

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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 By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the 2	2013 cal	endar year, or tax year beginning	07-01-2013 , 2013, and endin	ıg 06-30-2014			
		plicable	C Name of organization BOONE AND CROCKETT CLUB			D Emplo	yer ide	entification number
Add	lress cha	ange	Doing Business As			13-6	40009	1
Nar	ne char	nge	boiling business / 5					
Init	ıal retur	'n		all is not delivered to street address)	loom/suite	E Teleph	one nun	nber
Ter	mınated	i	250 STATION DRIVE			(406) 542-:	1 8 8 8
┌ Am	ended r	eturn	City or town, state or province, cour	try, and ZIP or foreign postal code		(400)) 542-	1000
┌ App	lication	pending	MISSOULA, MT 59801			G Gross	receipts	\$ 3,412,483
			F Name and address of prin	cıpal officer	H(a)	Is this a group	returr	n for
			MARSHALL J COLLINS JR 250 STATION DRIVE			subordinates?		┌ Yes 🗸 No
			MISSOULA, MT 59801		Н(Р)	Are all subord	ınates	┌ Yes ┌ No
						included?	maces	, 165, 140
I Ta	x-exem	pt status	√ 501(c)(3)	nsert no)	7	If "No," attach	n a list	(see instructions)
J W	ebsite	:► WW	W BOONE-CROCKETT ORG		H(c)	Group exemp	tıon nu	mber ►
K Forr	n of org	anızatıon	Corporation Trust Association	n Other ►	LY	ear of formation 19	923 M	State of legal domicile DC
Pa	rt I	Sum	mary					
			escribe the organization's missio					
	<u> </u>	<u>VORK F</u>	OR PRESERVATION OF WILD A	NIMALS, PROMOTE HUNTING	8 & EXPLORA	TION & RECOF	RD RES	SULTS FOR STUDY
ည်	_							
<u> </u>	_							
Governance	2 0	Check th	nis box দ if the organization dis	scontinued its operations or disp	osed of more	than 25% of its	net a	ssets
	3 1	Jumher	of voting members of the govern	ng hody (Part VI line 1a)			з	13
Activities &	l		of independent voting members of				4	13
Ě	l		mber of individuals employed in c				5	20
Ę	l		mber of volunteers (estimate if n				6	13
q,	7 a ⊺	otal un	related business revenue from Pa	art VIII, column (C), line 12 .			7a	159,542
	ь∧	let unre	lated business taxable income fr	om Form 990-T, line 34			7b	-30,097
						Prior Year		Current Year
	8	Contri	butions and grants (Part VIII, li	ne 1 h)		1,251,	809	1,569,853
흝	9	Progra	ım service revenue (Part VIII, lii	ne 2g)	· · <u> </u>	724,	131	711,019
Revenue	10		ment income (Part VIII, column			145,	574	164,865
ш.	11		revenue (Part VIII, column (A),		· —	419,	840	451,347
	12		revenue—add lines 8 through 11			2,541,	354	2,897,084
	13		and similar amounts paid (Part			29,	650	70,404
	14	Benefi	ts paid to or for members (Part I	X, column (A), line 4)			0	0
	15		es, other compensation, employe	e benefits (Part IX, column (A),	lines			
Expenses		5-10)				1,111,		1,216,900
<u>₹</u>	16a		sional fundraising fees (Part IX,		· ·		0	0
五	b		ndraising expenses (Part IX, column (D)		<u> </u>	1 527	260	1 462 102
	17 18		expenses (Part IX, column (A), l expenses Add lines 13–17 (mus			1,537, 2,678,		1,462,182 2,749,486
	19		ue less expenses Subtract line			-136,		147,598
* or		1(0 + 01)	de less expenses subtrace mic			ginning of Curre		·
Net Assets or Fund Balances						Year		End of Year
3.45	20	Total	assets (Part X, line 16)			5,147,	496	5,046,110
₹ 28	21		labilities (Part X, line 26)		· · · <u> </u>	1,600,		1,351,582
	22		sets or fund balances Subtract	line 21 from line 20		3,546,	930	3,694,528
	t II		ature Block					
my kr	rowled	ge and	perjury, I declare that I have exa belief, it is true, correct, and com nowledge					
		k ****	**			2015-01-14		
Sign		I B	ature of officer			Date		
Here		MAR	SHALL J COLLINS JR TREASURER					
			or print name and title					
				T			PTIN	
Paid			rınt/Type preparer's name AMES V GALIPEAU CPA	Preparer's signature	Date	Check If self-employed	1 00000	7309

