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DLN: 93493060011127

OMB No 1545-0047

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

▶ Do not enter social security numbers on this form as it may be made public

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

A F	or th	e 201	5 cal	endar year, or tax year begin	ning 07-01-2015 , and ending 06-30-	2016				
B Ch	eck ıf	applica	ble	C Name of organization BOONE AND CROCKETT CLUB			D	Employ	er iden	tification number
_ A	ddress	chang	e	BOONE AND CROCKETT CLOB				13-640	0091	
		hange	ŀ	Doing business as						
F	ntial re	eturn	ı				F-	Telephon	a numh	
		ınated		Number and street (or P O box in 250 STATION DRIVE	f mail is not delivered to street address) Room	ı/suıte		·		
		d retur			770			(406)5	42-18	188
Ap	plicati	on pen	dıng	City or town, state or province, c MISSOULA, MT 59801	ountry, and ZIP or foreign postal code		_G	Gross re	reints \$	3,354,045
			ŀ	F Name and address of prin	cinal officer	11/-			-	
				MARSHALL J COLLINS JR	erpar officer	п(а	Is this a subordina		eturn i	or □ Yes 🔽
				250 STATION DRIVE MISSOULA, MT 59801			Νo			1 163 1
т Та	x-exe	mpt sta	atus	•	4 (mast ma)	H(b	Are all su included		ates	□Yes □ No
				▼ 501(c)(3)	◀ (insert no) 4947(a)(1) or 527				ılıst (see instructions)
J W	ebsit	te: 🟲	ww	W BOONE-CROCKETT ORG		H(c	Group ex	cemptic	n num	ber ▶
K For	m of o	organiza	tion	✓ Corporation Trust Asso	ociation Other ►	L\	Year of format	ion 192	3 M S	State of legal domicile D
- D-	·									
Pe	rt I	_		nary	ion or most significant activities					
					ANIMALS, PROMOTE HUNTING & EX	XPLORA ⁻	TION & REG	CORD	RESUL	TS FOR STUDY
Ce	-									
Jan	-									
ven	2	Chec	k thi	s box ▶ ┌ If the organization	discontinued its operations or dispose	ed of mor	e than 25%	ofits	net ass	sets
Activities & Governance				•					i	
× 8				-	rning body (Part VI, line 1a)			—	3	13
ţie				· -	s of the governing body (Part VI, line 1	•		<u> </u>	4	13
₹				·	n calendar year 2015 (Part V, line 2a)			—	5	20
Ac				•	fnecessary)			_	6	770
					Part VIII, column (C), line 12			—	7a	252,674
	Ь	vet ur	ireia	ted business taxable income	from Form 990-T, line 34	· · ·			7b	49,21
		<i>C</i> -		outland and grants (Part VIII	line 1h)	-	Prior Ye		0.6	Current Year
σi	8			outions and grants (Part VIII	•	·	1	,651,00 701,1		1,843,483 725,200
Ravenue	_			·	, line 2g)		226,316		182,14	
Д.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							366,5	_	368,209
					11 (must equal Part VIII, column (A),	line —		· ·		· · · · · · · · · · · · · · · · · · ·
		12					,944,9	94	3,119,03	
	13	Gr	ants	and similar amounts paid (Pa	art IX, column (A), lines 1–3)	·		53,3	50	31,900
	14			•	rt IX, column (A), line 4)			0		
\$2	15		larıe	s, other compensation, emplo	oyee benefits (Part IX, column (A), line	es	1	,245,9	64	1,333,66
Expenses	16a		,	sional fundraising fees (Part :	IX, column (A), line 11e)	🗀			0	
x b e	Ь	Tot	al fur	ndraising expenses (Part IX, column	(D), line 25) ▶62,410					
ш	17			= ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	.), lines 11a-11d, 11f-24e)	⁻.⊢	1	,422,4	47	1,431,158
	18				nust equal Part IX, column (A), line 25			,721,7	-	2,796,72:
	19	Re	venu	ie less expenses Subtract lir	ne 18 from line 12			223,2	33	322,314
% oc.						Bea	inning of Cu	rrent Ye	ear	End of Year
Net Assets or Fund Balances		_		(D-w)() () ()					_	
Ass I Ba	20			ssets (Part X, line 16)		· -		,207,2	-	5,668,930
ž ž	21			abilities (Part X, line 26) .	ct line 21 from line 20	`		,289,4° ,917,7°	-	1,428,85
	22	_		ature Block	ct me 21 nom me 20	•	3	,917,7	01	4,240,07.
			_		examined this return, including accomp	panyıng s	chedules a	nd state	ements	and to the best of
•		_		elief, it is true, correct, and c owledge	omplete Declaration of preparer (othe	r than off	ficer) is bas	ed on a	II ınfor	mation of which
ргер	arer i	ias aii	y Kii	owiedge						
			*****				2017-0	3-01		
Sign			Signat	ture of officer			Date			
Her	е			HALL J COLLINS JR TREASURER						
				or print name and title int/Type preparer's name	Preparer's signature	Date		1	PTIN	
De:	4			COLE RIEKER CPA	NICOLE RIEKER CPA	Date	Check self-emp	ıf	P11N P013727	['] 64
Paid		~ =	Fil	rm's name > JUNKERMIERCLARK	CAMPANELLASTEVENS PC	1	Firm's EI		034877	 5
Pre	-		\vdash	rm's address ▶ PO BOX 16237			Phone no			
Use	: Ur	117	- 1				1			

MISSOULA, MT 59808

✓Yes No

2,346,874

- Other program services (Describe in Schedule O) (Expenses \$ Total program service expenses ▶

4d

- 737,763 including grants of \$

30,100) (Revenue \$

- - - 486,355)
 - Form 990 (2015)

Par	t 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)? If "Yes," complete Schedule A 🕏	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	Yes	
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 I	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	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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	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			
	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	
	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
	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	11 c		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	11 d		No
е	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	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a		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	12 b	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		No
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
	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		

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IV	Checklist of	Required	Schedules	(continued)

instructions for applicable filing thresholds, conditions, and exceptions)

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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? If "Yes," complete Schedule J	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
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), 501(c)(4), and 501(c)(29) organizations.			

