COMMITTEE ON NATURAL RESOURCES

Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Failed Federal Forest Policies: Endangering Jobs, Forests and Species; May 21, 2012, Longview, WA

| For Individuals: |
|---|
| 1. Name: Stephen P. Mealey |
| 2. Address: [Information redacted for privacy] |
| 3. Email Address: [Information redacted for privacy] |
| 4. Phone Number: [Information redacted for privacy] |
| * * * * |
| For Witnesses Representing Organizations: |
| 1. Name: Stephen P. Mealey |
| 2. Name of Organization(s) You are Representing at the Hearing: Boone and Crockett Club |
| 3. Business Address: 250 Station Drive, Missoula, MT 59801 |
| 4. Business Email Address: bcclub@boone-crockett.org |
| 5. Business Phone Number: [Information redacted for privacy] |
| |

Name/Organization Stephen P. Mealey Boone and Crockett Club Title/Date of Hearing Failed Federal Forest Policies: Endangering Jobs, Forests and Species; May 21, 2012, Longview, WA

| | Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. 30 years professional experience; BA degrees in Pol. Sci, and Forestry/Wildlife; MS degree in Wildlife Mgmt. |
|--------------------|---|
| | professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify nowledge of the subject matter of the hearing. Boone and Crockett Club ; Society of American rs |
| your qu experie | employment, occupation, ownership in a firm or business, or work-related experiences that relate to alifications to testify on or knowledge of the subject matter of the hearing. 30 years professional nce working in federal, state and private roles in natural resources management and stration. |
| (and /or | Federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> other agencies invited) that you have received in the current year and previous four years, including ce and the amount of each grant or contract. None |
| previous | t of all lawsuits or petitions filed by you against the federal government in the current year and the s four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, federal statutes under which the lawsuits or petitions were filed. None |
| | other information you wish to convey that might aid the Members of the Committee to better and the context of your testimony. N/A |

Name/Organization Stephen P. Mealey Boone and Crockett Club Title/Date of Hearing Failed Federal Forest Policies: Endangering Jobs, Forests and Species; May 21, 2012, Longview, WA

| T 1 1'.' | C | • , | , • | • ,• |
|-------------|-----|------------|--------------|----------------|
| In addition | tor | Witheccec | renrecenting | Organizations. |
| m addition, | 101 | WILLICSSCS | representing | organizations: |

| In addition, for witnesses representing organizations: |
|--|
| g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying. Vice President of Conservation; Member of the Board of Directors |
| h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s). None |
| i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s). None |
| j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization. None |
| k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)). I'll have to have this sent from B&C Club headquarters after the hearing. |

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(o), 527, or 4947(e)(1) of the Internal Revenue Code (except black lung
bonefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements,

