 7a | |
| | 7b | Less: cost of goods sold | 7b | |
| | 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 | Other revenue (describe in Schedule O) | 8 | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 27,406 |
| | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 22,460 |
| | 11 | Benefits paid to or for members | 11 | |
| NET ASSETS | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | 125 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 11,919 |
| | 15 | Printing, publications, postage, and shipping | 15 | 57 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 4,528 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 39,089 |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -11,683 |
| | 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 | 56,294 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 44,611 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

16P

SCANNED AUG 23 2013



| | |
|----------------|--|
| Part II | Balance Sheets (see the instructions for Part II) |
|----------------|--|

Check if the organization used Schedule O to respond to any question in this Part II

| | | (A) Beginning of year | (B) End of year |
|----|--|-----------------------|-----------------|
| 22 | Cash, savings, and investments | 73,503 | 22 38,473 |
| 23 | Land and buildings | 5,795 | 23 5,795 |
| 24 | Other assets (describe in Schedule O) | 0 | 24 343 |
| 25 | Total assets | 79,298 | 25 44,611 |
| 26 | Total liabilities (describe in Schedule O) | 23,004 | 26 0 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 56,294 | 27 44,611 |

| | |
|-----------------|---|
| Part III | Statement of Program Service Accomplishments (see the instructions for Part III) |
|-----------------|---|

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

| | | |
|---|--|--------------------------|
| 28 | | |
| (Grants \$) If this amount includes foreign grants, check here | ▶ | <input type="checkbox"/> |
| 28a | | |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here | ▶ | <input type="checkbox"/> |
| 29a | | |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here | ▶ | <input type="checkbox"/> |
| 30a | | |
| 31 | Other program services (describe in Schedule O) | |
| (Grants \$) If this amount includes foreign grants, check here | ▶ | <input type="checkbox"/> |
| 31a | | |
| 32 | Total program service expenses (add lines 28a through 31a). | ▶ |
| 32 | | 0 |

Part IV **List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V 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 ☐

| | Yes | No |
|---|------------|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | 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 |
| 35a 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)? | 35a | X |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | X |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | 37a | |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 Section 501(c)(7) organizations. Enter. | | |
| a Initiation fees and capital contributions included on line 9 | 39a | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 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 reported on any of its prior Forms 990 or 990-EZ? 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 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 | 40e | X |
| 41 List the states with which a copy of this return is filed ▶ <u>ME</u> | | |
| 42a The organization's books are in care of ▶ <u>See attachment #3</u> Telephone no ▶ | | |
| Located at ▶ ZIP + 4 ▶ | | |
| 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 account)? | 42b | X |
| 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 | | |
| c At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | 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 ▶ <input type="checkbox"/> | | |
| and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | 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 | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. N/A | 44d | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | X |
| 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | X |

| | Yes | No |
|---|-----|----|
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

| | Yes | No |
|---|-----|----|
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | |
| 49a Did the organization make any transfers to an exempt non-chantable related organization? | | |
| b If "Yes," was the related organization a section 527 organization? | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee paid more than \$100,000 | (b) 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) Estimated amount of other compensation |
|--|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 . . . ▶

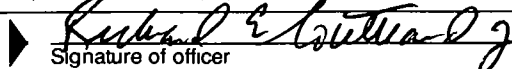
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

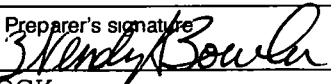
| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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 perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|------------------|---|----------------|
| Sign Here |  | <u>7-30-13</u> |
| | Signature of officer | Date |
| | <u>RICHARD E SOUTHARD JR</u> | TREASURER |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|-----------------------------|---|------------|--|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN |
| | WENDY BOWLER |  | 07.24.2013 | | P00033083 |
| | Firm's name ▶ H AND R BLOCK | Firm's EIN ▶ 043384414 | | | |
| | Firm's address ▶ 14 MAIN ST | Phone no. 207-839-3317 | | | |

