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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 private foundations)

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For th	2013 calendar year, or tax year beginning	and endi	ing					
В	Check i applical	C Name of organization			D Employer i	dentification number			
		ess change							
	Nam	e change HIGHLAND ROD & GUN CLUB			27-0	049364			
	Initia	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone	number			
	Tem	PO BOX 239			401-	487-5691			
	Ame	City or town, state or province, country, and ZIP or foreign postal code			F Group Exer	mption			
	Appli	ation pending NORTH SCITUATE, RI 02857			Number >	·			
G		nting Method X Cash Accrual Other (specify) ▶			H Check	X if the organization is not			
- 1	Websi	te: ► WWW.HIGHLANDRODANDGUN.COM			required to	attach Schedule B			
J	Tax-ex	tempt status (check only one) $-$ 501(c)(3) \times 501(c) (7) \triangleleft (insert no)	4947(a)(1)	or 527	(Form 990	, 990-EZ, or 990-PF)			
K	Form (of organization 🔲 Corporation 🔲 Trust 🦳 Association 🔲 C	Other						
L	Add IIr	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total	l assets (Part	11 ,				
_	colum	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	65,765.			
F	Part I	Revenue, Expenses, and Changes in Net Assets or Fund	Balances (see the instru	ictions for Par				
_		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	25,898.			
	3	Membership dues and assessments			3	39,555.			
	4		E SCHEDI 5a	OPE O	4	312.			
	5a	Gross amount from sale of assets other than inventory							
	b	Less cost or other basis and sales expenses	5b		—				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			<u>5c</u>	<u></u>			
	6	Gaming and fundraising events	·						
e	a	Gross income from gaming (attach Schedule G if greater than	. 1						
Revenue	Ι.	\$15,000)	6a						
æ	D	Gross income from fundraising events (not including \$	of contributions	6					
	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such	6b						
	١.	gross income and contributions exceeds \$15,000)	6b						
	[Less direct expenses from gaming and fundraising events			6d				
	72	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subl Gross sales of inventory, less returns and allowances)	7a		- Ou				
	7a	Less cost of goods sold	7b						
	, ,		70_,		_{7c}]				
	8	Other revenue (describe in Schedule O) Gross profit or (loss) from sales of inventory but ract line 7b from line 7a) MAY 1 3 2014			8	<u> </u>			
₹	g				▶ 9	65,765.			
2014 	10	Grants and similar amounts paid (list in Schedule OGDEN, UT Benefits paid to or for members			10				
	11	Benefits paid to or for members			11				
⊗ sə	1	Salaries, other compensation, and employee benefits			12				
s	13	Professional fees and other payments to independent contractors			13	6,196.			
JUN ® Expenses	14		E SCHED	ULE O	14	40,077.			
		Printing, publications, postage, and shipping			15	1,386.			
	16		E SCHED	ULE O	16	13,349.			
Z	17	Total expenses. Add lines 10 through 16			▶ 17	61,008.			
SCANNED Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	4,757.			
©;; te	19	Net assets or fund balances at beginning of year (from line 27, column (A))							
(A) &		(must agree with end-of-year figure reported on prior year's return)			19	313,082.			
Net	20	Other changes in net assets or fund balances (explain in Schedule 0)			20_	0.			
_	21	Net assets or fund balances at end of year Combine lines 18 through 20			▶ 21	317,839.			
LH	HA Fo	r Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2013)			