MISSOULA, MT 59808

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ► PO BOX 16237

Preparer

Use Only

Phone no (406) 549-4148

✓ Yes ☐ No

Par		ment of Program S					
		if Schedule O contains a		o any line in this Pa	art III		· · · ·
	ROMOTE GUA		VIDENT MANAGEM		E AND ASSOCIATED W		
					ANSHIP IN ALL ASPECTS SPER IN ITS NATURAL H		HUNTING IN
		S RESCONCE OF REE !		31(VIVE //115 116		1772177710	
2					ear which were not listed		
	•	n 990 or 990-EZ? cribe these new services					Yes ▼ No
3	_	ızatıon cease conductıng	g, or make sıgnıfıcar	it changes in how i	conducts, any program	г	Yes ✓ No
		cribe these changes on S	Schedule O			,	•
4	expenses Se		l (c)(4) organizations	are required to re	s three largest program se port the amount of grants		
4a	(Code) (Expenses \$	800,442	ıncludıng grants of \$	460) (Reve	nue \$	341,769)
	CONSERVATION PRACTICES THA FULLY COMPLIE SPORTSMANSH MEASURER WO IN ADDITION, T CLUB PUBLISHE RELEASED ONE	N RECORD OF EXCELLENCE IN AT PRODUCE SUCH SPECIMENES WITH THE CLUB'S FAIR CH. IP, AND MANAGEMENT PRACT PRACT ORKSHOPS, CERTIFYING 61 NEMERIE "A MULE DEER RETROSPEED "BOONE AND CROCKETT CENEW E-BOOK FOR THEIR B&PUBLISHED LASTLY, THE CLUE	I SPECIMEN QUALITY ANI NS AND EXCELLENCE IN I ASE CODE THE CLUB ALI TICES THAT PRODUCE QUE THE WASSURERS FOR A THE TITLE WAS PUBLISHED LUB'S 28TH BIG GAME AN C CLASSICS SERIES, "SE	D LINKING IT WITH BOTH HOTHING SKILLS DEMO SO ORGANIZES RECOG JALITY WILDLIFE POPUI TOTAL OF 1,376 WORLD AND THE CLUB RELEAS WARDS" BOOK AND ITS LOUS' A HUNTER'S WAI	ICAN BIG GAME FOR THE PURP ITH EXCELLENCE IN HABITAT MA NSTRATED BY THE TAKING OF: NITION PROGRAMS TO HONOR ATIONS DURING THE YEAR TH WIDE THE PROGRAM ALSO PROBLED A COLLECTOR'S SET FOR ALE PAPERBACK TITLED "BACK FROM NOERINGS IN AFRICA " FOUR P (HISTORYOFHUNTING NET, WIL	NAGEMENT AND WILL SUCH SPECIMEN IN A SPECIMEN QUALITY, IE ORGANZIATION HE OCESSED 1,381 NEW LL THREE RETROSPECOM THE HUNT " THE APERBACK EDITIONS	DLIFE MANAGEMENT A MANNER THAT HUNTER SKILLS, ELD 3 OFFICIAL Y RECORD ENTRIES CTIVE BOOKS THE CLUB ALSO G OF B&C CLASSICS
	(Code) (Expenses \$	497,847	including grants of \$) (Reven		67,958)
40	THE OUTREACH SCOUTING FOR THE ORGANIZA MILLION MINUT	H PROGRAM CONDUCTS A VAF R OR CREATING OPPORTUNITI ITION'S FACEBOOK FANBASE F IES WEBSITE TRAFFIC HAS B CORPORATE SPONSORS, AND	RIETY OF PROGRAMS TH IES TO EXPOSE THE CLUI ROM 30,298 TO 105,000 EEN INCREASED BY 24%	AT AID IN THE OVERALI B'S CORE VALUES TO TI D, INSTAGRAM FANBASE THE ORGANIZATION A	GROWTH, STRENGTH, AND FI GROWTH, STRENGTH, AND FI HE HUNTING AND OUTDOOR CO FROM 3,100 TO 8,300, AND YO ALSO DISTRIBUTED 23 PRESS R MENT LASTLY, THE CLUB COMP	SCAL RESPONSIBILIT DMMUNITY THE PRO- OUTUBE WATCH TIM ELEASES, 5 POSITION	IES OF THE CLUB BY GRAM INCREASED E FROM 84,000 TO : N STATEMENTS,
	(Code) (Expenses \$	263,649	including grants of \$) (Reven	 iue \$ 2	285,024)
					CS AND CONSERVATION THROU OR 6,449 ASSOCIATES AND 932		
	(Code) (Expenses \$	238,772	ıncludıng grants of \$) (Reven	 ue \$ 1	.73,820)
	MEMBERSHIP P	PROGRAM - PROVIDES EDUCA	TION OF MEMBERS AND	ENSURES THE ORGANI	ZATION'S OBJECTIVES ARE FULL PROFESSIONAL MEMBERS, AND	FILLED DURING THE	YEAR THE CLUB
	(Code) (Expenses \$	209,181	ıncludıng grants of \$) (Reven	 iue \$ 1	.69,299)
					SAFELY & PROFITABLY SHARE LAND 10 BULLS IMPLEMENTED N		
					CLUDING YOUTH AND NON-YOU		
	(Code) (Expenses \$		including grants of \$) (Reveni	ue \$	79,190)
		TENANT PROGRAM PROVIDES HE YEAR AND ARE RECORDED			BUILDING DIRECT EXPENSES I OF THIS RETURN	OF MAINTAINING TH	E SPACE TOTALED
	(Code) (Expenses \$	172,300	including grants of \$	20,450) (Reve	 nue \$	50,770)
	THE WILDLIFE (MULTIPLE OPTIOUTDOOR RECPROGRAMS, PRADVENTURE CAND 1 LITTLE COMMAND A THE COMPOSE TITLEI	CONSERVATION PROGRAMS P IONS FOR USE AND ENJOYMEN REATIONAL EXPERIENCES DU ROVIDING EDUCATION TO 773 AMPS 2 OUTDOOR SKILLS CA ERITTERS DAY CAMP FOR 12 E DRGANIZATION CONDUCTED 1 ACKRAFTING" TREK EXPERIEN	ROMOTE OUTDOOR ETH: NT AND ESPECIALLY TO P JRING THE YEAR THE OR K-12 AND UNIVERSITY: MPS FOR 23 MIDDLE SCI ELEMENTARY CAMPERS I MOHAB BACKCOUNTRY NCE ADDED TO THE MOH OMEN" EVENT IN WHICH	ICS FOR ALL PEOPLE, E ROTECT WILDLIFE POP GANIZATION CONDUCT STUDENTS, 41 TEACHE HOOL AGE CAMPERS, 2 PARTICIPANTS CAME F TREKS FOR 8 BOY SCO AB PROGRAM IN ADDI I 20 WOMEN PARTICIP	MPHASIZING SHARED USE OF NULATIONS, PUBLIC AND PRIVATIONS, PUBLIC AND PRIVATION 29 OUTDOOR PLACE-BASED RS, AND 226 ADULTS THE PROWILDLIFE CONSERVATION CAMBOM MT, RI, OR, FL, VA, MI, BI DUTS (MT) THIS TREK SERVED TION, THE ORGANIZATION OPERATED THE ORGANIZATION ALSO	IATURAL RESOURCES E LAND HABITATS, A CONSERVATION EDI IGRAM ALSO HELD SE IPS FOR 24 HIGH SC ITISH COLUMBIA AN AS THE PILOT FOR TRATED A WOMEN'S H	S TO PROTECT ND ASSOCIATED UCATION PARATE OUTDOOR HOOL AGE CAMPERS ID ALBERTA, THE NEWLY UNTER EDUCATION
	(Code) (Expenses \$	59,595	ıncludıng grants of \$	49,494) (Reve	 nue \$)
	*	JS PROGRAM SERVICES, INCLU	·		. , ,		·
	0.11	/5	Calcal L O Y				
4d	Other progra (Expenses \$	am services (Describe in 679,848	n Schedule O) including grants o	of\$	69,944) (Revenue \$	473,07	79)
4e	Total progra	m service expenses 🕨	2,241,786				

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. 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	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

G	Chack of School of Contains a response or note to any line in this Bort V			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 27			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
1	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)?	4a		N
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			_
	Does the organization have applied some manufacture that are some live some than \$400,000.	5c		A 1
•	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions?	6a		N
,	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	
		8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b		
	Section 501(c)(7) organizations. Enter	שפ		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	Į		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

36	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a busiother officer, director, trustee, or key employee?		relationship with any	2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rıor Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the org	ganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?		elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written actio year by the following	ns ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, v organization's mailing address? If "Yes," provide the names and addresses in Schedule of the name of the nam			9		No
Se	ction B. Policies (This Section B requests information about policies not r			eveni	ie Cod	e.)
			•		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
	If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organizatio	vitie	s of such chapters,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its the form?			11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Fo	orm 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?			12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the state of	the p	olicy? <i>If "Yes," describe</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revieundependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	step	s to safeguard the	16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed►MT					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable) (3)s only) available for public inspection. Indicate how you made these available. Che Own website Another's website. Upon request. Other (explain in School)	eck a	Il that apply			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl k, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) ROBERT H HANSON LEFT 122013	5 00	х		Х				0	0	0
OUTGOING SECRETARY										
(2) TIMOTHY C BRADY	4 00	x		х				0	0	0
EXEC V P - ADMINISTRATIO					L		L			
(3) WILLIAM A DEMMER	5 00	.,		.,						
PRESIDENT		Х		Х				0	0	0
(4) ELDON L BUCKNER	3 00									
V P - BIG GAME RECORDS		Х		Х				0	0	0
(5) MARC C MONDAVI	3 00									
	3 00	х		Х				0	0	0
V P - COMMUNICATIONS										
(6) MORRISON STEVENS SR	4 00	x		х				0	0	0
EXEC V P - CONSERVATION										
(7) STEPHEN P MEALEY	3 00	×		х				0	0	0
V P - CONSERVATION		^		^				o o	O O	0
(8) JAMES ARNOLD	3 00									
V P - ADMINISTRATION		Х		Х				0	0	0
(9) BEN B HOLLINGSWORTH JR	3 00									
		Х		Х				0	0	0
FOUNDATION PRESIDENT (10) JAMES J SHINNERS LEFT 122013	5 00 1 00									
(10) JAMES J SHIMMENS EEL T 122013	1 00	х						0	0	0
OUTGOING DIRECTOR	5 00									
(11) JAMES L CUMMINS	1 00	x						0	0	0
DIRECTOR									, and the second	
(12) MARSHALL J COLLINS JR	5 00	,,		V				0	0	0
TREASURER		Х		Х				0	0	0
(13) CHARLES BUCK	1 00									
DIRECTOR		Х						0	0	0
(14) TOM L LEWIS	5 00									
		х		Х				0	0	0
SECRETARY (15) NED S HOLMES	5 00						\vdash			
• •	1 00	х						0	0	0
DIRECTOR	1 00									
(16) ANTHONY SCHOONEN	40 00			х				114,882	0	15,438
CHIEF OF STAFF	10 00							111,502	Ŭ	
	1							1		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A)	(B)			(C)				(D))	(E)		(F)	
	Name and Title	Average hours per	Posi more t	tion ((do r		heck unless	i .	Report compens	able	Reportable compensation	a	Estima mount of	ted
						from to		from related organizations (W		compens from t				
		for related organizations						77	2/1099-		2/1099-MISC)		rganızatı relate	
		below dotted line)	Individual trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former					organıza	I
		,,	호호			ploye	8 CO							
			10 to	Trug		ě	pens							
				0			# ed							
1b	Sub-Total			<u> </u>				 						
c	Total from continuation sheet	s to Part VII, S	ection A	١.			•	F						
d	Total (add lines 1b and 1c) .							Þ		114,882		0		15,438
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received	l more th	an			
											Γ		Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>						emplo	yee,	, or highest	compen	sated employee	3		No
4	For any individual listed on line													
	organization and related organ	ızatıons greater	tnan \$1		• .00	′ 1† ′ •	res,"	comp •	oiete Schedu • • •	e J for s	ucn • • • •	4		No
5	Did any person listed on line 1 services rendered to the organ									nızatıon	or individual for			
	Scrvices renuered to the organ	nzacioni II Tes	, compi	-ic 3		uie J	ioi su	μ	Cr3UII I		[5		No_
	ction B. Independent Co		onests	المحالة		de "		2010	ro that ra-		ro than #100 000	o f		
1	Complete this table for your fix compensation from the organiz												tax year	
(A) (B) Name and business address Description of services											(C) Compen			
												\dashv		
												\pm		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