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Νo

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Νo

Nο

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35b

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Yes

Yes

Form 990 (2015)

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this					_
		check if Schedule o contains a response of flote to any line in this	raitv		· ·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	31		103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		Le organization comply with backup withholding rules for reportable payments to	o vendor	s and reportable			
·		g (gambling) winnings to prize winners?		· · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	20			
L	•	s return			2b	Yes	
U		if the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the yea	ar?	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	on ın Sch	edule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a sig	gnature	or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count, or	other financial	4a		
	accou	nt)?		-	70		No
Ь		s," enter the name of the foreign country					
	(FBAR	istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank ()	k and Fin	ianciai Accounts			
5a	,	' he organization a party to a prohibited tax shelter transaction at any time durin	ng the tax	x vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t		i i	5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?		-	20		
٠	11 16	s, to line 3a of 3b, and the organization mer of m 6000-17			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
_	-	ization solicit any contributions that were not tax deductible as charitable cont		. ⊢			
D		s," did the organization include with every solicitation an express statement th not tax deductible?	nat such		6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution		artly for goods and	7a		No
		es provided to the payor?			76		
		s," did the organization notify the donor of the value of the goods or services pi			7b		
C		e organization sell, exchange, or otherwise dispose of tangible personal proper irm 8282?	ty lor wil		7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	ersonal	henefit contract?			
_	D 14 C.		ors ornar	zamane commuse	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal bene	efit contract?	7 f		
g	If the require	organization received a contribution of qualified intellectual property, did the of	rganızatı	ion file Form 8899 as	7 g		
h	•	organization received a contribution of cars, boats, airplanes, or other vehicles	• • s. dıd the	e organization file a	, 9		
		1098-C?	´		7h		
8	-	oring organizations maintaining donor advised funds.	cinace b	oldings at any time			
		donor advised fund maintained by the sponsoring organization have excess bus i the year?			8		
Qa	Did th	e sponsoring organization make any taxable distributions under section 49667	2		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		on?	9b		
10		on 501(c)(7) organizations. Enter	aced pers	, , , ,			
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıtı				'		
		on 501(c)(12) organizations. Enter	اید				
		Income from members or shareholders	11a				
D		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	ے o n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lieu c	of Form 10412	12a		
		s," enter the amount of tax-exempt interest received or accrued during the					
-	year		12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? N	lote. See	the instructions for			
		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax			14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explana	•		14b		
		, I , p		=	-		

orm	990 (2015)					Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O.			o, or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					🔽
Se	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	1	3		
	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	1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	zation'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?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			5, 7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			. 8b	Yes	

	supervision of officers, directors or trustees, or key employees to a management company or other person? .	,		NO
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			NI -
_	filed?	4 5		No No
5	3 , 3	6	Yes	NO
6 7 -	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		1 65	
	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R		ue Cod	
	Telen Bi I dieles (Ims section & requests information about policies not required by the internal in	CVCIII	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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 interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15 b	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 or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Se	ection C. Disclosure			
17	List the States with which a conviolities Form 990 is required to be filed.			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website. ☐ Another's website. ☐ Upon request. ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

►THE ORGANIZATION 250 STATION DRIVE MISSOULA, MT 59801 (406) 542-1888

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	not bo: h ar or/ti	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	rrom the organization and related organizations	
(1) TIMOTHY C BRADY	5 00										
EXEC VP - ADMINISTRATION		×		X				0	0	0	
(2) ELDON L BUCKNER V P - BIG GAME RECORDS	3 00	×		х				0	0	0	
(3) MARC C MONDAVI V P - COMMUNICATIONS - RESIGNED DECEMBER 2015	3 00	×		х				0	0	0	
(4) MORRISON STEVENS SR PRESIDENT	7 00	×		х				0	0	0	
(5) STEPHEN P MEALEY V P - CONSERVATION - RESIGNED DECEMBER 2015	3 00	×		х				0	0	0	
(6) JAMES ARNOLD EXEC V P - CONSERVATION	5 00	×		х				0	0	0	
(7) BEN B HOLLINGSWORTH JR FOUNDATION PRESIDENT	5 00 7 00	×		х				0	0	0	
(8) MARSHALL J COLLINS JR V P - ADMINISTRATION	3 00	×		х				0	0	0	
(9) JAMES L CUMMINS V P - CONSERVATION	3 00	×		х				0	0	0	
(10) CJ BUCK V P - COMMUNICATIONS	3 00	x		x				0	0	0	
(11) TOM L LEWIS SECRETARY	5 00	x		х				0	0	0	
(12) NED S HOLMES DIRECTOR	1 00	x						0	0	0	
(13) CMARTIN WOOD III TREASURER	5 00 5 00	х		х				0	0	0	
(14) ANTHONY J CALIGIURI DIRECTOR	1 00	×						0	0	0	

(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensatio from related organizations (W- 2/1099- MISC)	Esti n amo ot s compe	(F) mated ount of ther ensation m the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)			and related organizations
(15) MARY WEBSTER DIRECTOR	1 00	х						0		0	0
(16) ANTHONY SCHOONEN CHIEF OF STAFF	40 00 10 00			х				120,931		0	21,018
to tal (add lines 1b and 1c)	, Section A .		· ·	>			12	20,931	0		21,018
2 Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list	ed al	ove	e) w	ho red	eiv	ed more than			
										Yes	No

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual				
		4		No	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
TELAVANT INTERNET SERVICES	DATA BASE SOFTWARE DEVELOPMENT	135,000
PO BOX 6022 MISSOULA, MT 59806		