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Pa	irt II E	Balance Sheets (see the instructions for Part 1	II)				
		Check if the organization used Schedule O to	respond to any	question in this	Par	t II	
				(A) Beginning of year	•	(B) E	nd of year
22	Cash, sa	avings, and investments		122,20		2	118,521.
23	Land an	nd buildings		190,87	5 . 23	3	199,318.
24	Other as	ssets (describe in Schedule O)) . 24		
25	Total as	·		313,08	2 . 25	5	317,839.
26		abilities (describe in Schedule O)) . 26		0.
27		ets or fund balances (line 27 of column (B) must agree with line 21)		313,08	2 . 2	7	317,839.
	art III	Statement of Program Service Accomplishmen	its (see the inst	ructions for Par	: III)	Ex	penses
تستسا		Check if the organization used Schedule O to				Required	for section
Wha	it is the ord	ganization's primary exempt purpose?SEE SCHEDULE O	TCOPOINT IN MALL	440000000000000000000000000000000000000		, ,,,,	and 501(c)(4) ons and section
	_	anization's program service accomplishments for each of its three largest program	services, as measured by ex	penses In a clear and concis	•	4947(a)(1)) trusts, optional
		e the services provided, the number of persons benefited, and other relevant inform		,		for others)
28	SEE S	SCHEDULE O		<u>.</u>	-		
				· · · · · · · · · · · · · · · · · · ·	-		
	(Grants \$) If this amount includes foreign of	rants, check here	•] 28a	
29	(0.0	,					
	(Grants \$) If this amount includes foreign of	rants, check here	>] 29a	
30	(Granto C	, , , , , , , , , , , , , , , , , , , ,	,				
	(Grants \$) If this amount includes foreign of	rants, check here	<u> </u>] 30a	
31		ogram services (describe in Schedule O)		<u></u>			
•	(Grants		rants, check here	>	•] 31a	
32		ogram service expenses (add lines 28a through 31a)				32	
P	art IV	List of Officers, Directors, Trustees, and Key E	mployees (list each	one even if not compensated	l - see th	ne instructions f	or Part IV)
P							or Part IV)
P		List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to		question in this (c) Reportable	Par (d)	t IV	or Part IV) (e) Estimated
			respond to any (b) Average hour per week devoted	question in this (C) Reportable	(d) H	t IV lealth benefits, atributions to ployee benefit	(e) Estimated amount of other
		Check if the organization used Schedule O to	respond to any (b) Average hour	question in this (c) Reportable compensation (Form	(d) H	t IV lealth benefits, atributions to	(e) Estimated
		Check if the organization used Schedule O to	respond to any (b) Average hour per week devoted	(c) Reportable compensation (Form W-2/1099-MISC)	(d) H	Health benefits, ntributions to ployee benefit s, and deferred	(e) Estimated amount of other
<u>JC</u>		Check if the organization used Schedule O to (a) Name and title UDOLPH	respond to any (b) Average hour per week devoted	(c) Reportable compensation (Form W-2/1099-MISC)	(d) + coremplants	Health benefits, ntributions to ployee benefit s, and deferred	(e) Estimated amount of other
JC PF	OHN RU	Check if the organization used Schedule O to (a) Name and title UDOLPH	respond to any (b) Average hour per week devoted position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	(d) + coremplants	death benefits, ntributions to ployee benefit s, and deferred impensation	(e) Estimated amount of other compensation
JC PF TH	OHN RIRESIDI	Check if the organization used Schedule O to (a) Name and title UDOLPH ENT	respond to any (b) Average hour per week devoted position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	(d) Hose coremplants	death benefits, ntributions to ployee benefit s, and deferred impensation	(e) Estimated amount of other compensation
JC PF TH VI	OHN RICESIDIOMAS	Check if the organization used Schedule O to (a) Name and title UDOLPH ENT PIERCE	(b) Average hour per week devoted position 2.00	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	(d) Hose coremplants	reteath benefits, nitributions to oloyee benefit s, and deferred impensation	(e) Estimated amount of other compensation O .
JC PF TH VI	OHN RICESIDIOMAS	Check if the organization used Schedule O to (a) Name and title UDOLPH ENT PIERCE RESIDENT LEVY	respond to any (b) Average hour per week devoted position 2.00	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	(d) + cor emplans cc	reteath benefits, nitributions to oloyee benefit s, and deferred impensation	(e) Estimated amount of other compensation
JC PF TH VI MZ SF	OHN RICESIDIOMAS CE PIARSHA	Check if the organization used Schedule O to (a) Name and title UDOLPH ENT PIERCE RESIDENT LEVY	(b) Average hour per week devoted position 2.00 2.00	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	Par (d) H (d) H (em) plans (cc	Health benefits, ntributions to ologoe benefit s, and deferred impensation 0.	(e) Estimated amount of other compensation 0.
JC PF TH VI MA SF AI	OHN RICESIDIOMAS CE PIARSHA	Check if the organization used Schedule O to (a) Name and title UDOLPH ENT PIERCE RESIDENT LEVY ARY SCHENCK	(b) Average hour per week devoted position 2.00	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-	Par (d) H (d) H (em) plans (cc	Health benefits, inholutions to playe benefit s, and deferred impensation	(e) Estimated amount of other compensation O .
JC PF TH VI MA SF AI	OHN RICESIDIOMAS CE PI ARSHA CRETA	Check if the organization used Schedule O to (a) Name and title UDOLPH ENT PIERCE RESIDENT LEVY ARY SCHENCK	respond to any (b) Average hour per week devoted position 2.00 2.00 2.00	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	Par (d) + Cor emplant cc	Health benefits, ntributions to object the second of the s	(e) Estimated amount of other compensation O . O .
JO PF VI MA SE AI TE GA	OHN RICESIDIOMAS CE PIARSHA CCRETA LEN SEASUI	Check if the organization used Schedule O to (a) Name and title UDOLPH ENT PIERCE RESIDENT LEVY ARY SCHENCK RER	(b) Average hour per week devoted position 2.00 2.00	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	Par (d) + Cor emplant cc	Health benefits, ntributions to ologoe benefit s, and deferred impensation 0.	(e) Estimated amount of other compensation 0.
JO PF TH VI MF SI AI TF GF BC	OHN RUSTER STATE OF THE PROPERTY MARCHARLEN STATE OF THE PROPERTY	Check if the organization used Schedule O to (a) Name and title UDOLPH ENT PIERCE RESIDENT LEVY ARY SCHENCK RER ADDOCKS	respond to any (b) Average hour per week devoted position 2.00 2.00 2.00 1.00	r question in this (c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-0) 0 0 0 0	S Par (d) cor emipplans cc	t IV leath benefits, stributions to ologoe benefit s, and deferred ampensation 0 • 0 • 0 •	(e) Estimated amount of other compensation 0. 0. 0.
JC PF TH VI MA SE AI TE GA BC WI	OHN RICESIDIOMAS CE PIARSHA CRETZ LEN SEASUIARY MA	Check if the organization used Schedule O to (a) Name and title UDOLPH ENT PIERCE RESIDENT LEVY ARY SCHENCK RER ADDOCKS MEMBER	respond to any (b) Average hour per week devoted position 2.00 2.00 2.00	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-	S Par (d) cor emipplans cc	Health benefits, ntributions to object the second of the s	(e) Estimated amount of other compensation O . O .
JC PF TH VI MA SE AI TE GA BC WI BC	OHN RICESIDIOMAS CE PI ARSHA CERETI LEN S REASUI ARY MI DARD I	Check if the organization used Schedule O to (a) Name and title UDOLPH ENT PIERCE RESIDENT LEVY ARY SCHENCK RER ADDOCKS MEMBER M MCGUIRE	(b) Average hour per week devoted position 2.00 2.00 2.00 1.00	question in this (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	S Par (d) + cor emploars cc	leath benefits, atributions to player benefits, and deferred impensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JC PF TH VI MA SE AI TF GA BC MI	OHN RICESIDIOMAS CE PI ARSHA CEASU ARY MA DARD LLIAI DARD KE BI	Check if the organization used Schedule O to (a) Name and title UDOLPH ENT PIERCE RESIDENT LEVY ARY SCHENCK RER ADDOCKS MEMBER M MCGUIRE MEMBER	respond to any (b) Average hour per week devoted position 2.00 2.00 2.00 1.00	r question in this (c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-0) 0 0 0 0	S Par (d) + cor emploars cc	t IV leath benefits, stributions to ologoe benefit s, and deferred ampensation 0 • 0 • 0 •	(e) Estimated amount of other compensation 0. 0. 0.
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JC PF TH VI MA SE AI TF GA BC MI	OHN RICESIDIOMAS CE PI ARSHA CEASU ARY MA DARD LLIAI DARD KE BI	Check if the organization used Schedule O to (a) Name and title UDOLPH ENT PIERCE RESIDENT LEVY ARY SCHENCK RER ADDOCKS MEMBER M MCGUIRE MEMBER ROUILLARD	(b) Average hour per week devoted position 2.00 2.00 2.00 1.00	question in this (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	S Par (d) + cor emploars cc	leath benefits, atributions to player benefits, and deferred impensation 0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O.
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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 Sch. O to respond to any question in this Exit V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each Х 33 activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X 35a on lines 2, 6a, and 7a, among others)? N/A 35b 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 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 X 35c 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," X 36 complete applicable parts of Schedule N ► | 37a | 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37h 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38b b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter 0. 39a a Initiation fees and capital contributions included on line 9 0 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A , section 4912 ► ___ N/A 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? N/A 40b If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers N/A 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 N/A e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed $\triangleright RI$ Telephone no ► 401-487-5691 42a The organization's books are in care of ► ALLEN SCHENCK ZIP+4 ► 02857 Located at ▶ 36 ST JAMES LANE, NORTH SCITUATE, b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? 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. X 42c 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х 44a Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b of Form 990-EZ X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d Х 45a 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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) Form 990-EZ (2013)