		Check If Schedu	ule O contains a respo	nse or note to any lı	ne in this Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated camp	paigns 1a					
Giffs, Grants ilar Amounts	ь	Membership du	es 1 b	400,477				
3ra nou				7.700				
s, (An	С	_	ents 1c					
Sift Iar	d	Related organiz	ations 1d	470,341				
ons, Gifte Similar	е	Government grants	s (contributions) 1e					
ution ier S	f	All other contribution	ons, gifts, grants, and 1f ot included above	691,245				
Contributions, and Other Sim	g	Noncash contribution 1a-1f \$	ons included in lines	203,795				
Con	h	Total. Add lines	s 1a-1f		1,569,853			
<u> </u>				Business Code				
nua	2a	ASSOCIATES PROG	RAM	511190	279,821	206,339	73,482	
<u>چ</u>	ь	MEMBERSHIP PROC	GRAMS	511190	173,770	173,770		
- e3	С	RECORDS PROGRA	M	511190	134,028	134,028		
erv	d	EDUCATION WORK	SHOPS	900099	50,770	50,770		
3.5	е	ADVERTISING		541800	42,469		42,469	
Program Serwce Revenue	f	All other progra	ım service revenue		30,161	4,672	25,489	
P	g	Total. Add lines	s 2a-2f		711,019			
	3		ome (including dividen		238			238
	4		ar amounts) tment of tax-exempt bond					
	5			.	122,996			122,996
		,	(ı) Real	(II) Personal				
	6a	Gross rents	79,190					
	ь	Less rental expenses	61,088					
	С	Rental income	18,102					
	d	or (loss) Net rental incor	l me or (loss)		18,102		18,102	
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	, ,	191,823				
		assets other than inventory						
	b	Less cost or other basis and		27,196				
	С	sales expenses Gain or (loss)		164,627				
	d		s)	·	164,627	164,627		
	8a	Gross income fi			,	·		
ė		events (not incl	luding					
Other Revenue		T	,790 reported on line 1c)					
ev.		See Part IV, lin						
- to			а	200,205				
Ě			penses b	205,751	5 546			5 546
٥			loss) from fundraising	events 🛌	-5,546			-5,546
	Уa	See Part IV, lin	rom gaming activities e 19					
			a					
			penses b					
			loss) from gamıng actı	vities				
	10a	Gross sales of i returns and allo	wances .	442.200				
	h	less cost of	a oods sold b	443,208				
	b c	_	oods sold b [loss) from sales of inv	221,364 entory •-	221,844	221,844		
		Miscellaneous		Business Code	,	, 1		
	11a	CONTRACT SE		541200	75,897	75,897		
	b	MISCELLANEC		900099	18,054			18,054
	С							
	d	All other revenu	ue					
	е		311a-11d		93,951			
	12	Total revenue.	See Instructions .		2,897,084	1,031,947	159,542	135,742
					2,097,004	1,031,347	173,247	133,742

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$) organizations must complete all columns	All other organizations must complete column (A)
, ection 301(c x 3) and 301(c x 4	JUIGAIIIZALIUIIS IIIUSL CUIIIDIELE AII CUIGIIIIIS	All other organizations must comblete column (A.)

	Check if Schedule O contains a response or note to any line in this	Part IX			<u>г</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	52,404	52,404		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	18,000	18,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	25,555			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	130,320		130,320	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	817,517	725,860	51,200	40,457
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	197,166	151,285	36,048	9,833
10	Payroll taxes	71,897	54,980	13,559	3,358
11	Fees for services (non-employees)				
а	Management				
b	Legal	18,000		18,000	
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	91,634	76,010	15,624	
12	Advertising and promotion	128,080	125,962	399	1,719
13	Office expenses	207,520	143,721	63,792	7
14	Information technology	25,528	21,036	 	
15	Royalties	23,320	21,030	4,432	
16	Occupancy	14,314	7,825	6,489	
17	Travel	80,095	79,162	933	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	80,093	79,102	933	
19	Conferences, conventions, and meetings	52,994	52,994		
20	Interest	40,884	2,203	38,681	
21	Payments to affiliates	15/551	2,200	30,001	
22	Depreciation, depletion, and amortization	164,234	109,968	54,266	
23	Insurance	39,206	26,768	12,323	115
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	,	,	,	
а	CATERING & MEALS	193,482	193,482		
b	MISCELLANEOUS	144,654	141,771	2,883	
С	PRINTING/PUBLICATION/PH	125,296	125,296		
d	HOSTING, SPONSOR & PART	94,359	94,359		
e	All other expenses	41,902	38,700	2,899	303
25	Total functional expenses. Add lines 1 through 24e	2,749,486	2,241,786	451,908	55,792
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Cash-non-interest-bearing	Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
2 Sevings and temporary cash investments 111.997 2 122.974 3 Pledges and grants receivable, net 23.450 3 20.014 4 Accounts receivable, net 159.0103 4 76.532 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and injusted compensated employees Complete Part II of Schedule L 5 5 Complete Part II of Schedule L 6 7 7 6 Loans and other receivables from other disqualified persons (as defined under section 49584(f)(1)), persons described in section 49584(f)(1), p			,, ,, ,, ,, ,, ,, ,, ,,,,,	(A)		
3 Pledges and grants receivable, net		1	Cash-non-interest-bearing	15,882	1	57,550
4 Accounts receivable, net 138,100 4 78.532		2	Savings and temporary cash investments	111,937	2	123,974
Solution Solution		3	Pledges and grants receivable, net	25,450	3	20,014
### Schedule L. Coans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(r)(3)(8), and contributing employers and sponsoring arginatizations of section 501(r)(9) voluntary employees* beneficiary organizations (see instructions) Complete Part II of Schedule L		4	Accounts receivable, net	139,103	4	78,532
1		5	employees, and highest compensated employees Complete Part II of		E	
Prepaid expenses and deferred charges 289,849 8 263,547	<u>\$</u>	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary			
Prepaid expenses and deferred charges 289,849 8 263,547	Asset					
Prepaid expenses and deferred charges 289,849 8 263,547						
10a						·
Part VI of Schedule D 10a 6.766,984 11 11 11 11 11 11 11		9		128,527	9	82,425
11 Investments—publicly traded securities 11 12 12 13 11 12 13 11 12 13 11 13 11 13 11 13 11 14 13 11 14 15 15 15 15 15 15		10a	Part VI of Schedule D 6,756,384	4		
12 Investments—other securities See Part IV, line 11 13 14 15 16 17 184 16 17 184 17 184 17 184 18 18 19 18 19 19 19 19		b	Less accumulated depreciation	4,111,033	10c	4,161,592
13		11	Investments—publicly traded securities		11	
14 Intangible assets 14 15 Other assets See Part IV, line 11 315,915 15 258,476 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,147,486 16 5,046,110 17 184,116 18 Grants payable and accrued expenses 120,411 17 184,116 18 Grants payable 20 411,413 18 19 Deferred revenue 420,672 19 411,413 19 20 Tax-exempt bond liabilities 20 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 297,646 23 41,440 24 Unsecured notes and loans payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 761,837 25 714,613 25 714,613 26 Total liabilities. Add lines 17 through 25 1,600,566 26 1,351,582 27 3,570,174 27 Unrestricted net assets 3,413,294 27 3,570,174 28 Temporarily restricted net assets 3,413,294 27 3,570,174 29 Permanently restricted net assets 3,413,294 27 3,570,174 3,		12	Investments—other securities See Part IV, line 11		12	
15		13	,		13	
Total assets. Add lines 1 through 15 (must equal line 34) 5,147,496 16 5,046,110		14	Intangible assets			
17		15	Other assets See Part IV, line 11	315,915	15	258,476
18 Grants payable 18 18 19 Deferred revenue 10 420,672 19 411,413 19 20 Tax-exempt bond liabilities 20 21 22 22 22 23 24 22 23 24 23 24 24		16	Total assets. Add lines 1 through 15 (must equal line 34)	5,147,496	16	5,046,110
Poeferred revenue		17	Accounts payable and accrued expenses	120,411	17	184,116
20 Tax-exempt bond liabilities		18			18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	420,672	19	411,413
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities		20	
24 Unsecured notes and loans payable to unrelated third parties	Ø	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
24 Unsecured notes and loans payable to unrelated third parties	ilitie	22				
24 Unsecured notes and loans payable to unrelated third parties	<u>ge</u>		persons Complete Part II of Schedule L		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties	297,646	23	41,440
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule			
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets						<u>, </u>
Ilines 27 through 29, and lines 33 and 34. 27 3,570,174 28 Temporarily restricted net assets		26		1,600,566	26	1,351,582
30 Capital stock or trust principal, or current funds	ى d)		- · · · · · · · · · · · · · · · · · · ·			
30 Capital stock or trust principal, or current funds	ĕ	27		3 413 294	27	3 570 174
30 Capital stock or trust principal, or current funds	<u>ର</u>					<u> </u>
30 Capital stock or trust principal, or current funds	<u> </u>			100,000		121,001
30 Capital stock or trust principal, or current funds	Ĭ	2	·			
30 Capital stock or trust principal, or current funds	<u>.</u>		- · · · · · · · · · · · · · · · · · · ·			
31 Paid-in or capital surplus, or land, building or equipment fund		30			30	
33 Total net assets or fund balances	र्षे	31			31	
33 Total net assets or fund balances	AS.	32			32	
34 Total liabilities and net assets/fund balances	ቑ	33		3,546,930	33	3,694,528
	Z	34	Total liabilities and net assets/fund balances	5,147,496	34	5,046,110