OM8 No. 1545-0047 2010

Open to Public Inspection

| A | For the | 2010 calendar year, or tax year beginning JUL 1, 2010 and ending | g J | <u>UN 30,</u> | 2011 | |
|-----------------------------|--|--|---|--------------------------|---|--|
| В | Check if applicabl | e: C Name of organization | | D Employ | er identific | oation number |
| | Addre | | | | | |
| ļ | Name Chang | | | ************************ | ***** | 400091 |
| E | Termin | Number and street (or P.O. box if mall is not delivered to street address) Room/ 250 STATION DRIVE | suite | E Telepho | | 421888 |
| | Amen | City or town, state or country, and ZIP + 4 | | G Gross rece | | 2,555,917. |
| _ | Application of the property of | | | H(a) is this | a group re | oluiu |
| | peron | F Name and address of principal officer:ANTHONY SCHOONEN | | for affi | llates? | Yes X No |
| | | SAME AS C ABOVE | | | | luded? Yes No |
| 1 | Tax-ox | empt status: [X] 501(c)(3) | 527 | | | list. (see instructions) |
| | | e: WWW.BOONE-CROCKETT.ORG | | H(o) Group | exemption | n number 🕨 |
| | | organization: X Corporation Trust Association Other L Summary | Year (| of formation; | 73X3W | 1 State of legal domicile; DC |
| b | 7 7 | Briefly describe the organization's mission or most significant activities: TO WORK | ריו | מנוש מ | ppror | DIVAMTON OF |
| Activities & Governance | 1 | WILD ANIMALS, PROMOTE HUNTING & EXPLORATION | <u> </u> | RECORD | REGII | LUE BOB |
| E | 2 | Check this box 🄛 🔲 if the organization discontinued its operations or disposed of | more | than 25% o | file not be | eato #VA |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | 77150150 | 11M1 2070 0 | 8 | 13 |
| (C) | 4 | Number of independent voting members of the governing body (Part Vi, line 1b) | | ********* | . 4 | 13 |
| 8 | Б | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | | | . 5 | 22 |
| 2 | 6 | Total number of volunteers (estimate if necessary) | | | . 6 | 17 |
| Ş | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 4 (********* | 7a | 195,919. |
| grate market | l b | Net unrelated business taxable income from Form 990-T, line 34 | 4 | | , 7b | 73,543. |
| | ١. | Control World Control of the Control | | Prior Ye | | Current Year |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | | 2,168 | | 1,089,728. |
| Š | 9 | Program service revenue (Part VIII, line 2g) | - | 842 404 | ,948. | 659,481. |
| ŭ | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | - | 75Y TOT | ,531. ,327. | 109,823. |
| | 12 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | $\frac{3,577}{3}$ | 205 | 437,953. 2,296,985. |
| B | 13 | Character and all the consenses and demonstrate the consenses and all the consenses and the consenses are consenses and the consenses and the consenses and the consense and the consenses and t | | | $\frac{,305.}{,175.}$ | 32,052. |
| | 14 | Benefits paid to or for members (Part IX, column (A), lines 1-3) | | 25° LQ | , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | 0. |
| Ϋ́ | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,121 | | 1,056,314. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | 0. | 0. |
| Š | b | Total fundralsing expanses (Part IX, column (D), line 25) 🕨 💮 🕟 | | ^ | *************************************** | |
| m | 177 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 1,442 | ,717. | 1,205,159. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,588 | ,440. | 2,293,525. |
| | 19 | Revenue less expenses, Subtract line 18 from line 12 | | | ,945. | 3,460. |
| Net Assets or Fund Ratanges | | | Be | ginning of Cu | | End of Year |
| 88 | 20 | Total assets (Part X, line 16) | | 5,105 | | 5,121,710. |
| iet / | 21 | Total liabilities (Part X, line 26) | | 1,519 | ,571. | 1,483,382. |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 3,585 | ,511, | 3,638,328. |
| | | liles of perjury, I declare that I have examined this return, including accompanying schedules and s | lalem | onte and in th | a hast of m | u knowledge and helief it is |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which pre- | naskar 1838an | has any kony | ijeque S nest ni til | A KILOMICH REIGH OCHOI! IT IS |
| | | - Samo State | | 100 000 101011 | 100801 | ************************************** |
| Sig | n : | Signature of officer | *************************************** | Dat | e | Makenakataran makan kanakan ka |
| He | re | TIMOTHY C. BRADY, TREASURER | | /- | 412 | |
| | ************ | Type or print name and title | | | | ************************************** |
| | | Print/Type preparer's name Preparer's stopature | 1 | ale Z | Check | PTIN |
| Pal | | JAMES V. GALIPEAU, CPA Jun Cales Can CP | | 13/12 | self-employ | d L |
| | parer | Fim's name JUNKERMIER, CLARK, CAMPANELIA, STEVEN | s p | C ' Fir | n's EIN 🛌 | |
| USE | Only | Firm's address P.O. BOX 16237/ MISSOULA, MT 59808 | | | | 0.0 5.40 44.40 |
| h.d. | v tha It | MISSOULA, MT 59808 S discuss this return with the preparer shown above? (see instructions) | | | one no. 4 | 06-549-4148 |
| | <u>y 1116 11</u> XX1 02-2 | | | | | X Yes No |
| -72(| | max and about our responds to the tanks as a tile ashertite illettactions. | | | | Fotm 990 (2010) |