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-orm 990-EZ (2	2013) HIGHLAND ROD & GON CLUB				27-0049	304		aye 4
							Yes	No
	rganization engage, directly or indirectly, in political campaign activitie	s on behalf of o	r in oppositio	n to candidates for pu	DIIC OTTICE?	46		X
	omplete Schedule C, Part I					46		
	Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-	40h and E0 a	ad complet	o the tables for line	s 50 and 51			
	Check if the organization used Schedule O to respond to any			e the tables for line	3 30 and 31.			
	Check if the organization used Schedule O to respond to any	question in i	iis Fait VI		-	_	Yes	No
17 Did the o	rganization engage in lobbying activities or have a section 501(h) elec	tion in effect du	ring the tax v	ear? If "Yes " complete	Sch C. Part II	47		
	panization a school as described in section 170(b)(1)(A)(ii)? If "Yes," c			our in root complete	5, 5, 5, 5	48		
	rganization make any transfers to an exempt non-charitable related or				i	49a		
	vas the related organization a section 527 organization?	guu				49b		
	this table for the organization's five highest compensated employees	(other than offi	cers, director	s, trustees and key en	nployees) who e	ach red	ceived	more
-	0,000 of compensation from the organization. If there is none, enter 1							
	(a) Name and title of each employee	(b) Averag		(C) Reportable	(d) Health benefits contributions to) Estim	
		per week d		compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferre		ount of	
	N/A	posit			compensation	- 60	mpens	
				 		+-		
		-						
				-		+		
		1						
						+		
<u> </u>		1						
		-				+		
		1						
organizat	e this table for the organization's five highest compensated independetion. If there is none, enter "None." N/A. Name and business address of each independent contractor.) Type of service	<u> </u>		ensatio	
								