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 1

Form 99	0 (20	15)						Page 9
Part V	1111	Statement o						
		Check If Schedu	ile O contains a respor	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
v 8	1 a	Federated camp	paigns 1a					
Grants smounts	ь	Membership du	es 1b	398,708				
5 1	c	Fundraising eve	ents 1c					
ifts. ar A	d	Related organiz	ations 1d	801,014				
E	e	Government grants	(contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f t included above	643,759				
를 돌	g	Noncash contribution	ons included in lines	10,943	į			
Cont	h	Total. Add lines	1a-1f		1,843,481			
j				Business Code				
۲÷۳	2a	ASSOCIATES PROG		511190	269,395	180,687	88,708	
æ	b	MEMBERSHIP PROG	GRAMS	511190	159,745	159,745		
¥ C€	С	ADVERTISING		541800	142,077		142,077	
3	d	RECORDS PROGRA		511190	89,700	89,700		
an	e	All other progra		900099	60,075	60,075		
Program Service Revenue	f	All other progra	m service revenue		4,208	4,208		
<u> </u>	g		2a-2f		725,200			
	3		ome (including dividend ar amounts)		446			446
	4	Income from inves	tment of tax-exempt bond p	proceeds ►				
	5	Royalties			108,386			108,386
	6a	Gross rents	(I) Real 84,012	(II) Personal				
	ь	Less rental	62,123					
	c	expenses Rental income	21,889					
	d	or (loss) Net rental incor	me or (loss)	•	21,889		21,889	
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory		199,264				
	ь	Less cost or other basis and		17,565				
		sales expenses						
	C	Gain or (loss)	- \	181,699	181,699	181,699		
ıne	d 8a	Gross income fi events (not incl		· · · · >	101,033	101,055		
Other Revenue		s of contributions See Part IV, lin	reported on line 1c) e 18					
Ę.	ь	Less direct exp	penses b					
•	c		loss) from fundraising (events ▶				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	ь	Less direct exp	penses b					
	C	Net income or (loss) from gaming activ	/ities ▶				
	10a	Gross sales of						
		returns and allo	wances . a	313,040				
	ь	Less cost of go		155,322				
	с	_	loss) from sales of inve		157,718	157,718		
		Miscellaneous	Revenue	Business Code				
	11a	CONTRACT SE	RVICES	541200	80,103	80,103		
	b	MISCELLANEC	US	900099	113	113		
	C	A II #						
	d e	All other revenu		•				
					80,216			
	12	iotai revenue. S	See Instructions	· · · •	3,119,035	914,048	252,674	108,832

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX								

	<u> </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 domestic organizations and domestic governments See Part IV, line 21	11,800	11,800		
2	Grants and other assistance to domestic individuals See Part IV, line 22	20,100	20,100		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	1,020,134	842,381	134,311	43,442
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	239,558	202,774	25,908	10,876
10	Payroll taxes				
		73,971	61,642	9,075	3,254
11	Fees for services (non-employees)				
a	Management				
Ь	Legal	945	945		
С	Accounting	18,300		18,300	
d	Lobbying	105,150	105,150		
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)	95,293	76,765	18,528	
12	Advertising and promotion	128,662	123,927	1,120	3,615
13	Office expenses	189,449	129,243	59,393	813
14	Information technology	34,043	25,625	8,418	
15	Royalties				
16	Occupancy	8,753	4,963	3,790	
17	Travel	75,204	70,487	4,715	2
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,127	18,127		
20	Interest	30,757	930	29,827	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	172,976	115,079	57,897	
23	Insurance	43,915	30,902	12,934	79
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	161,679	161,679		
b	PRINTING/PUBLICATION/PH	126,017	126,017		
c	HOSTING, SPONSOR & PART	100,544	100,544		
d	GRANTS AND OTHER ASSIST	77,242	73,692	3,221	329
e	All other expenses	44,102	44,102		
25	Total functional expenses. Add lines 1 through 24e	2,796,721	2,346,874	387,437	62,410
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)				

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10a

b

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Net Assets or Fund Balances

Prepaid expenses and deferred charges .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Accounts payable and accrued expenses

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Other assets See Part IV, line 11 . . .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

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

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Investments—publicly traded securities . .

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10c

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12 13

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30 31

32 33

34

4,190,993

277,994

5,207,240

144,917

387,681

96,950

659.931

1,289,479

3,723,349

3,917,761

5,207,240

194.412

150,394

4.282.454

227,527

5,668,930

268,552

538,592

14,138

607,573

1,428,855

3,984,793

4,240,075

5,668,930

Form 990 (2015)

255,282

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 76,228 130,279 1 Cash-non-interest-bearing 1 2 255,986 2 448,016 Savings and temporary cash investments 11.899 3 13,500 3 Pledges and grants receivable, net . 4 88,012 4 157,423 Accounts receivable, net . . 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net . . 7 7 8 Inventories for sale or use . 240,476 8 259,337 65,652

10a

10b

7 211 322

2,928,868

10

4,240,075

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Additional Data

(Code

Software ID: Software Version:

EIN: 13-6400091

Name: BOONE AND CROCKETT CLUB

) (Revenue \$

160,029)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

) (Expenses \$

FULFILLED DURI		ED 9 HONOI	RARY LIFE MEMBERS, 9	HE ORGANIZATION'S OBJECTIVE: 98 REGULAR MEMBERS, 4 JUNIOR I	
(Code) (Expenses \$	224,268	ıncludıng grants of \$) (Revenue \$	185,842)
THEODORE ROOS	SEVELT MEMORIAL RANCH - E	XPLORES W	AYS WILDLIFE & LIVES	STOCK CAN SAFELY & PROFITABLY	SHARE
LANDS & REDUCE	COMPETING FORCES WITHO	UT REDUCII	NG THEIR NUMBERS T	HE RANCH SUPPORTED 215 COWS	,40 HEIFERS,
AND 12 BULLS IN	MPLEMENTED NOXIOUS WEED	CONTROLE	EFFORTS, AND HAD NE	ARLY 100 HUNTERS PURSUE DIFF	ERENT
SPECIES FOR CO	NSERVATION EFFORTS INCLU	DING YOUT	H AND NON-YOUTH H	UNTERS	