| | 990 (2010) BOONE AND CROCKETT CLUB | 13-6400091 | Page Z |
|-----|--|--|--------------|
| Par | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response to any question in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | |
| | TO PROMOTE GUARDIANSHIP AND PROVIDENT MANAGEMENT OF BIG | GAME AND | |
| | ASSOCIATED WILDLIFE IN NORTH AMERICA AND MAINTAIN THE H | IGHEST | |
| | STANDARDS OF FAIR CHASE AND SPORTSMANSHIP IN ALL ASPECTS | OF BIG GAM | E |
| | HUNTING IN ORDER THAT THIS RESOURCE OF ALL THE PEOPLE MA | AY SURVIVE A | ND |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| _ | the prior Form 990 or 990-EZ? | Yes | XNo |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Vec | X No |
| 3 | If "Yes," describe these changes on Schedule O. | | 140 |
| 4 | | ************************************** | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by ex | | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of | grants and | |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported. | 06 | 111 |
| 4a | | | 111. |
| | THE RECORDS & PUBLICATIONS PROGRAMS PROVIDE VITAL CONSEINED FOR THE RECORDS AND ADDRESS OF THE RECORDS | | |
| | NECESSARY TO ORGANIZE RECOGNITION PROGRAMS TO PROMOTE SI | | <u>&</u> |
| | MANAGEMENT PRACTICES THAT ENHANCE QUALITY OF WILDLIFE PO | | |
| | DURING THE YEAR THE ORGANZIATION HELD 3 OFFICIAL MEASURI | | , |
| | CERTIFYING 76 NEW MEASURERS FOR A TOTAL OF 1,376 WORLDW | | |
| | | IN ADDITION, | |
| | NEW BOOKS WERE PUBLISHED: AN AMERICAN ELK RETROSPECTIVE | | |
| | GAME AWARDS BOOK, AND A REPRODUCTION OF BIG GAME MEASUR | EMENTS, WHIC | !H |
| | WAS ORIGINIALLY PUBLISHED IN 1906. | | |
| | | | |
| | | | |
| | | • | |
| 4b | (Code:) (Expenses \$ 389,094 • including grants of \$) (Re | evenue \$ 104, | 313. |
| | THE OUTREACH PROGRAM CONDUCTS A VARIETY OF PROGRAMS THA | | |
| | OVERALL GROWTH, STRENGTH, AND FISCAL RESPONSIBILITIES OF | | SY |
| | SCOUTING FOR OR CREATING OPPORTUNITIES TO EXPOSE THE CL | | |
| | TO THE HUNTING AND OUTDOOR COMMUNITY. THE PROGRAM COMPLI | | |
| | SEASON OF 13 ORIGINAL EPISODES OF "BIG GAME PROFILES". | THE OUTREAC | |
| | PROGRAM ALSO CONTINUED TO BUILD AND NURTURE RELATIONSHI | | |
| | LICENSING PARTNERS TO FURTHER THE GOALS OF THE ORGANIZA | | |
| | DICEMBERG TERRITORIST TO LOCATED TO THE ORGANIZATION | 110111 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | 200 150 | E0 | 806.) |
| 4c | (Code:) (Expenses \$ 289,159 · including grants of \$ 32,052 ·) (R | evenue \$ 33, | 000. |
| | THE WILDLIFE CONSERVATION PROGRAMS PROMOTE OUTDOOR ETHI | | |
| | PEOPLE, EMPHASIZING SHARED USE OF NATURAL RESOURCES TO | | TPLE |
| | OPTIONS FOR USE AND ENJOYMENT AND ESPECIALLY TO PROTECT | | |
| | POPULATIONS, PUBLIC AND PRIVATE LAND HABITATS, AND ASSO | | |
| | RECREATIONAL EXPERIENCES. DURING THE YEAR THE ORGANIZA | | - |
| | 27 PLACE-BASED CONSERVATION EDUCATION PROGRAMS, PROVIDE | | |
| | | PROGRAM ALS | |
| | HELD THREE SEPARATE OUTDOOR ADVENTURE CAMPS: THE WILDLI | | |
| | CAMP FOR 12 CAMPERS, THE OUTDOOR SKILLS CAMP FOR 15 CAM | PERS, AND TH | ΪΕ |
| | LITTLE CRITTERS DAY CAMP FOR 10 CAMPERS, PROVIDING A TO | | |
| | CAMPERS WITH THEIR OWN UNIQUE EXPERIENCE. THE ORGANIZA | | STED |
| | TWO BOY SCOUTS OF AMERICA ULTRALIGHT BACKPACKING TRAINI | | |
| 4d | Other program services. (Describe in Schedule O.) | | |
| ru | (Evening \$ 675.363. including grants of \$ \/\(\text{Revenue}\) (Revenue \$ 612.6 | 32.) | |