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2.5	397,084
2	Total expenses (must equal Part IX, column (A), line 25)			2,0	377,004
-	rotal expenses (must equally are 1%, column (xx), mile 23)	2		2,7	749,486
3	Revenue less expenses Subtract line 2 from line 1	3			147 500
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				147,598
•	Net assets of faile balances at beginning of year (mast equal) are X, fine 55, column (A)).	4		3,5	546,930
5	Net unrealized gains (losses) on investments	_			
_	Denoted converse and use of facilities	5			
6	Donated services and use of facilities	6			
7	Investment expenses	_ [
_		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
		9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3.6	594,528
Par	t XII Financial Statements and Reporting			· · ·	
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	ırate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493019006035

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization BOONE AND CROCKETT CLUB Employer identification number

13-6400091

Part The org						aariiza uori.	s must com	טוכנכ נוווס		111301 00010113).	
	ganız	zatıon ıs	not a privat	e foundation becaus							-	
1 [A chur	ch, conventi	on of churches, or as	ssociation of	churches o	lescribed in s	ection 170(b)(1)(A)(i).			
2 [A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Sched	ule E)					
з Г		A hosp	ital or a coo	perative hospital se	rvice organiz	ation desci	nbed in sectio	n 170(b)(1)(A)(iii).			
4 [A medi	cal research	n organization operat	ted ın conjun	ction with a	hospital des	cribed in se	ction 170(b)	(1)(A)(iii).	Enter the	
				ty, and state			-					
5 [_	•	erated for the benefi	_	or univers	ity owned or o	perated by	a governmer	ntal unit des	cribed in	
_	_	sect ion	170(b)(1)(A)(iv). (Complete P	art II)							
6				local government or	_							
7				at normally receives			support from	a governm	ental unit or	from the gen	eral public	
8 [on 170(b)(1)(A)(vi). described in sectior		•	mnlete Part II	. 1				
	<u> </u>			at normally receives			•	-	hutions men	nharshin faas	s and ares	
,	,	_		ities related to its ex					· · ·	-	-	,,
				oss investment inco								
				janization after June						cax y mom b	4511105505	
10		•	, -	ganized and operated	•			•	•			
11 [, 	_	•	ganized and operated	•				. , , ,		the nurno	ses of
,				ly supported organiz								
		_		bes the type of supp			•		-			
	_			b							-	
e				ox, I certify that the								
			1411 10u11uati 1 509(a)(2)	on managers and otl	ner than one	or more pur	Differy Support	eu organiza	dons descri	Jed III Sectio	11 509(a)(1) 01
f				received a written de	etermination	from the IF	S that it is a	Type I, Typ	e II, or Type	III support	ing organi	zatıon,
			this box									
g			August 17, 2 ng persons?	2006, has the organi	zation accep	ted any gif	t or contributi	on from any	of the			
			.	rectly or indirectly o	ontrols, eith	er alone or	together with	persons de	scribed in (ii)	Yes	No
				governing body of th			_	p			g(i)	
		•		er of a person descri		_					(ii)	
			· ·	lled entity of a perso			above?				(iii)	
h		• •		ng information about							· /	<u> </u>
				J		3	,					
(i) !	Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is	the	(vii) Ar	nount of
-	ppor			organization	organızatı		the organi		organiza		1	etary
orga	aniza	ation		(described on	col (i) list		ın col (i) d	•	col (i) or	-	sup	port
				lines 1 - 9 above or IRC section	your gove docume	-	suppor	τ,	ın the l	157		
				(see	docume							
				instructions))	Yes	No	Yes	No	Yes	No	┥	
					162	140	1 1 65	INO	162	140	+	
			1	i		I	1	I	1	1	1	

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ □
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	967,392	1,084,728	1,092,846	1,251,809	1,569,853	5,966,628
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,106,064	1,087,799	1,114,715	1,160,165	1,280,507	5,749,250
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,073,456	2,172,527	2,207,561	2,411,974	2,850,360	11,715,878
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	75,453	42,852	42,001	65,120	142,227	367,653
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		77,255	73,307	33,586	77,304	261,452
С	Add lines 7a and 7b	75,453	120,107	115,308	98,706	219,531	629,105
8	Public support (Subtract line 7c from line 6)						11,086,773
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	in) ► A mounts from line 6	2,073,456	2,172,527	2,207,561	2,411,974	2,850,360	11,715,878
JOa	Gross income from interest,	2,073,430	2,172,327	2,207,301	2,411,574	2,030,300	11,713,070
loa	dividends, payments received on securities loans, rents, royalties and income from similar sources	236,310	186,916	251,098	248,987	202,424	1,125,735
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	236,310	186,916	251,098	248,987	202,424	1,125,735
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	68,870	78,899				147,769
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c,	2,378,636	2,438,342	2,458,659	2,660,961	3,052,784	12,989,382
14	11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organization			fth tax year as a	501(c)(3) orga	
Se	ction C. Computation of Publ	ic Support Pe	ercentage				- 1
	Public support percentage for 2013			13, column (f))		15	85 350 %
						16	80 460 %
15	Public support percentage from 201	2 Schedule A, Pa	art III, line 15				
15 16	Public support percentage from 201		<u> </u>	ıe.		10	00 400 70
15 16 Se	Public support percentage from 201 ction D. Computation of Inve	estment Inco	me Percentag		ı (f))		
15 16 Se 17	Public support percentage from 201 ction D. Computation of Inve Investment income percentage for 2	estment Incor 2013 (line 10c, co	me Percentagolumn (f) divided b	y line 13, columi	ı (f))	17	8 670 %
15 16 Se 17 18	Public support percentage from 201 ction D. Computation of Inve	estment Incom 2013 (line 10c, com 2012 Schedule A	me Percentag Dlumn (f) divided b A, Part III, line 1	by line 13, column 7		17 18	8 670 % 12 190 %

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction						
	Facts And Circumstances Test							
Retu	Return Reference Explanation							
		Schodulo A / Form 000 o	000 E7) 201					