d Total nur	mber of other independent contractors each receiving over \$100,000			>				
52 Did the o	rganization complete Schedule A? Note . All section 501(c)(3) organiz	zations and 494	7(a)(1) none:	kempt	_		_	_
charitabl	e trusts must attach a completed Schedule A	dules and stateme	nts and to the	hest of my knowledge and	belief if is true co	Y	es	No
Declaration of pro	of perjury, I declare that I have examined his ratum, inclifding accompanying sche eparer (other than officer) is based on all information of which preparer has any kno	owledge			1			
Sign	Signature of officer Allen F. Chenck tra	11.404			Date 4) 39	114		
Here	Type or print name and title	J *** L *			 .			
	Print/Type preparer's name Preparer's signature	01/10	Date ,	Check				
Paid	/ hasall	HH N:	1 4/2	5/// self- emplo	·			
Preparer	DEBORAH A. HOPKINS WWW.	ar jogym	100	// /	P00			<u> </u>
Use Only	Firm's name ► KAHN, LITWIN, RENZA &	CO.() L	rD.′	Firm's Elf	▶ 05-04			_
	Firm's address ▶ 951 NORTH MAIN STREET	נ		Phone no	401-27	4-2	001	·
	PROVIDENCE, RI 02904					ਹ		٦
May the IRS d	iscuss this return with the preparer shown above? See instructions				▶ [es_ L	No.
						COMM	4411-P/	171113