4e Total program service expenses ▶

1,759,873.

Form 990 (2010) BOONE AND CROCKETT CLUB | Part IV | Checklist of Required Schedules

| | | | Yes | No |
|----------|---|-----|---------------------|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | _ | х | |
| _ | If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? | 1 2 | $\frac{\Lambda}{X}$ | |
| 2 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | -2 | -21 | |
| 3 | | 3 | | х |
| 4 | public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| т | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 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 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | X | |
| 9 | Did the organization report an amount in Part X, line 21; 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | | | |
| | If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | - | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 44- | x | |
| L | Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 11a | - 25 | |
| D | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | TID | | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | | X |
| 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, XII, and XIII is optional | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | <u> </u> | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | <u> </u> | ^ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 140 | _ | 1 |
| IJ | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | İ | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 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 | 17 | | X |
| 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 | | X |
| 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 | | X |
| | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that | | | |
| | operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | L |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|--------|--|-----|--------------|----------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 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 | | Х |
| 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 25 | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u></u> |
| 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? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ļ |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete | | | l |
| | Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | ٦, |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 07 | | X |
| 00 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 27 | | Α. |
| 28 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | х |
| a b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| · | | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | X | <u> </u> |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | ,, |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | <u> </u> | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | _v | 1 |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X 990 | |

Form 990 (2010) BOONE AND CROCKETT CLUB 13-6400091 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 19 b Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) Winnings to prize Winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ______ 2a Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O X 3h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х b If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7с d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

a Gross income from members or shareholders
b Gross income from other sources (Do not net amounts due or paid to other sources against

amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b

a Is the organization licensed to issue qualified health plans in more than one state?

Form **990** (2010)

X

12a

13a

10a

11

13

Section 501(c)(12) organizations. Enter:

Section 501(c)(29) qualified nonprofit health insurance issuers.

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

| | Check if Schedule O contains a response to any question in this Part VI | | | X |
|------------|---|---------|-------|---------------------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No_ |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | 77 |
| _ | officer, director, trustee, or key employee? | 2 | | <u>x</u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | v |
| 4 | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | $\frac{x}{x}$ |
| 4 5 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 5 | | $\frac{\Lambda}{X}$ |
| 6 | | 6 | х | |
| 7a | Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | |
| | governing body? | 7a | х | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | |
| | by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Does the organization have local chapters, branches, or affiliates? | 10a | | <u>X</u> |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with those of the organization? | 10b | 77 | |
| 11a | | 11a | X | |
| 100 | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | ا ۔ ا | X | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | 12a | | — |
| D | to conflicts? | 12b | Х | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 120 | | |
| | in Schedule O how this is done | 12c | Х | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | <u> </u> |
| 40 | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| юа | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | v |
| L | taxable entity during the year? | 16a | | X |
| D | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | |
| | | 16b | | |
| Sec | exempt status with respect to such arrangements? | נטט | | <u> </u> |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►MT | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available | for | | |
| | public inspection. Indicate how you make these available. Check all that apply. | | | |
| | Own website X Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a | nd fina | ncial | |
| | statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | tion: 🕨 | · | |
| | THE ORGANIZATION - 4065421888 | | | |
| | 250 STATION DRIVE, MISSOULA, MT 59801 | | | |

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

Check if Schedule O contains a response to any question 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.