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

WINDHAM-GORHAM ROD & GUN CLUB

Employer identification number

01-6019724

PART II LINE 24 - BLACKROCK INVESTMENTS INCREASED IN VALVE \$343

PART I LINE 10

GRANTS FOR PHEASANTS PURCHASING CHICKS, PENS, FEED \$22,160

GRANTS FOR LIFETIME HUNTING AND OR FISHING LICENSES \$300

PART IV LIST OF OFFICERS

ROBERT CHAPIN, PRESIDENT ROBERT WIESS, 1ST VICE PRESIDENT

DALE SOUTHARD, 2ND VICE PRESIDENT JERRY MURRAY, SECRETART

RICHARD SOUTHARD, TREASURER

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

| | |
|---|---|
| Open to Public Inspection | For calendar year 2012 or tax period beginning , and ending |
| Name of Organization WINDHAM-GORHAM ROD & GUN CLUB | Employer Identification Number 01-6019724 |

| Primary Purpose |
|---|
| ANNUALLY RAISES AND RELEASES APPROX 2,000 PHEASANTS IN CONJUNCTION WITH THE STATE OF MAINE PHEASANT PROGRAM. THIS PROGRAM ALLOWS PHEASANTS TO BE AVAILABLE IN THE WILD FOR HUNTERS, BIRDWATCHERS AND OTHERS WHO ENJOY THE OUTDOORS AND ALLOWS THE BIRDS TO CONTINUE TO MATURE AND MULTIPLY IN AREAS AROUND MAINE. ALSO WORKS ON EDUCATING YOUNGER HUNTERS AND PROMOTING GOOD HUNTING, FISHING & WILDLIFE PRACTICES FOR ALL AGES AND BY PROVIDING GRANTS TO YOUNG PEOPLE FOR OBTAINING LIFETIME FISHING, HUNTING OR COMBINATION LICENSES |

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

| | |
|---------------------------|---|
| Open to Public Inspection | For calendar year 2012 or tax period beginning , and ending |
|---------------------------|---|

| | |
|---|--|
| Name of Organization WINDHAM-GORHAM ROD & GUN CLUB | Employer Identification Number 01-6019724 |
|---|--|

| (A) Name and Title | (B) Average hours per week devoted to position | (C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (D) Cont. to employee ben plans & def. comp. | (E) Expense account & other compensation |
|-------------------------------------|--|--|--|--|
| ROBERT CHAPIN PRESIDENT | | 0 | 0 | 0 |
| DALE SOUTHARD 2nd VICE PRESIDENT | | 0 | 0 | 0 |
| RICHARD E SOUTHARD JR TREASURER | | 0 | 0 | 0 |
| JERRY MURRAY SECRETARY | | 0 | 0 | 0 |
| ROBERT WIESS 1st VICE PRESIDENT | | 0 | 0 | 0 |

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

| | | |
|---|--|--|
| Open to Public Inspection | For calendar year 2012 or tax period beginning | , and ending |
| Name of Organization WINDHAM-GORHAM ROD & GUN CLUB | | Employer Identification Number 01-6019724 |
| Part V - Line 42a | | |

Individual Name RICHARD E SOUTHARD JR
or
Business Name:

Street Address 269 HIGHLAND CLIFF RD

U.S. Address:

Zip code 04062- City Windham State ME

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (207) 847-3476

Fax Number

2012 DETAIL STATEMENTSWINDHAM-GORHAM ROD & GUN CLUB
01-6019724

Page 1

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

OFFICE SUPPLIES..... 57

TOTAL CARRIED TO 990 EZ PG 1 Line 15..... 57

STATEMENT #2 - Contributions, gifts, grants (EZ1 Line 1)

HALL DONATIONS..... 348

DONATIONS..... 430

TOTAL CARRIED TO EZ1 Line 1..... 778

STATEMENT #3 - Prog. Service Revenue (990-EZ PG 1 Line 2)

..... 22,160

TOTAL CARRIED TO 990-EZ PG 1 Line 2..... 22,160

STATEMENT #4 - Investment Income (990-EZ PG 1 Line 4)

INTEREST..... 28

BLOCKROCK..... 995

TOTAL CARRIED TO 990-EZ PG 1 Line 4..... 1,023

STATEMENT #5 - Grants and similar amts paid (990-EZ PG 1 Line 10)

PHEASANT PROGRAM..... 22,160

LIFETIME LICENSE GRANTS..... 300

TOTAL CARRIED TO 990-EZ PG 1 Line 10..... 22,460

STATEMENT #6 - Professional Fees (990-EZ PG 1 Line 13)