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM	FORM 990-EZ PAGE 1					6	990-EZ							
Asset	t Description	Date Acquired	Method	Efe	S S S S	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS			<u> </u>					 					
	3 BUILDING IMPROVEMENTS	06/30/01	15	39,00	7 1	9,797.		<u></u>		9,797.	1,391,		251	1,642,
	BUILDINGS					9,797.			-	9,797.	1,391.		251.	1,642.
	FURNITURE & FIXTURES	******			********				H					
	PRIOR BUILDING, EQUIPMENT,	06/30/04	- IS	5,00	HYL 7	47,494.				47,494.	47,494.	_	0	47,494
	* 990 EZ PG 1 TOTAL			******					i 		`		,	
	FURNITURE & FIXTURES	*****	******	····· -	******	47,494.				47,494,	47,494.		0	47,494.
	LAND												-+++	
	2 LAND	7 #0/0E/90	a			182,398.			H	182,398,			<u></u>	
	* 990-EZ PG 1 TOTAL LAND			***		182,398.		<u></u>		182,398.	.0		0	.0
	other	.,,,,,,,,,		********			, <u></u>						**********	
· 	4 BUILDING IMPROVEMENTS	80/06/90	ıs	39.00	MM 7	80.	• • • • • • • • • • • • • • • • • • • •			80.	6			11.
	s building improvements	01/01/13	žš.	39.00	16100	2,764.				2,764.			00 10	68.
	6 LAND	01/01/13	Li			6,000.		<u> </u>		6,000.				
	* 950-BZ PG 1 TOTAL OTHER	*********			••••••	8,844.				8,844.	6		70.	79.
	DEPR					248,533.				248,533.	48,894.		321.	49,215.
·····					********					·····				
		-	**						4:					

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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. information about Schedule O (Form 990 or 990-FZ) and its instructions islativity its got/form990 Open to Public Inspection

Internal Revenue Service Name of the organization

HIGHLAND ROD & GUN CLUB

Employer identification number 27-0049364

HIGHLAND ROD & GUN CLUB	<u>27-0049364</u>
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	312.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	321.
OTHER EXPENSES	39,756.
TOTAL TO FORM 990-EZ, LINE 14	40,077.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MEMBER ACTIVITIES	3,268.
OFFICE EXPENSES	4,158.
INSURANCE	3,425.
MISCELLANEOUS	1,047.
PERMITS AND LICENSES	51.
FILING FEES	20.
LOBBYIST	1,380.
TOTAL TO FORM 990-EZ, LINE 16	13,349.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVID	E A SAFE &
EFFICIENT PLACE FOR MEMBERS TO ENJOY THE SHOOTING SPORTS	AND PROMOTE
INTEREST IN HUNTING AND PRESERVATION OF WILDLIFE.	<u> </u>

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE 0 (Form 990 or 990-EZ)

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.

Open to Public

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

oformation about Schedule O (Form 990 or 990-EZ) and its instructions islaturu irs gov/form990

Inspection

HIGHLAND ROD & GUN CLUB	27-0049364
CLUB HAS PROVIDED ORGANIZED ACTIVITIES FOR MEMBERS AND HA	s
MAINTAINED A PISTOL RANGE, RIFLE RANGES, REGULATION TRAP	
FIELDS, A POND STOCKED WITH TROUT, AND ARCHERY LANES. TH	E
CLUB HAS SERVED AS HOST FOR THE BOY SCOUTS & RI DEM FOR E	DUCATIONAL
ACTIVITIES, AS WELL AS FOR FIREARM QUALIFICATION OF LOCAL	LAW
ENFORCEMENT.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	······································

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

Attachment Sequence No 179

OMB No 1545-0172

Name(s) shown on return

► See separate instructions. ► Attach to your tax return. Business or activity to which this form relates