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

- List all of the organization's former officers, key employees, and 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) | (B) | (C) | | | ioai | (D) | (E) | (F) | | |
|--------------------------------------|---|------------------------------------|-----------------------|----------------------------|----------------------------|--|--|--|--|---|
| Name and Title | Average hours per | Position (check all that apply) | | Reportable compensation | Reportable compensation | Estimated amount of | | | | |
| | week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| LOWELL E BAIER | | | | | | | | _ | | |
| OUTGOING PRESIDENT | 5.00 | Х | | X | | | | 0. | 0. | 0. |
| ROBERT H HANSON | | | | | | | | | | _ |
| SECRETARY | 5.00 | X | <u> </u> | Х | | | | 0. | 0. | 0. |
| TIMOTHY C BRADY | | | | | | | | | _ | |
| TREASURER | 5.00 | Х | L | X | | | | 0. | 0. | 0. |
| BEN B WALLACE | | | | | | | | | _ | |
| PRESIDENT | 5.00 | Х | | X | | | | 0. | 0. | 0. |
| WILLIAM A DEMMER | | | | | | | | | _ | _ |
| EXEC. V.P. CONSERVATION | 4.00 | X | | X | L | | | 0. | 0. | 0. |
| DR. MANUEL J CHEE | 1 | | | | | | | | | |
| DIRECTOR | 1.00 | X | <u> </u> | | _ | | | 0. | 0. | 0. |
| ELDON L BUCKNER | | | | | | | | | | |
| V.P BIG GAME RECORDS | 3.00 | X | | X | | | | 0. | 0. | 0. |
| MARC C MONDAVI | 1 | ١,, | | | | | | | | |
| V.P COMMUNICATIONS | 3.00 | Х | | X | ļ | | ļ | 0. | 0. | 0. |
| EDWARD B RASMUSON | 1 00 | ٠,, | | | | | | | _ | 0 |
| OUTGOING DIRECTOR | 1.00 | X | <u> </u> | | _ | | _ | 0. | 0. | 0. |
| MORRISON STEVENS, SR. | 1 4 00 | ٠, | | ٠, | | | | | ^ | ^ |
| V.P ADMINISTRATION STEPHEN P. MEALEY | 4.00 | X | | X | - | | <u> </u> | 0. | 0. | 0. |
| V.P CONSERVATION | 3.00 | x | | x | | | | 0. | 0. | 0. |
| HOWARD P. MONSOUR, JR. | 3.00 | <u> </u> | _ | ₽ | | <u> </u> | | U • | V • | <u> </u> |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| GARY DIETRICH | 1.00 | ^ | _ | | | \vdash | | 0. | U • | · · |
| OUTGOING FOUNDATION PRESIDENT | 3.00 | Х | | х | | | | 0. | 0. | 0. |
| JAMES ARNOLD | 3.00 | | | <u> </u> | | - | | 0. | 0. | V • |
| V.P ADMINISTRATION | 3.00 | x | | Х | | | | 0. | 0. | 0. |
| BEN B. HOLLINGSWORTH, JR. | | - | | | ┢─ | ┢ | | | | |
| FOUNDATION PRESIDENT | 3.00 | х | | x | | | | 0. | ο. | . 0. |
| JAMES J. SHINNERS | | - | | ┝▔ | | | | | | |
| DIRECTOR | 1.00 | x | | | | | | 0. | ο. | 0. |
| ANTHONY SCHOONEN | | Ť | | \vdash | | | _ | | | |
| CHIEF OF STAFF | 40.00 | | | х | | | | 125,878. | 0. | 5,192. |