271,859 including grants of \$

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code) (Expenses \$ including grants of \$) (Revenue \$ THE BUILDING TENANT PROGRAM PROVIDES OFFICE SPACE IN THE CLUB'S HEADQUARTERS BUILDING DIRECT EXPENSES OF MAINTAINING THE SPACE TOTALED \$62,123 FOR THE YEAR AND ARE RECORDED AS DIRECT PROGRAM EXPENSES ON PART VIII OF THIS RETURN)(Expenses \$ 209,218 including grants of \$ 10,000) (Revenue \$ 60.075) (Code THE WILDLIFE CONSERVATION PROGRAMS PROMOTE OUTDOOR ETHICS FOR ALL PEOPLE, EMPHASIZING SHARED USE OF NATURAL RESOURCES TO PROTECT MULTIPLE OPTIONS FOR USE AND ENJOYMENT AND ESPECIALLY TO PROTECT WILDLIFE POPULATIONS, PUBLIC AND PRIVATE LAND HABITATS, AND ASSOCIATED OUTDOOR RECREATIONAL EXPERIENCES DURING THE YEAR THE ORGANIZATION CONDUCTED 25 FIELD TRIPS, PROVIDING EDUCATION TO 337 STUDENTS AND 61 TEACHERS PLUS OUTDOOR CLASSROOMS/EXPOS WERE CONDUCTED FOR ANOTHER 525 K-12 STUDENTS. THE PROGRAM ALSO HELD. SEPARATE OUTDOOR ADVENTURE CAMPS 4 OUTDOOR SKILLS CAMPS FOR A TOTAL OF 65 YOUTH PARTICIPANTS CAME FROM AZ, SC AND MT AS WELL AS ALBERTA AND BRITISH COLUMBIA, CANADA THE ORGANIZATION CONDUCTED 5 MOHAB BACKCOUNTRY TREK FOR 89 BOY SCOUTS (MT, TX, CA AND WA) THESE TREKS ENCOMPASSED 2 DAYS OF ON-SITE TRAINING FOLLOWED BY A 5-DAY, SELF-LED (VOLUNTEER TREK LEADER SUPERVISED) BACKCOUNTRY PACK-RAFTING AND HIKING EXPERIENCE IN THE BOB MARSHALL WILDERNESS IN ADDITION, THE ORGANIZATION OPERATED A WOMEN'S HUNTER EDUCATION COURSE TITLED "BECOMING A OUTDOORSWOMEN" EVENT IN WHICH 25 WOMEN PARTICIPATED THE ORGANIZATION ALSO FUNDED A UNIVERSITY-BASED RESEARCH PROJECT (SEE SCHEDULE I FOR FULL DESCRIPTION)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 32,418 including grants of \$ 20,100) (Revenue \$ 80,409)

MISCELLANEOUS PROGRAM SERVICES, INCLUDING SUBGRANTS AND SCHOLARSHIPS TO UNIVERSITY STUDENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493060011127

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

13-6400091

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.

Open to Public Inspection

OMB No 1545-004

Treasury Internal Revenue Service Name of the organization

BOONE AND CROCKETT CLUB

Department of the

SCHEDULE A

(Form 990 or

990EZ)

Part I

1

2

3

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	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 behalf						
3	The value of services or facilities						
•	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						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts 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						
	VI)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
L	organization 10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

Gifts, grants, contributions, and membership fees received (Do

Section A. Public Support Calendar year

not include any "unusual

(or fiscal year beginning in) ▶

(f)Total

7,408,995

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

1,092,846

(a)2011

rt

(c)2013

1,569,853

(d)2014

1,651,006

(e)2015

1,843,481

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

(b)2012

1,251,809

	grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished	1,114,715	1,160,165	1,280,507	1,129,754	1,	085,256	5,770,397
	in any activity that is related to						·	
	the organization's tax-exempt							
3	purpose 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 The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without							
	charge							
6	Total. Add lines 1 through 5	2,207,561	2,411,974	2,850,360	2,780,760	2,	928,737	13,179,392
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified	42,001	65,120	142,227	230,664	59,038		539,050
	persons Amounts included on lines 2 and							
D	3 received from other than							
	disqualified persons that exceed	72 207	22 506	77 204	121 000		114 046	421 142
	the greater of \$5,000 or 1% of	73,307	33,586	77,304	131,999		114,946	431,142
	the amount on line 13 for the							
	year	115 200	00.706	210 521	362,663		172.004	970,192
	Add lines 7a and 7b Public support. (Subtract line 7c	115,308	98,706	219,531	362,663		173,984	970,192
8	from line 6)							12,209,200
Se	ction B. Total Support							
	Calendar year	(2)2011	(b) 2012	(a) 2012	(4)2014	(e) 20	1 5	(f) ⊤otal
(or f	iscal year beginning in) 🕨	(a)2011		(c)2013	(d) 2014	(6)20	13	(T)TOTAL
9	A mounts from line 6	2,207,561	2,411,974	2,850,360	2,780,760	2,	928,737	13,179,392
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties	251,098	248,987	202,424	190,669		192,844	1,086,022
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after							
_	June 30, 1975	251,098	249.007	202.424	190,669		192,844	1 006 022
C	Add lines 10a and 10b Net income from unrelated	251,098	248,987	202,424	190,069		192,844	1,086,022
11	business activities not included							
	in line 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of							
	capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c,	2 450 650	2 660 061	2.052.704	2 071 420	2	131 501	14,265,414
	11, and 12)	2,458,659	2,660,961	3,052,784	2,971,429		121,581	
14	First five years.If the Form 990 is	for the organization	on's first, second	, third, fourth, or f	ifth tax year as a	section 5	601(c)(3	· -
	check this box and stop here							<u> </u>
	ction C. Computation of Pub			4.2 1 (6)				
15	Public support percentage for 201	•	•	13, column (f))		15		85 590 %
16	Public support percentage from 20	14 Schedule A, P	art III, line 15			16		84 720 %
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colum	nn (f))	17		7 610 %
18	Investment income percentage fro	m 2014 Schedule	A, Part III, line 1	.7		18		7 950 %
19a	33 1/3% support tests—2015. If the	e organization did	not check the bo	x on line 14, and	line 15 is more t	han 33 1/	3% , and	line 17 is not
	more than 33 1/3%, check this box							▶ 🗸
b	33 1/3% support tests-2014. If the	e organization did	not check a hov	on line 14 or line	19a and line 16	is more t	han 22 ·	1/3% and line
	• •				•			·
	18 is not more than 33 1/3%, chec				•			on
20	• •	k this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported or	ganızatı	·