Identifying number

HIC	SHLAND ROD & GUN CLU	В	FOR	RM 9	90-E	Z PAGE	1	27-0049364
Pai	t I Election To Expense Certain Propert	Under Section 17	79 Note: If you have any lis	sted pr	operty, c	complete Part	V before y	ou complete Part I.
1 N	Maximum amount (see instructions)						1	500,000.
2 1	otal cost of section 179 property place	d in service (see	instructions)				2	
3 T	hreshold cost of section 179 property b	efore reduction	ın lımıtatıon				3	2,000,000.
4 F	Reduction in limitation. Subtract line 3 fr	om line 2. If zero	or less, enter -0-				4	
5 D	Pollar limitation for tax year Subtract line 4 from line	If zero or less, enter	-0- If marned filing separately, se	e instruc	tions		5	· · · · · · · · · · · · · · · · · · ·
6	(a) Description of prop	perty	(b) Cost (busi	ness use	only)	(c) Elected	cost	
7 L	listed property. Enter the amount from I	ine 29			7			
8 7	Total elected cost of section 179 proper	ty. Add amounts	in column (c), lines 6 and	1 7			8	
9 7	Tentative deduction. Enter the smaller of	of line 5 or line 8					9	
	Carryover of disallowed deduction from	-					10	
	Business income limitation. Enter the sm				ıne 5		11	
12 9	Section 179 expense deduction. Add lin	es 9 and 10, but	do not enter more than I	ine 11			12	
	Carryover of disallowed deduction to 20				13			
	: Do not use Part II or Part III below for							· · · · · ·
	rt II Special Depreciation Allowan							<u> </u>
14 5	Special depreciation allowance for quali	fied property (oth	ner than listed property) p	olaced i	n service	e during		
	he tax year						14	
	Property subject to section 168(f)(1) elec	ction					15	
	Other depreciation (including ACRS)						16_	
Pa	rt III MACRS Depreciation (Do not	include listed pr	Section A	5.)		-		
	MACDO de de desenta de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la co			12			17	253.
	MACRS deductions for assets placed in	· ·			.		7 	
10 1	f you are electing to group any assets placed in servi Section B - Assets		e During 2013 Tax Year			neral Deprecia	ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
—- 19а	3-year property		-		•			-
<u></u> b	5-year property							
	7-year property	• •				_		
d	10-year property						-	
	15-year property	1						
	20-year property	1			•			
a	25-year property			2	25 yrs.		S/L	
		/		2	7.5 yrs.	MM	S/L	
h	Residential rental property	/		_	7.5 yrs.	MM	S/L	
		01/13	2,764	• ;	39 yrs.	MM	S/L	68.
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets P	aced in Service	During 2013 Tax Year l	Jsing t	he Alter	native Depre	ciation Sy	stem
20a	Class life						S/L	
ь					12 yrs.		S/L	
c					40 yrs.	MM	S/L	
	rt IV Summary (See Instructions)							
21	Listed property. Enter amount from line	28					21	
	Total. Add amounts from line 12, lines 1		nes 19 and 20 in column ((g), and	l line 21.			
	Enter here and on the appropriate lines	of your return. P	artnerships and S corpor	ations	- <u>see in</u> s	tr	22	321.
	For assets shown above and placed in							
	portion of the basis attributable to secti		_ <u>_</u>		23			
31625 12-19	LHA For Paperwork Reduction	Act Notice, see	separate instructions.					Form 4562 (2013)

27-0049364 HIGHLAND ROD & GUN CLUB Form 4562 (2013) Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes." is the evidence written? No Yes No (b) (c) (e) (i) (d) Date Rusiness/ Elected Basis for depreciation Recovery Depreciation Method/ Type of property Cost or placed in section 179 investment (business/investment (list vehicles first) other basis period Convention deduction use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % %

Section B - Information on Use of Vehicles

S/L -

S/L -

S/L -

28

29

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

%

%

%

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

		(a	-	(t	-	(0	-	(0	-	(4	-	(1	-
30	Total business/investment miles driven during the	Veh	cle	Veh	ıcle								
	year (do not include commuting miles)												
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles												
	driven												
33	Total miles driven during the year.											i	
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?												
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?												
36	Is another vehicle available for personal												_
	use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

•	bo you maintain a written policy statement that promote all personal use of veriloids, including commuting, by your	. 00	- 10
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		

41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization					
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during you	r 2013 tax year:				
	<u> </u>		ļ		
	<u></u>				
43 Amortization of costs that began before your	2013 tax year			43	
44 Total. Add amounts in column (f). See the ins	structions for whe	ere to report		44	

316252 12-19-13

Form 4562 (2013)

27 Property used 50% or less in a qualified business use