Schedule A (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493019006035

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

emai	Revenue Service and its instruc			Inspection
	ne of the organization NE AND CROCKETT CLUB			oloyer identification number
Da	rt I Organizations Maintaining Donor Ad	vised Funds or Other Similar 5		6400091
Ρđ	organizations Maintaining Donor Ad		unus	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv	rsed Yes No
	Did the organization inform all grantees, donors, and cused only for charitable purposes and not for the bene conferring impermissible private benefit?			
aı	t III Conservation Easements. Complete if	f the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education) Preservation of a Preservation of a	certifie	d historic structure
	easement on the last day of the tax year	a quaimed conservation contribution in	the loth	ii oi a conservation
				Held at the End of the Year
1	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified hist	orıc structure ıncluded ın (a)	2c	
	Number of conservation easements included in (c) achistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transfer the tax year ▶	red, released, extinguished, or terminat	ed by th	ne organization during
	Number of states where property subject to conservat	tion easement is located ►		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	violations, and Yes No
	Staff and volunteer hours devoted to monitoring, insper	ecting, and enforcing conservation ease	ments o	during the year
	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	ts durin	g the year
	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem	ne footnote to the organization's financia		
Γ	Organizations Maintaining Collection Complete if the organization answered "		or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education	, or rese	arch in furtherance of public
	If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	116 (ASC 958), to report in its revenue ets held for public exhibition, education	statem	nent and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			 \$
	If the organization received or held works of art, historollowing amounts required to be reported under SFAS			
	Revenues included in Form 990, Part VIII, line 1			► \$
ı	Assets included in Form 990, Part X			
	ASSECT MICIALEM IN FUTIL 530, Part A			F 3

Part	III Organizations Maintaining Co	llections of Art, H	istorical Tre	easures, or O	ther Similar Ass	sets (continued)
	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	_	_	-	of its
а	Public exhibition	d	I	r exchange progr	ams	
b	Scholarly research	e	• Γ Other			
c	Preservation for future generations					
4	Provide a description of the organization's c Part XIII	ollections and explain h	now they further	the organization	's exempt purpose 11	า
	During the year, did the organization solicit					
Pari	assets to be sold to raise funds rather than LIV Escrow and Custodial Arrang	<u> </u>				Yes V No
- Fall	Part IV, line 9, or reported an ar				i les to loilli 9	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other intermedia	ry for contribut	ions or other ass	ets not 「	Yes No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the fol	lowing table	_		
				_		ount
C	Beginning balance			—	1c	
d	Additions during the year			F	1d	
e f	Distributions during the year			<u> </u>	1e	
f	Ending balance		4.0	L	1f	
2a	Did the organization include an amount on F	orm 990, Part X, line 2	1?		ı	Yes No
	If "Yes," explain the arrangement in Part XI					<u> ' </u>
Par	t V Endowment Funds. Complete					(e)Four years back
1a	Beginning of year balance	12,524,714	11,470,363	9,640,248		7,355,250
b	Contributions	221,808	467,393	2,227,821	448,926	48,525
c	Net investment earnings, gains, and losses	1,907,642	1,262,471	150,349	1,865,708	714,677
d	Grants or scholarships					
	Other expenditures for facilities and programs	481,891	431,902	406,040	·	208,564
f	Administrative expenses	98,388	243,611	142,015	· .	89,739
_	End of year balance	14,073,885	12,524,714	11,470,363	9,640,248	7,820,149
2	Provide the estimated percentage of the cur		line 1g, column	(a)) held as		
а	Board designated or quasi-endowment	33 980 %				
b	Permanent endowment ► 52 200 %					
	Temporarily restricted endowment \blacktriangleright 13 The percentages in lines 2a, 2b, and 2c sho	820 % uld equal 100%				
	Are there endowment funds not in the posse	ssion of the organization	n that are held	and administered	l for the	
	organization by (i) unrelated organizations				3a(Yes No
	(ii) related organizations					
b	If "Yes" to 3a(II), are the related organization		n Schedule R?		Зъ	Yes
4	Describe in Part XIII the intended uses of t					
Part	11a. See Form 990, Part X, line					
	Description of property		(a) Cost or of basis (investr			(d) Book value
1 a L	and			1,726	,323	1,726,323
	and			1,726 3,531		
b B						
b B c L d B	easehold improvements			3,531 375	,829 1,625,64 ,485 312,91.	9 1,906,180 2 62,573
b B c L d B	easehold improvements			3,531 375 1,122	,829 1,625,64 ,485 312,91.	9 1,906,180 2 62,573

provided in Part XIII

	ion of security or category ing name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivative			Cost of elia-of-year market value
2)Closely-held equity			
ther			
otal. (Column (b) must ed	qual Form 990, Part X, col (B) line 12)	F	
		Complete if the organization	on answered 'Yes' to Form 990, Part IV, line 11
	n 990, Part X, line 13.	(b) Book value	(c) Method of valuation
	· 	, ,	Cost or end-of-year market value
Total (Column (h) must ee	gual Form 990 Part Y col (R) line 13)	*	
	qual Form 990, Part X, col (B) line 13)	ion answered 'Yes' to Form 99	0, Part IV, line 11d See Form 990, Part X, line 15
Part IX Other As	ssets. Complete if the organization (a) Des		(b) Book value
Part IX Other As	ssets. Complete if the organizat	ion answered 'Yes' to Form 99	(b) Book value 181,74
Part IX Other As	ssets. Complete if the organization (a) Des	ion answered 'Yes' to Form 99	(b) Book value
Part IX Other As	ssets. Complete if the organization (a) Des	ion answered 'Yes' to Form 99	(b) Book value 181,74
Part IX Other As	ssets. Complete if the organization (a) Des	ion answered 'Yes' to Form 99	(b) Book value 181,74
Part IX Other As	ssets. Complete if the organization (a) Des	ion answered 'Yes' to Form 99	(b) Book value 181,74
Part IX Other As	ssets. Complete if the organization (a) Des	ion answered 'Yes' to Form 99	(b) Book value 181,74
Part IX Other As	ssets. Complete if the organization (a) Des	ion answered 'Yes' to Form 99	(b) Book value 181,74
Part IX Other As	ssets. Complete if the organization (a) Des	ion answered 'Yes' to Form 99	(b) Book value 181,74
Part IX Other As	ssets. Complete if the organization (a) Des	ion answered 'Yes' to Form 99	(b) Book value
Part IX Other As	ssets. Complete if the organization (a) Des	ion answered 'Yes' to Form 99	(b) Book value
Part IX Other As (1) DUE FROM SUPPO (2) AGENCY FUNDS	ssets. Complete if the organization (a) Des	cription	(b) Book value 181,74
(1) DUE FROM SUPPO (2) AGENCY FUNDS Total. (Column (b) must	RTING ORGANIZATION t equal Form 990, Part X, col.(B) line	cription 2. 15.)	(b) Book value 181,74 76,73
Total. (Column (b) must	RTING ORGANIZATION the equal Form 990, Part X, col.(B) line abilities. Complete if the organization.	cription 2. 15.)	(b) Book value 181,74 76,73
(1) DUE FROM SUPPO (2) AGENCY FUNDS Fotal. (Column (b) must Form 990	RTING ORGANIZATION t equal Form 990, Part X, col.(B) line	cription 2. 15.)	(b) Book value 181,74 76,73
Total. (Column (b) must Form 990	RTING ORGANIZATION the equal Form 990, Part X, col.(B) line abilities. Complete if the or	e 15.) ganızatıon answered 'Yes' to Form 99	(b) Book value 181,74 76,73
1) DUE FROM SUPPO 2) AGENCY FUNDS Total. (Column (b) must Part X Other Li Form 990 L (a)	t equal Form 990, Part X, col.(B) line abilities. Complete if the or), Part X, line 25. Description of liability	e 15.) ganization answered 'Yes' (b) Book value 637,880	(b) Book value 181,74 76,73
Total. (Column (b) must Form 990 L (a) Federal income taxes NOTE PAYABLE - REL	equal Form 990, Part X, col.(B) line abilities. Complete if the or D, Part X, line 25. Description of liability ATED PARTY	cription e 15.) ganization answered 'Yes' (b) Book value	(b) Book value 181,74 76,73
Total. (Column (b) must Form 990 L (a) Federal income taxes NOTE PAYABLE - REL	equal Form 990, Part X, col.(B) line abilities. Complete if the or D, Part X, line 25. Description of liability ATED PARTY	e 15.) ganization answered 'Yes' (b) Book value 637,880	(b) Book value 181,74 76,73
Part IX Other As 1) DUE FROM SUPPO 2) AGENCY FUNDS Fotal. (Column (b) must Form 990 (a) Federal Income taxes NOTE PAYABLE - REL	equal Form 990, Part X, col.(B) line abilities. Complete if the or D, Part X, line 25. Description of liability ATED PARTY	e 15.) ganization answered 'Yes' (b) Book value 637,880	(b) Book value 181,74 76,73
Part IX Other As 1) DUE FROM SUPPO 2) AGENCY FUNDS Fotal. (Column (b) must Form 990 (a) Federal Income taxes NOTE PAYABLE - REL	equal Form 990, Part X, col.(B) line abilities. Complete if the or D, Part X, line 25. Description of liability ATED PARTY	e 15.) ganization answered 'Yes' (b) Book value 637,880	(b) Book value 181,74 76,73
Total. (Column (b) must Form 990 L (a) Federal income taxes NOTE PAYABLE - REL	equal Form 990, Part X, col.(B) line abilities. Complete if the or D, Part X, line 25. Description of liability ATED PARTY	e 15.) ganization answered 'Yes' (b) Book value 637,880	(b) Book value 181,74 76,73
Total. (Column (b) must Form 990 L (a) Federal income taxes NOTE PAYABLE - REL	equal Form 990, Part X, col.(B) line abilities. Complete if the or D, Part X, line 25. Description of liability ATED PARTY	e 15.) ganization answered 'Yes' (b) Book value 637,880	(b) Book value 181,74 76,73
Total. (Column (b) must Form 990 George Income taxes NOTE PAYABLE - REL	equal Form 990, Part X, col.(B) line abilities. Complete if the or D, Part X, line 25. Description of liability ATED PARTY	e 15.) ganization answered 'Yes' (b) Book value 637,880	(b) Book value 181,74 76,73
Total. (Column (b) must Form 990 George Income taxes NOTE PAYABLE - REL	equal Form 990, Part X, col.(B) line abilities. Complete if the or D, Part X, line 25. Description of liability ATED PARTY	e 15.) ganization answered 'Yes' (b) Book value 637,880	(b) Book value 181,74 76,73
Total. (Column (b) must Form 990 1 (a) Federal Income taxes NOTE PAYABLE - REL	equal Form 990, Part X, col.(B) line abilities. Complete if the or D, Part X, line 25. Description of liability ATED PARTY	e 15.) ganization answered 'Yes' (b) Book value 637,880	(b) Book value 181,74 76,73
Total. (Column (b) must Form 990 1 (a) Federal Income taxes NOTE PAYABLE - REL	equal Form 990, Part X, col.(B) line abilities. Complete if the or D, Part X, line 25. Description of liability ATED PARTY	e 15.) ganization answered 'Yes' (b) Book value 637,880	(b) Book value 181,74 76,73
Total. (Column (b) must Part X Other Li Form 990 1 (a) Federal Income taxes NOTE PAYABLE - REL AGENCY FUNDS PAYA	equal Form 990, Part X, col.(B) line abilities. Complete if the or D, Part X, line 25. Description of liability ATED PARTY	e 15.) ganization answered 'Yes' (b) Book value 637,880	(b) Book value 181,74 76,73