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			-
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

DLN: 93493060011127

Employer identification number

SCHEDULE C (Form 990 or 990-EZ)

Name of the organization

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047 Open to Public Inspection

Department of the www.irs.gov/form990. Treasury Internal Revenue Service

If the c	organizatior	nanswered	l "Yes'	on Form 9	990, Part IV	, Line	3, or For	m 990-E	Z, Part \	۷, lıne	· 46 (F	Political	Campaign	n Activities), ther
Sec	tion 501(c)(3	3) organizatio	ns Co	mplete Parts	I-A and B	Do not	complete l	Part I-C							
_				EO 4 () (O))		_			~	_			–		

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

BO	ONE AND CROCKETT CLUB			13-6400	0091		
Par	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section	527	organizati	on.
1	Provide a description of the or	ganization's direct and indirect po	olitical campaign ac	tivities in Part IV			
	Political expenditures			•		\$	
3	Volunteer hours						
Par	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).			
1	Enter the amount of any excis	e tax incurred by the organization	under section 495!	5	>	\$	
2	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	n 4955	>	\$	
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?			☐ Yes	☐ No
4 a	Was a correction made?					☐ Yes	☐ No
b	If "Yes," describe in Part IV						
		ganization is exempt und				1(c)(3).	
	•	ended by the filing organization fo			>	\$	
2	Enter the amount of the filing of exempt function activities	organization's funds contributed t	o other organization	s for section 527		\$	
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	>	\$	
4	Did the filing organization file F	orm 1120-POL for this year?				Yes	□ No
2 Pol 3 Vol Part I-1 Ent 2 Ent 4a Was b If " Part I-1 Ent exe 3 Tot 4 Did 5 Ent org ame sep 2 2 3 4 5 6	organization made payments amount of political contributio	nd employer identification numbe For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r the amount paid frond directly delivered	om the filing organizat to a separate politica	ion's f Lorga	unds Also ent nization, such	ter the
	(a) Name	(b) Address	(c) EIN	(d) A mount paid f filing organization funds If none, ente	n's	(e) Amount contribution and prom directly deli separate organizatio enter	s received ptly and vered to a political n If none,
3							
4							
5							
6							
For F	Paperwork Reduction Act Notice, s	ee the instructions for Form 990 or	990-EZ.	 Cat No 50084S Schedu	le C (I Form 990 or 99	0-EZ) 2015

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)												
Lobbying Expe	nditures During	4-Year Avera	ging Period									
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total							
Lobbying nontaxable amount												
Lobbying ceiling amount (150% of line 2a, column(e))												
Total lobbying expenditures												
Grassroots nontaxable amount												
Grassroots ceiling amount (150% of line 2d, column (e))												
Grassroots lobbying expenditures												
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT	
	filed Form 5768 (election under section 501(h)).	

	filed Form 5768 (election under section 501(h)).	(a)		(b)	
-or e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity		No	,	Amour	ıt
		Yes	ļ	·—		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?	Yes				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1		
c	Media advertisements?	Yes		1		800
d	Mailings to members, legislators, or the public?	Yes				1,006
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				105,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total Add lines 1c through 1i					106,806
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'line 3, is answered "Yes."	'No" (
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information	·				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grossee instructions), and Part II-B, line 1. Also, complete this part for any additional information	up list)	, Part I	I-A,I	ınes 1	and

Return Reference	Explanation
	IN THE CASE OF EACH PIECE OF PROPOSED LEGISLATION OUR PEOPLE PROVIDE THOUGHT LEADERSHIP, SCIENCE AND RESEARCH IN TERMS OF DRAFTING ACCURATE AND EFFECTIVE LANGUAGE WE THEN WORK WITH OTHER LIKE MINDED ORGANIZATIONS TO EDUCATE CONGRESSMEN AND WOMEN AND GET THEM UP TO SPEED ON THE ISSUES, PROBLEMS, AND PROPOSED SOLUTIONS WE ASSIST THEM WITH INFORMATION TO ASSIST THEM EITHER SPONSORING OR SIGNING ONTO LEGISLATION WE WORK TO ANSWER ANY QUESTIONS THEY MAY HAVE AND OR OVERCOME ANY INHIBITORS IN ALL CASES THE POLICY ISSUES WE WORK ON AT THE NATIONAL LEVEL ARE TOTALLY BI-PARTISAN AND BASED ON SOUND SCIENCE INVOLVING EFFECTIVE HABITAT AND WILDLIFE MANAGEMENT, MANAGEMENT OF ENDANGERED SPECIES, AND WISE AND SHARED USE OF OUR NATURAL RESOURCES

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SCHEDULE D Supr

(Form 990)

