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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- 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](http://www.irs.gov/form990).

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Inspection

<b>A</b> For the 2013 calendar year, or tax year beginning _____, and ending _____	<b>C</b> Name of organization <b>Mahoning County Coon Hunters Protective Association</b> Number and street (or P O box, if mail is not delivered to street address) _____ Room/suite _____ <b>14242 W Calla Road</b> City or town _____ State _____ ZIP code _____ <b>Salem</b> OH 44460-9648 Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____			<b>D</b> Employer identification number <b>34-6567499</b> <b>E</b> Telephone number <b>(330) 337-0442</b>
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending				<b>F</b> Group Exemption Number ►

<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual    Other (specify) ► _____	<b>H</b> Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
<b>I</b> Website: ► <b>N/A</b>				
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 7 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____				
<b>L</b> 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$ <b>108,545</b>

**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	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3 1,185
4	Investment income	4 1,070
5a	Gross amount from sale of assets other than inventory	5a
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)	5c 0
6	Gaming and fundraising events	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
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 105,886
c	Less direct expenses from gaming and fundraising events	6c 37,543
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 68,343
7a	Gross sales of inventory, less returns and allowances	7a
b	Less cost of goods sold	7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
8	Other revenue (describe in Schedule O)	8 404
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 71,002
10	Grants and similar amounts paid (list in Schedule O)	10
11	Benefits paid to or for members	11 17,256
12	Salaries, other compensation, and employee benefits	12
13	Professional fees and other payments to independent contractors	13 200
14	Occupancy, rent, utilities, and maintenance	14 30,317
15	Printing, publications, postage, and shipping	15 1,048
16	Other expenses (describe in Schedule O)	16 8,670
17	<b>Total expenses.</b> Add lines 10 through 16	17 57,491
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 13,511
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)	19 409,327
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	21 422,838

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2013)

6/15/14

**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	272,204	22 285,715
23	Land and buildings	137,123	23 137,123
24	Other assets (describe in Schedule O)		24
25	<b>Total assets</b>	409,327	25 422,838
26	<b>Total liabilities</b> (describe in Schedule O)		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	409,327	27 422,838

**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? Protection of Wild Animals

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

28 Annual Event to raise funds for the organization. Funds raised allow the organization to fulfill purposes set forth for the organization

(Grants \$ ) If this amount includes foreign grants, check here ►  28a

29

(Grants \$ ) If this amount includes foreign grants, check here ►  29a

30

(Grants \$ ) If this amount includes foreign grants, check here ►  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ►  31a32 **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 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John P Jakubek				
President	Hr/WK 5 00			
Tom Mills				
V-Pres	Hr/WK 5 00			
Todd Schuller				
Secretary	Hr/WK 5 00			
James D. Willock				
Treasurer	Hr/WK 5 00			
	Hr/WK			

**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. 

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

	Yes	No
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

35 a 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)?

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 requirements during the year? If "Yes," complete Schedule C, Part III

35a	X
35b	X
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

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file Form 1120-POL for this year?

37b	

38 a 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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b	
39a	
39b	

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

39b	

40 a 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

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.

40b	
40e	

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42 a The organization's books are in care of ► James D. Willock Telephone no ► (330) 337-0442  
Located at ► 14242 W. Calla Road City Salem ST OH ZIP + 4 ► 44460-9468

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)?

If "Yes," enter the name of the foreign country ► \_\_\_\_\_

	Yes	No
42b		X

42c		X

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. ► **43**

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

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

c Did the organization receive any payments for indoor tanning services during the year?

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

44a		X
44b		X
44c		X

44d		
45a		X

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b 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		

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

	Yes	No
46		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

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
-----	--

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	(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
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

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

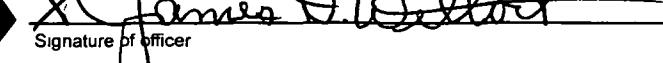
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP

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		5-8-14
	Signature of officer James D. Willock	Date Treasurer

Paid Preparer Use Only	Print/Type preparer's name Harold Blackann	Preparer's signature 	Date 5/5/2014	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01358929
	Firm's name ► Harold E. Blackann		Firm's EIN ►		

Firm's address ► 2340 Innwood Drive, Youngstown, OH 44515

Phone no (330) 799-8169

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