Jenea	41C D	101111 330 / 2013				rage -
Part	IX:		venue per Audited Financial Statements red 'Yes' to Form 990, Part IV, line 12a.	With Revenue	per R	eturn Complete if
1	Tota	I revenue, gains, and other	support per audited financial statements		1	
2	A mo	unts included on line 1 but	not on Form 990, Part VIII, line 12			
а	Net	unrealized gains on investi	ents			
ь		=	ilities		1	
c					1	
d					1	
e		lines 2a through 2d .			2e	
3		-			3	
4			Part VIII, line 12, but not on line 1		<u> </u>	
_			led on Form 990, Part VIII, line 7b . 4a			
a b			4b		1	
_					ا ا	
C -					4c 5	
5 Part			k. (This must equal Form 990, Part I, line 12) Denses per Audited Financial Statement		_	Paturn Complete
Part	YII		vered 'Yes' to Form 990, Part IV, line 12a.	s with Expense:	s per	Return. Complete
1	Tota		udited financial statements		1	
2	A mo	unts included on line 1 but	not on Form 990, Part IX, line 25			
а			ilities			
b					1	
c					1	
d					-	
e		•				
3					3	
4			Part IX, line 25, but not on line 1:		 	
			ed on Form 990, Part VIII, line 7b 4a			
a b		•	4b		-	
_		·	· · · · · · · · · · · · · · · · · · ·		ا م	
_ C					4c	
5 Dort		Supplemental Info	4c. (This must equal Form 990, Part I, line 18).		5	
					ı	
Part '		4, Part X, line 2, Part XI,	art II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa nes 2d and 4b, and Part XII, lines 2d and 4b Also o			de any additional
	R	eturn Reference	Explanation			
PART	III, L	NE 4	THE BOONE AND CROCKETT CLUB COLLECTS TO HISTORICAL TREASURES, AND SIMILAR ASSETS HISTORY AND GOALS THE CLUB'S COLLECTION EXHIBITION, EDUCATION, AND RESEARCH IN FUTHAN FOR FINANCIAL GAIN COLLECTIONS ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR NCLUDE EITHER THE COST OR THE VALUE OF INTERPROPED FOR THE VALUE OF INTERPROPED FOR THE COGNIZ REVENUES IN THE STATEMENT OF ACTIVITIES BY PURCHASE ARE NOT CAPITALIZED, THE COST OF ACTIVITIES AS DECREASES IN THE APPROPRIATE CLASS OF ACTIVITIES	S THAT ARE RELAT NS ARE MAINTAINE URTHERANCE OF P E VALUABLE ASSET R, AND PRESERVED ITS COLLECTIONS ZE GIFTS OF COLLE SINCE ITEMS ACC ST OF THOSE ACQU	ED TO DED FOR UBLIC S OF THE IN TH CTIO	THE CLUB'S R PUBLIC SERVICE RATHER THE CLUB AND ARE CLUB DOES NOT E STATEMENT OF N ITEMS AS D FOR COLLECTIONS ONS IS REPORTED
PART	V,LIN	IE 4	ENDOWMENT FUNDS ARE MANAGED BY THE BOOMED FOR THE BENEFIT OF THE ORGANIZATION TIME, A REASONABLE LEVEL OF CURRENT INCONTHORIZED BY THE BOARD OF DIRECTORS TO DESCRIVES	AND ARE INTENDE ME TO SUPPORT T FURTHER THE OR	ED TO HE SP GANIZ	PROVIDE, OVER ENDING POLICY 'ATION'S
PART	X, LIN	IE 2	THE CLUB AND FOUNDATION ARE 501(C)(3) ANI RESPECTIVELY, WHICH RESULT IN THEIR EXEMP			

THE NET INCOME FROM ADVERTISING, CERTAIN INVENTORY SALES AND CERTAIN OTHER ITEMS IS SUBJECT TO FEDERAL INCOME TAXES AS UNRELATED BUSINESS INCOME INCOME TAX EXPENSE RELATED TO THESE ACTIVITIES WAS ZERO FOR THE YEARS ENDED JUNE 30, 2014 AND 2013, RESPECTIVELY AS OF JUNE 30, 2014, THE ORGANIZATIONS HAVE A NET OPERATING LOSS OF \$11,648 THAT IS AVAILABLE TO BE CARRIED FORWARD FOR 20 YEARS

ORGANIZATION EXEMPT FROM INCOME TAX FORM 990), EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T), AND MONTANA STATE INCOME TAX RETURN ARE OPEN FOR EXAMINATION BY TAXING AUTHORITIES, GENERALLY, FOR THE LATER OF THREE YEARS