Treasury

Department of the

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493060011127

Open to Public Inspection

Na	nar Revenue Service		Empl	oyer identification number
ВОС	DNE AND CROCKETT CLUB		13-6	400091
Pa		r Advised Funds or Other Similar F		
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6.		
	Total number at end of year	(a) Donor advised funds	(b)	Funds and other accounts
2	Aggregate value of contributions to (during			
,	year) Aggregate value of grants from (during year)			
* -	Aggregate value at end of year			
•	Did the organization inform all donors and donor funds are the organization's property, subject to	-	nor advis	rsea Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for a	any other	☐ Yes ☐ No
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by th	- ' ' ' ' '		
	Preservation of land for public use (e g , recreducation)		an histor	ically important land area
	Protection of natural habitat	<u>-</u>		d historic structure
	Preservation of open space	·		
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
c	Number of conservation easements on a certified	* *	2c	
d	Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/1//06, and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the	e organization during the
	tax year ▶			
1	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regain violations, and enforcement of the conservation of		ndling of	┌ Yes
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	servation easements during the
	>			
7	A mount of expenses incurred in monitoring, inspi	ecting, handling of violations, and enforcing o	conserva	ition easements during the year
3	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)
•	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the organization's financia asements	al statem	nents that describes
ar		ctions of Art, Historical Treasures,	or Oth	ner Similar Assets.
La	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	r assets held for public exhibition, education	, or resea	arch in furtherance of public
	If the organization elected as permitted under S			

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ __

SCIIE	dule D	(FOIIII 990) 2013					Page ∠
Par	t III	Organizations Maintaining (continued)	Collections of	Art, Historical	Treasures, or	Other Similar A	ssets
3		the organization's acquisition, acc ction items (check all that apply)	cession, and other re	ecords, check any	of the following that	are a significant us	e of its
а		Public exhibition		d L	oan or exchange pro	grams	
b	√	Scholarly research		e	ther		
С		Preservation for future generations					
4		de a description of the organization		xplain how they fur	ther the organization	on's exempt purpose	e in
	Part >			,			
5		g the year, did the organization sol s to be sold to raise funds rather t					s √ No
Pai	rt IV	Escrow and Custodial Arra	angements.	-			
		Complete if the organization Part X, line 21.	answered "Yes" o	ın Form 990, Paı	rt IV, line 9, or re	eported an amour	nt on Form 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	istodian or other inte	ermediary for contr	ibutions or other as	sets not	s No
b	Tf'	'Yes," explain the arrangement in F	Part VIII and comple	ate the following ta	hle	Δm	ount
c		ginning balance	art XIII and Comple	ete the lonowing ta	1		iount.
d		ditions during the year			1		
e		stributions during the year			1	e	
f	En	ding balance			1	f	
2 a	Did th	ne organization include an amount i	on Form 990, Part X	, lıne 21, for escro	w or custodial acco	unt liability? Tye	s No
b	If"Ye	es," explain the arrangement in Par	t XIII. Check here it	f the explanation h	as been provided in	Part XIII	🗆
Pa	rt V	Endowment Funds. Comple					
			(a)Current year	(b)Pnor year	b (c) Two years back	(d)Three years back	(e)Four years back
1a	_	nning of year balance	14,858,438	14,073,885		11,470,363	9,640,248
b	Conti	ributions • • • • • • •	180,099	819,310	221,808	467,393	2,227,821
С	Net II Iosse	nvestment earnings, gains, and is	188,282	521,653	1,907,642	1,262,471	150,349
d	Grant	ts or scholarships					
e		· · · · · · · · · · · · · · · · · · ·	-56,951	502,532	481,891	431,902	406,040
f	• A dmı	nistrative expenses	55,511	53,877	98,388	243,611	142,015
g		of year balance	15,228,259	14,858,438	14,073,885	12,524,714	11,470,363
2	Provi	· · · · · · · de the estimated percentage of the	current year and ha	Janea (lina 1 a. col	ump (a)) hold as		
a		i designated or quasi-endowment		manice (ime 19, cor	ullili (a)) lielu as		
b		anent endowment ► 57 770 %					
c		orarily restricted endowment >	10 140 %				
		percentages on lines 2a, 2b, and 2c	should equal 100%	o .			
3а		here endowment funds not in the polization by	ossession of the orga	anızatıon that are h	neld and administer	ed for the	Yes No
	(i) un	related organizations					a(i) No
ь		elated organizations es" on 3a(ii), are the related organi			 D2		o(ii) Yes S
4		ribe in Part XIII the intended uses					165
Pai	rt VI	Land, Buildings, and Equip					
		Complete if the organization Description of property	answered 'Yes' to	Form 990, Part	IV, line 11a.See	Form 990, Part >	(, line 10.
		bescription of property		Cost or other (investme	basis Cost or other b		(a)book value
1a	Land			· ·	1,726,	323	1,726,323
	Buildin				3,587,		
c	Leasel	nold improvements					
d	Fauinn	nent			421	088 361,3	75 59,713

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

738,343

4,282,454

737,975

1,476,318

.

Part VII Inv	estments—Other Securities.	Complete if the org	anızatıon answered 'Ye	es' on Form 990, Part IV, line 11b.
5ee	Form 990, Part X, line 12. (a) Description of security or cated (including name of security)	gory	(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial deriv				
(3)Other	equity interests			
Total. (Column (b) I	must equal Form 990, Part X, col (B) line 12	•) •		
Part VIII Inv	vestments—Program Related mplete if the organization answe	I. ared 'Yes' on Form 9	90 Part IV line 11c o	5 000 B 1 V 1 12
	(a) Description of investment	red res on rorm's	(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
)	45)		
Part X Oth) must equal Form 990, Part X, col (B) I er Liabilities. Complete if the		ed 'Yes' on Form 990,	▶ Part IV, line 11e or 11f.
See	Form 990, Part X, line 25. (a) Description of liability	(b) Book valu	Je	
		(=,====================================		
Federal income to				
NOTE PAYABLE	- RELATED PARTY	535	7,759	
AGENCY FUNDS	PAYABLE	71	,814	
	nust equal Form 990, Part X, col (B) line 25		otnote to the organization	's financial statements that reports the
				he footnote has been provided in Part