TAX PREPARATION..... 125

TOTAL CARRIED TO 990-EZ PG 1 Line 13..... 125

STATEMENT #7 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

PARKING LOT LEASE..... 100

WATER SEWER..... 274

OIL..... 1,534

BUILDING MAINTENANCE..... 1,373

UTILITIES UNASSIGNED..... 480

2012 DETAIL STATEMENTSWINDHAM-GORHAM ROD & GUN CLUB
01-6019724

Page 2

| | |
|-------------------------|-------|
| RANGE IMPROVEMENTS..... | 803 |
| FURANCE..... | 3,851 |
| SECURITY SYSTEM..... | 3,504 |

| | |
|---|--------|
| TOTAL CARRIED TO 990-EZ PG 1 Line 14..... | 11,919 |
|---|--------|

STATEMENT #8 - Other expenses (EOEZ Pg 1 Line 16)

| | |
|--------------------------------|-------|
| INSURANCE..... | 1,840 |
| AUTO TRANSPORT REIMBURSED..... | 279 |
| FEES CHARGES..... | 122 |
| DEFIB TRAINING..... | 650 |
| DEFIBULATOR..... | 1,637 |

| | |
|---|-------|
| TOTAL CARRIED TO EOEZ Pg 1 Line 16..... | 4,528 |
|---|-------|

STATEMENT #9 - Beginning of Year - Cash (990-EZ PG 1 Line 22)

| | |
|----------------------------|--------|
| NORWAY SAVINGS..... | 32,116 |
| SCHOLARSHIP FUND..... | 9,020 |
| BUILDING FUND SAVINGS..... | 7,748 |
| LUCKY 7 ACCT..... | 3,078 |
| CASH ON HAND..... | 319 |
| BLACKROCK MUTUAL FUND..... | 21,222 |

| | |
|---|--------|
| TOTAL CARRIED TO 990-EZ PG 1 Line 22..... | 73,503 |
|---|--------|

STATEMENT #10 - End of Year - Cash (990-EZ PG 1 Line 22)

| | |
|----------------------------------|--------|
| NORWAY SAVINGS..... | 4,339 |
| SCHOLARSHIP FUND..... | 5,029 |
| BUILDING FUND SAVINGS..... | 3,255 |
| LUCKY 7 ACCT..... | 3,542 |
| CASH ON HAND Norway Savings..... | 430 |
| BLACKROCK MUTUAL FUND..... | 21,878 |

| | |
|---|--------|
| TOTAL CARRIED TO 990-EZ PG 1 Line 22..... | 38,473 |
|---|--------|

STATEMENT #11 - Beg of Yr - Land/Bldgs (990-EZ PG 1 Line 23)

| | |
|---------------------|-------|
| LAND BUILDINGS..... | 5,795 |
|---------------------|-------|

| | |
|---|-------|
| TOTAL CARRIED TO 990-EZ PG 1 Line 23..... | 5,795 |
|---|-------|

STATEMENT #12 - End of Yr - Land/Bldgs (990-EZ PG 1 Line 23)

| | |
|---------------------|-------|
| LAND BUILDINGS..... | 5,795 |
|---------------------|-------|

2012 DETAIL STATEMENTSWINDHAM-GORHAM ROD & GUN CLUB
01-6019724

Page 3

TOTAL CARRIED TO 990-EZ PG 1 Line 23..... 5,795

STATEMENT #13 - Gross income from fundraising (990-EZ PG 1 Line 6b)

| | |
|--------------------------------------|-------|
| FAIR..... | 1,585 |
| CLUB DINNERS..... | 171 |
| SCRAPE METAL BOTTLE RETURNS..... | 217 |
| GUN S..... | 741 |
| SODA SALES..... | 19 |
| TURKET SHOOT MISC CASH RECEIVED..... | 707 |

TOTAL CARRIED TO 990-EZ PG 1 Line 6b..... 3,440

STATEMENT #14 - Direct expenses from gaming (990-EZ PG 1 Line 6c)

| | |
|--------------------|-------|
| RAFFLE | |
| FAIR BOOTH..... | 350 |
| FOOD DINING..... | 1,450 |
| TURKEY SHOOT..... | 249 |
| GAME LIC FEE..... | 30 |
| ENTERTAINMENT..... | 760 |
| GUN SHOW | |
| SHOPPING | |

TOTAL CARRIED TO 990-EZ PG 1 Line 6c..... 2,839