TO OFFSET FUTURE TAXABLE INCOME THE ORGANIZATIONS' FEDERAL RETURN OF

AFTER THE DUE DATE OF THE RETURN OR THE DATE THE RETURN WAS FILED

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493019006035

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization			Employer iden	tification number
BOONE AND CROCKETT CLUB			13-6400091	
Part I Fundraising Activities. Complete Form 990-EZ filers are not required			to Form 990, Part IV	, line 17.
Indicate whether the organization raised funds	through any of the	following activities Ch	eck all that apply	_
a Mail solicitations		Solicitation of nor		
b Internet and email solicitations	f	Solicitation of gov	ernment grants	
c Phone solicitations	g	Special fundraisin		
d	_	·	-	
2a Did the organization have a written or oral agre or key employees listed in Form 990, Part VII				┌ Yes ┌ No
b If "Yes," list the ten highest paid individuals or to be compensated at least \$5,000 by the orga		rs) pursuant to agreem	ents under which the fui	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1	Yes No			
2				
3				
4				
5				
6				
7				
8				
9				
10				
	>			
3 List all states in which the organization is regis registration or licensing	tered or licensed to	solicit contributions o	r has been notified it is	exempt from

		events with gross receipts of	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			28TH AWARDS	(b) Event #2	(c) Other events	(add col (a) through col (c))
			AUCTION	(event type)	(total number)	(37)
Ф			(event type)			+
E E	1	Gross receipts	207,995	5		207,995
Reveilue	2	Less Contributions	7,790			7,790
	3	Gross income (line 1 minus line 2)	200,205	5		200,205
	4	Cash prizes				
မှာ	5	Noncash prizes	200,205	5		200,205
ause	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
Δ	9	Other direct expenses .	5,546	5		5,546
	10	Direct expense summary Add lii	nes 4 through 9 ın column	ı(d)		(205,751)
	11	Net income summary Subtract li	ine 10 from line 3, columr	n (d)		-5,546
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u> </u>	1	Gross revenue				
Expenses	2	Cash prizes				
þe	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
출	5	Other direct expenses				
	6	Volunteerlabor	│ Yes % %	┌ Yes % No	┌ Yes %	
		Direct expense summary Add line		•		
	8	Net gaming income summary Sub	tractime / nominme 1, co	липп (u)	<u> </u>	I
9		er the state(s) in which the organiz				「Yes 「No
a b		he organization licensed to operate No," explain				

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g [,]			· Fyes [– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility					%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name ▶					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	T Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear ⊳ \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

BOONE AND CROCKETT CLUB

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2013

DLN: 93493019006035

Open to Public
Inspection

Employer identification number

BOONE AND CROCKETT CEO	Ь					13-6400091	
Part I General Inform	nation on Grants	and Assistance				•	
 Does the organization mathe selection criteria use Describe in Part IV the o 	d to award the grants	orassistance?					✓ Yes
		o Governments and recipient that receive					d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVE DEPT 3166 LARAMIE,WY 82071			15,500				STUDY OF FITNESS CONSEQUENCES OF ENERGY DEVELOPMENT AN EFFORT TO UNDERSTAND AND REDUCE THE HUMAN FOOTPRINT ON LARGE UNGULATE POPULATIONS
(2) BOONE AND CROCKETT CLUB FOUNDATION 250 STATION DRIVE MISSOULA, MT 59801	81-0438290	501(C)(3)	31,494				SUPPORT THE ONGOING FUNCTIONS OF THE FOUNDATION
2 Enter total number of sec		_	listed in the line 1 tab	le		.	1

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered	"Yes" to Form 990,	Part IV,	line 22
Part III can be duplicated if additional space is needed.			

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1)SCHOLARSHIPS	4	18,000			

Part IV	Supplemental Inform	nation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Return Refer	ence	Explanation	

Schedule I (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493019006035

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Noncash Contributions

► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization BOONE AND CROCKETT CLUB

Employer identification number

13-6400091

Pa	rt I Types of Property				•			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		_	nts
1	Art—Works of art	Х	2	775	FAIR MARKET V	ALUE		
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles	Х	1	200	FAIR MARKET V	ALUE		
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►(DED OUTDOO)	×	14	153,250	FAIR MARKET V	ALUE		
1IS	Other►(CELLANEOUS)	_ X	11	44,705	FAIR MARKET V	ALUE		
27	O ther ▶()							
	O ther ▶ ()				L			
29	Number of Forms 8283 received by t for which the organization completed				9		I I	
30a	During the year, did the organization	receive by	contribution any property r	eported in Part I, lines 1	through 28, that		Yes	No
	ıt must hold for at least three years t	from the dat	e of the initial contribution,	, and which is not required	l to be used			
	for exempt purposes for the entire ho	olding period	17			30a		Νo
b	If "Yes," describe the arrangement i	n Part II						
31	Does the organization have a gift ac					31		No
32a	Does the organization hire or use thi contributions?			olicit, process, or sell noi	ncash • • •	32a	Yes	
b	If "Yes," describe in Part II							
33		amount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked.			
-	describe in Part II		() Flak	, (4)				

PART I, LINE 32B

Part II Su	Part II Supplemental Information. Provide the information required by Part I, lines 30b,									
32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the										
nu	mber of items rec	eived, or a combination of both. Also complete this part for any additional information.								
Return Reference Explanation										

A THIRD-PARTY WAS HIRED TO MANAGE THE ON-LINE AUCTION FUNCTION

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493019006035

OMB No 1545-0047

2013

Open to Public Inspection

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
BOONE AND CROCKETT CLUB

Employer identification number

13-6400091

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	AT-LARGE DIRECTORS ARE ELECTED BY A MAJORITY OF THE VOTING MEMBERS PRESENT AT THE ANNUAL MEETING OF THE CLUB
FORM 990, PART VI, SECTION B, LINE 11	A FIRST LEVEL OF REVIEW IS COMPLETED BY THE CONTROLLER AND THE CHIEF OF STAFF WHO THEN SEN D THE FORM ON TO THE TREASURER AND BUDGET & FINANCE COMMITTEE CHAIR WITH CONFIRMATION THE RETURN WAS REVIEWED AND (A) NO ERRORS WERE FOUND OR (B) ALL FOUND ERRORS HAVE BEEN CORRECT ED THE SECOND LEVEL OF REVIEW IS COMPLETED BY THE TREASURER AND BUDGET & FINANCE COMMITTE E. THESE PARTIES WILL REVIEW AND CONFIRM THAT (A) NO ERRORS WERE FOUND OR (B) ALL FOUND ER RORS HAVE BEEN CORRECTED ANY OFFICER OF THE ORGANIZATION IS AUTHORIZED TO SIGN THE RETURN S. AFTER APPROVAL BY SIGNING, THE RETURNS WILL BE SENT BACK TO THE CONTROLLER, WHO WILL TH EN SEND COPIES TO THE BOD THE RETURNS WILL BE MAILED OR SUBMITTED ELECTRONICALLY BY THE C ONTROLLER BY THE DUE DATE. THE CHIEF OF STAFF WILL CONFIRM THE DATE THEY WERE SUBMITTED A LL TAX RETURNS WILL BE PROVIDED TO THE BOD BEFORE THE DUE DATE FOR REVIEW
FORM 990, PART VI, SECTION B, LINE 12C	IN ALL INSTANCES WHERE THE CLUB'S BUSINESS OR POLICY DECISIONS CAN RESULT IN DIRECT OR IND IRECT FINANCIAL OR PERSONAL BENEFIT TO A BOARD DIRECTOR, THE ACTIONS UNDER CONSIDERATION M UST BE REVIEWED IN LIGHT OF FULL DISCLOSURE BY INDEPENDENT DIRECTORS
FORM 990, PART VI, SECTION B, LINE 15	THE CLUB'S COMPENSATION COMMITTEE, WHICH IS CHAIRED BY THE CLUB PRESIDENT, NEGOTIATES THE CONTRACT FOR THE CHIEF OF STAFF BY REVIEWING THE PREVIOUS CONTRACT AND REVIEWING SALARY LE VELS OF LIKE ORGANIZATIONS
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S 1023, 990, AND 990-T ARE ALL AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ALL AVAILABLE UPON REQUEST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493019006035 OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

BOONE AND CROCKETT CLUB				13-64000	9 1					
Part I Identification of Disregarded Entities Comp	lete if the organization a	nswered "Yes" on	Form 990, Part		<i>-</i>					
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	(e) nd-of-year assets		(f) controlling entity				
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations Complete ıf th ı the tax year.	ne organization an	swered "Yes" or	n Form 990, Pa	art IV, line	e 34 because it	: had or	ne		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		e section Public charity status		(f) Direct controlling entity	Section (13) co	g) n 512(b ontrolled tity?
							Yes	No		
(1) BOONE AND CROCKETT CLUB FOUNDATION INC 250 STATION DRIVE	SUPPORT BOONE AND CROCKETT CLUB THROUGH MANAGING FUNDRAISING FUNCTION	МТ	501(C)(3)	LINE 11A, I				No		
MISSOULA, MT 59801 81-0438290							+	<u> </u>		
							_	_		
							+	<u> </u>		
					i i			1		