1

2

а

1

b	Donated services and use of fa	ocilities		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line $\mathbf{2e}$ from line 1 .		3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12)	5	
Part		penses per Audited Financial Statements With Expenses	per	Return.
		ization answered 'Yes' on Form 990, Part IV, line 12a.	1	T
1		audited financial statements		
2		t not on Form 990, Part IX, line 25		
a		icilities		
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d	<u>-</u>	2e	
3			3	
4	A mounts included on Form 990	O, Part IX, line 25, but not on line 1:		
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line 18)	5	
Dart	XIII Supplemental Info	ormation		
	• • • • • • • • • • • • • • • • • • • •	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b		
Part	V, line 4, Part X, line 2, Part XI, mation	lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	provi	de any additional
	Return Reference	Explanation		
PART	III, LINE 4	THE BOONE AND CROCKETT CLUB COLLECTS TROPHIES, BOOKS, FHISTORICAL TREASURES, AND SIMILAR ASSETS THAT ARE RELATE HISTORY AND GOALS THE CLUB'S COLLECTIONS ARE MAINTAINED EXHIBITION, EDUCATION, AND RESEARCH IN FURTHERANCE OF PUTHAN FOR FINANCIAL GAIN COLLECTIONS ARE VALUABLE ASSETS PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED INCLUDE EITHER THE COST OR THE VALUE OF ITS COLLECTIONS IFINANCIAL POSITION, NOR DOES IT RECOGNIZE GIFTS OF COLLECTIONS IN THE STATEMENT OF ACTIVITIES SINCE ITEMS ACQUIVED BY PURCHASE ARE NOT CAPITALIZED, THE COST OF THOSE ACQUIVES IN THE APPROPRIATE CLASS OF NET ASSETS IN THE	ED TO D FOI UBLIC S OF THE IN TH CTIO UIRE ISITI	O THE CLUB'S R PUBLIC C SERVICE RATHER THE CLUB AND ARE CLUB DOES NOT HE STATEMENT OF N ITEMS AS D FOR COLLECTIONS IONS IS REPORTED
		ACTIVITIES		

2a

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Schedule D (Form 990) 2015	Page 5					
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

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Schedule I | Out | Ou

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Department of the

Internal Revenue Service

Name of the organization

Treasury

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

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

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

DLN: 93493060011127OMB No 1545-0047

OHD NO 1343 0047

2015

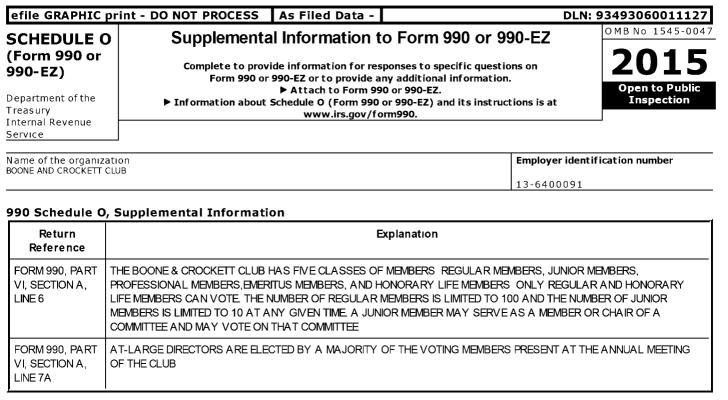
Open to Public Inspection

Schedule I (Form 990) 2015

Employer identification number

В					13-640000	1
mation on Grant	s and Assistance				13-040003	1
intain records to sub d to award the grants rganization's proced Assistance to Domes	ostantiate the amount s or assistance? ures for monitoring the atic Organizations and	of the grants or assist	the United States 5. Complete if the org		, 	✓ Yes N , line 21, for any recipient
(b) EIN	(I can be duplicated if (c) IRC section if applicable			(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
64-6000819	501(C)(3)	10,000				DESIGNED TO EVALUATE, AT THE NATIONAL LEVEL, ALL FEDERAL, STATE AND LOCAL POLICY AND LEGISLATION REGARDING WILD HOG CONTROL/ERADICATION
	nation on Grant intain records to suld to award the grants rganization's proced Assistance to Domes than \$5,000 Part 1	nation on Grants and Assistance intain records to substantiate the amount d to award the grants or assistance? rganization's procedures for monitoring the Assistance to Domestic Organizations and than \$5,000 Part II can be duplicated if (b) EIN (c) IRC section if applicable	nation on Grants and Assistance Intain records to substantiate the amount of the grants or assist d to award the grants or assistance?	nation on Grants and Assistance Intain records to substantiate the amount of the grants or assistance, the grantees' ed to award the grants or assistance?	Intain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants of do award the grants or assistance?	nation on Grants and Assistance Intain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and do to award the grants or assistance?

Cat No 50055P



990 Schedule O, Supplemental Information
Return

Reference	·
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 SEND 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 CORRECTED THE SECOND LEVEL OF REVIEW IS COMPLETED BY THE TREASURER AND BUDGET & FINANCE COMMITTEE. THESE PARTIES WILL REVIEW AND CONFIRM THAT (A) NO ERRORS WERE FOUND OR (B) ALL FOUND ERRORS HAVE BEEN CORRECTED ANY OFFICER OF THE ORGANIZATION IS AUTHORIZED TO SIGN THE RETURNS AFTER APPROVAL BY SIGNING, THE RETURNS WILL BE SENT BACK TO THE CONTROLLER, WHO WILL THEN SEND COPIES TO THE BOD THE RETURNS WILL BE MAILED OR SUBMITTED ELECTRONICALLY BY THE CONTROLLER BY THE DUE DATE THE CHIEF OF STAFF WILL CONFIRM THE DATE THEY WERE SUBMITTED ALL 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 MUST BE REVIEWED IN LIGHT OF FULL DISCLOSURE BY INDEPENDENT DIRECTORS

Explanation

990 Schedule O. Supplemental Information Return Reference Explanation THE CLUB'S COMPENSATION COMMITTEE. WHICH IS CHAIRED BY THE CLUB PRESIDENT. NEGOTIATES THE FORM 990, PART VI. SECTION R LINE 15 I CONTRACT FOR THE CHIEF OF STAFE BY REVIEWING THE PREVIOUS CONTRACT AND REVIEWING SALARY

SESTION B, EINE 18	LEVELS OF LIKE ORGANIZATIONS
FORM 990 PART VI	THE ORGANIZATION'S 1023, 990, AND 990-T ARE ALL AVAILABLE UPON REQUEST

SECTION C. LINE 18

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART VI, SECTION	THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
C, LINE 19	POLICY ARE ALL AVAILABLE UPON REQUEST

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

DLN: 93493060011127 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Internal Revenue Service

(Form 990)

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Name of the organization **Employer identification number** BOONE AND CROCKETT CLUB

				13-6400	091			
Part I Identification of Disregarded Entities Co	mplete if the organization a	nswered "Yes" on	Form 990, P	art IV, line 33.				
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	D	(f) Irect controlling entity		
Part II Identification of Related Tax-Exempt Org or more related tax-exempt organizations during		e organization ans	swered "Yes"	on Form 990, P	art IV, li	ine 34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ection Public charm (if section 5	ty status	(f) Direct controlling entity	Section (13) co	g) n 512(b ontrolled tity?
(1)BOONE AND CROCKETT CLUB FOUNDATION INC 250 STATION DRIVE MISSOULA, MT 59801 81-0438290	SUPPORT BOONE AND CROCKETT CLUB THROUGH MANAGING FUNDRAISING FUNCTION	МТ	501(C)(3)	LINE 11A, I			Yes	No No
Ear Danomicals Deduction Act Notice and the Yestership - 5 5	m 000	Cat No 5013	DEV			Schodylo B /F	- 000\ 7	1015
For Paperwork Reduction Act Notice, see the Instructions for Forn	II 33U.	Cal NO 5013) J T			Schedule R (Fori	ע (טעע ווו	OTO

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity		ty Legal Direct domicile controlling (state or entity foreign	Primary activity Legal domicile (state or foreign		(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	e of Dispropr f-year allocat		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
] 3117			Yes	No	1	Yes	No			
											\vdash			
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Direct controlling	Direct controlling 1	Direct controlling T		Direct controlling 1	Direct controlling 1	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?										
								Yes	No															

(4)BOONE AND CROCKETT CLUB FOUNDATION INC

(5)BOONE AND CROCKETT CLUB FOUNDATION INC

(6)BOONE AND CROCKETT CLUB FOUNDATION INC

Part V	Transactions Wit	th Related Organizations	Complete if the organization answere	d "Yes" on Form 990.	Part IV. line 34, 35b, or 36.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or m	nore related o	organizations listed in Pa	arts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1 b	Yes	
c	Gift, grant, or capital contribution from related organization(s)				1 c	Yes	
d	Loans or loan guarantees to or for related organization(s)				1d		No
е	Loans or loan guarantees by related organization(s)				1e	Yes	
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1 g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
-1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
•					lam.	Yes	ı
	Performance of services or membership or fundraising solicitations by related organization(s)				1n		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10	res	No
0	Sharing of paid employees with related organization(s)				10		NO
							No
-	Reimbursement paid to related organization(s) for expenses				1p	Yes	NO
q	Reimbursement paid by related organization(s) for expenses				14	165	
					4		No
	Other transfer of cash or property to related organization(s)				1r 1s		No
S	Other transfer of cash or property from related organization(s)				15		NO
2	If the answer to any of the above is "Yes," see the instructions for information on who must com	nplete this lir	ne, including covered rel	lationships and transaction thresh	olds		
	(a) (b	·))	(c)	(d)			
	Name of related organization Transa type (Amount involved	Method of determining amo	unt involve	d	
1) BC	OONE AND CROCKETT CLUB FOUNDATION INC		801,014	CASH PAYMENTS			
(2) BC	OONE AND CROCKETT CLUB FOUNDATION INC		535,759	OUTSTANDING BALANCE			
(3)BC	OONE AND CROCKETT CLUB FOUNDATION INC Q		109,819	CASH PAYMENTS			
, ,							

Μ

В

240,394

7,043

62,410

FUNDRAISING EXPENSES PER 990

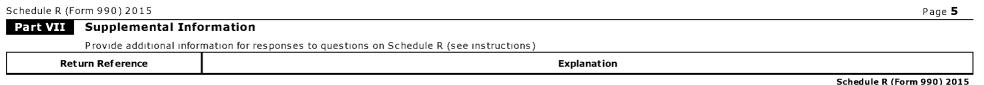
990 PART IX LINE 25D

NET PRESENT VALUE OF CONTRIBUTION

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

venue) 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)	section 501(c)(3) organizations?														(f) (g) Share of total end-of-year assets		(h) Disproprtionate allocations?		assets		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No															
												l I															
						_																					



Additional Data

(5)

BOONE AND CROCKETT CLUB FOUNDATION INC

Software ID: Software Version:

EIN: 13-6400091

Name: BOONE AND CROCKETT CLUB

	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
(1)	BOONE AND CROCKETT CLUB FOUNDATION INC	С	801,014	CASH PAYMENTS
(1)	BOONE AND CROCKETT CLUB FOUNDATION INC	E	535,759	OUTSTANDING BALANCE
(2)	BOONE AND CROCKETT CLUB FOUNDATION INC	Q	109,819	CASH PAYMENTS
(3)	BOONE AND CROCKETT CLUB FOUNDATION INC	М	240,394	FUNDRAISING EXPENSES PER 990
(4)	BOONE AND CROCKETT CLUB FOUNDATION INC	В	7,043	NET PRESENT VALUE OF

CONTRIBUTION

990 PART IX LINE 25D

62,410