(a) Name, address, and EIN of related organization		(b) Primary activ	(c) Legal domicile (state o foreign country)	r entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ener?	(k) Percentag ownersh
					314)			Yes	No		Yes	No	
]
Identification of Related Org line 34 because it had one or m								swere	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreig country)	n	(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end -year ssets		(h) ercentage wnership	Section (b) cont	i) on 512 (13) rolled tity?	2
		I		<u> </u>	1	<u> </u>			_		Yes		No
									+				+

Schedule R (Form 990) 2013					Page 3
Part V Transactions With Related Organizations Complete if the	he organization answered	"Yes" on Form 990, Pa	art IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this sche	dule			Y	es No
1 During the tax year, did the orgranization engage in any of the following transac	tions with one or more related	organizations listed in Pa	arts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlle	ed entity		1a	1	No
b Gift, grant, or capital contribution to related organization(s)			11:) Y	25
c Gift, grant, or capital contribution from related organization(s)			10	: Y	es
d Loans or loan guarantees to or for related organization(s)			10	1	No
e Loans or loan guarantees by related organization(s)			16	Y	25
f Dividends from related organization(s)			1f		No
g Sale of assets to related organization(s)			19	,	No
h Purchase of assets from related organization(s)			11	ا ا	No
i Exchange of assets with related organization(s)					
j Lease of facilities, equipment, or other assets to related organization(s)			1j	i	No
k Lease of facilities, equipment, or other assets from related organization(s)			11	,	No
l Performance of services or membership or fundraising solicitations for relate	d organization(s)		11	ı Y	es
m Performance of services or membership or fundraising solicitations by related	, ,		1r	n Y	es
n Sharing of facilities, equipment, mailing lists, or other assets with related org.			1:	n Y	es es
o Sharing of paid employees with related organization(s)	, ,		10	•	No
p Reimbursement paid to related organization(s) for expenses			11	,	No
Reimbursement paid by related organization(s) for expenses			10	_	25
The transfer of each or property to related ergonization(s)			11		No
r Other transfer of cash or property to related organization(s)			11		No
s Other transfer of cash or property from related organization(s)				<u> </u>	140
2 If the answer to any of the above is "Yes," see the instructions for information	n on who must complete this l	ine, including covered rela	ationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involv	ed .	
(1) BOONE AND CROCKETT CHIB FOLINDATION INC	r	470 341 (CASH DAYMENTS		

Name of related organization	Transaction type (a-s)	Amount involved	(a) Method of determining amount involved
(1) BOONE AND CROCKETT CLUB FOUNDATION INC	C	470,341	CASH PAYMENTS
(2) BOONE AND CROCKETT CLUB FOUNDATION INC	Е	637,880	OUTSTANDING BALANCE
(3) BOONE AND CROCKETT CLUB FOUNDATION INC	Q	75,897	CASH PAYMENTS
(4) BOONE AND CROCKETT CLUB FOUNDATION INC	М	268,920	FUNDRAISING EXPENSES PER 990
(5) BOONE AND CROCKETT CLUB FOUNDATION INC	В	83,705	NET PRESENT VALUE OF CONTRIBUTION
(6) BOONE AND CROCKETT CLUB FOUNDATION INC	L	54,980	990 PART IX LINE 25D

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets			(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
]	
												\Box	
	•												

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

Additional Data

Software ID:

Software Version:

EIN: 13-6400091

Name: BOONE AND CROCKETT CLUB

Form 990, Schedule R, Part V - Transactions With Related Organizations

Torin 550, Schedule R, Fart V Transactions With Related Organizations											
(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved								
BOONE AND CROCKETT CLUB FOUNDATION INC	С	470,341	CASH PAYMENTS								
BOONE AND CROCKETT CLUB FOUNDATION INC	Е	1	OUTSTANDING BALANCE								
BOONE AND CROCKETT CLUB FOUNDATION INC	Q	75,897	CASH PAYMENTS								
BOONE AND CROCKETT CLUB FOUNDATION INC	М	1 ' 1	FUNDRAISING EXPENSES PER 990								
BOONE AND CROCKETT CLUB FOUNDATION INC	В	83,705	NET PRESENT VALUE OF CONTRIBUTION								
BOONE AND CROCKETT CLUB FOUNDATION INC	L	54,980	990 PART IX LINE 25D								

DLN: 93493019006035 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return BOONE AND CROCKETT CLUB 13-6400091 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period deduction property service only—see instructions) 13,513 3.0 НΥ S/L 1,917 19a 3-year property 5 0 НΥ **b** 5-year property 11,428 S/L 365 c 7-year property 78,241 7 0 HY S/I 4,150 21,005 100 ΗY d 10-year property S/L 1,167 e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs Summary (see instructions.) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 156,635 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

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—Depre	ciation a	<u>nd Other I</u>	<u>nforma</u>	tion (C	aution	: See	the i	<u>instruc</u>	tions i	for lin	nits i	or pa	isseng	er au	tomol	oiles.)	
24a Do y ou hav e ev ider	nce to support	the business/in	vestment ι	ıse claıme	d? F Yes	Гио		2	4b If "Y	es," is t	the ev	ıdence	written?	Гүе	s F N	0	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	i) r other sıs	other (husiness/investment			(f) Recover period	(g) Method/ Convention		(h) Depreciation/ deduction				(i) Elected section 179 cost		
.5 Special depreciation allo 50% in a qualified busi	•		erty placed	in service (during the	tax year	and u	ısed mor	e than	25							
6 Property used more	e than 50%	ın a qualıfıed	business	use						-	•			<u> </u>			
		%															
		%									+						
7 Property used 50%	orless in a		siness us	<u> </u>	<u>I</u>			l			<u> </u>						
, ,		%							S/L -								
		%			 			S/L - S/L -			+						
28 Add amounts in co	ı olumn (h), lır		jh 27 En	ter here	and on lii	ne 21,	page	1	28								
29 Add amounts in c	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1								29				
		Se	ction B	—Infor	mation	on U	se d	of Vel	icles								
omplete this section														a uahir	los		
you provided vehicles to					a)		пеес а b)	Пехсер	(c)	этгріеці <u>.</u>	ig triis (C		_	e)		f)	
30 Total business/investment miles driven during the year (do not include commuting miles)				cle 1				Vehicle 3			Vehicle 4		cle 5				
31 Total commuting (mıles drıven	during the ye	ear .														
32 Total other persor	nal(noncomn	nuting) miles	drıven							\neg							
33 Total miles driven	during the y	ear Add line	s 30														
34 Was the vehicle a	vailable for p	ersonal use	•	Yes	No	Yes	No	Yes	s N	lo 1	es/	No	Yes	No	Yes	No	
during off-duty ho																	
35 Was the vehicle used primarily by a more than 5% owner or related person?																	
36 Is another vehicle		r personal us	se? .														
Section	on C—Que	stions for	Emplo	yers W	ho Pro	vide \	Vehi	cles 1	or Us	e by	The	ir Er	nploy	ees			
nswer these questio % owners or related				eption to	comple	tıng Se	ction	B for v	ehicles	sused	by e	mploy	ees wh	o are	not mo	re thar	
37 Do you maintain a employees?	written poli	y statement	that prof	nibits all	personal • •	use of	vehi •	cles, ın	cluding	comn	nutın 	g, by '	your	Y	es	No	
20 D			*6-*				h l -							-			
38 Do you maintain a employees? See t												your •					
39 Do you treat all us	se of vehicle	s by employe	es as pe	rsonal us	e?												
40 Do you provide movehicles, and reta				oyees, o	btaın ınfo	ormatio	n froi	m your	employ	ees al	bout	the us	se of				
, 41 Do you meet the r				automobi	le demor	nstratio	n us	e? (See	ınstru	ctions) .						
Note: If your answ	ver to 37, 38	, 39, 40, or 4	l1 ıs "Ye	s," do no	t comple	te Sect	tion E	3 for the	cover	ed veh	nicles	5					
	rtization	· · ·			· ·												
(a)	(b) (a) Date						(d) Code	` ' IA MOTTIZAT			I Amort			(f) tization for			
Description of costs amortization begins		amount sec				ection		ercenta		this			ar				
42 A mortization of co	sts that beg	ııns durıng yo	ur 2013	tax year	(see ins	truction	ns)										
43 Amortization of co	sts that beg	an before yo	ur 2013 1	tax year						. [43						
44 Total Add amoun	ts in column	(f) See the i	nstructio	ns for wh	ere to re	nort					44						