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| rai | Section A. Officers, Directors, Tri | | nplo | yee | | | High | est | T | | | | | |
|-----|--|---|--------------------------------|--|--------------|--------------|------------------------------|------------|---------------------------------|---------------------------------------|-------|-------------------|-------------------|---|
| | (A) | (B) | | | | C) Hier | | | (D) | (E) | | | (F) | |
| | Name and title | Average hours per | (cl | | Pos all t | | n ∶app | lv) | Reportable compensation | Reportable compensation | | | timate ount o | |
| | | week | - | | | | T | .,, | from | from related | | | other | J1 |
| | | (describe | lirecto | | | | | | the | organization | | | pensa | |
| | | hours for related | ee or c | stee | | | nsateo | | organization (W-2/1099-MISC) | (W-2/1099-MIS | SC) | | om the anizati | |
| | | organizations | al trust | nal tru | | loyee | эдшог | | (W-2/1099-WIGO) | | | _ | d relate | |
| | | in Schedule | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | ınizatio | ons |
| | de la companya de la | O) | = | = | - Of | ş | 宝哥 | 윤 | | | | | | |
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| | | | | | | | | | | | | | | |
| | NAME OF THE OWNER OWNER OF THE OWNER OWNE | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | *************************************** |
| | | | <u> </u> | | | _ | <u> </u> | _ | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Sub-total | <u> </u> | | <u> </u> | L | J | ┢ | J | 125,878. | | 0. | | 5,1 | 92. |
| | | | | | | | | | 0. | | 0. | | | 0. |
| d | | | | | | | | | 125,878. | | 0. | | 5,1 | 92. |
| 2 | Total number of individuals (including but r | not limited to th | ose | liste | ed a | bov | e) wl | no r | eceived more than \$100 | 0,000 in reportab | le | | | 1 |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer | , director or tru | stee | , ke | y en | nplo | yee, | or h | nighest compensated e | mployee on | | | | |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | • | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the s | | | | | | | | | | | | | 1 |
| _ | and related organizations greater than \$15 | | | | | | | | | | | 4 | | X |
| 5 | Did any person listed on line 1a receive or rendered to the organization? If "Yes," con | | | | | | - | reiat | ted organization or indiv | 'idual for services | ; | 5 | | Х |
| Sec | tion B. Independent Contractors | ipiete deriedar | 601 | 01 31 | uon | DG1 | 3011 | | | | | <u> </u> | | |
| 1 | Complete this table for your five highest co | mpensated in | depe | ende | nt c | ont | racto | ors t | that received more than | \$100,000 of cor | npens | ation | from | |
| | the organization. NONE | | | | | | | | | | | | | ·************************************* |
| | (A) Name and business | address | | | | | | | (B) Description of | services | С |)) eamo | C) nsatio | n |
| | | | | | | | | | | | | | | |
| | | *************************************** | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | 78.0178.1.1 | | | | | | | ********** | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (\$100,000 in compensation from the organ | | not li | mite | d to | | ose li O | stec | d above) who received r | nore than | | | | |
| | ,, and and | | | | | | | | | | | | 000 | |

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(**D**) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1a 1 a Federated campaigns 398,250. **b** Membership dues 1b c Fundralsing events 1,500. 1c 456,769. d Related organizations 1d 1,000. e Government grants (contributions) f All other contributions, gifts, grants, and 232,209 similar amounts not included above 24,273. g Noncash contributions included in lines 1a-1f: \$ 1089728 h Total. Add lines 1a-1f ... Business Code 2 a ASSOCIATE SUBSCRIPTION 511190 294,802 221,615. 73,187. Program Service Revenue TV SHOW NET INCOME 515100 104,313 104,313. RECORDS PROGRAM 511190 96,111. 96,111. 95,888. 95,888. d MEMBERSHIP PROGRAMS 511190 e EDUCATION WORKSHOPS 900099 59,806. 59,806. 900099 8,561 8,561. f All other program service revenue 659,481, Total. Add lines 2a-2f Investment income (including dividends, interest, and 474 474. other similar amounts) Income from investment of tax-exempt bond proceeds 4 118,665. 118,665. 5 Royalties (i) Real (ii) Personal 67,776. 6 a Gross Rents 49,357. b Less: rental expenses 18,419. c Rental income or (loss) 18,419. 18,419. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 122469 assets other than inventory b Less: cost or other basis 13,120 and sales expenses 109349. c Gain or (loss) 109,349 109,349 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 1,500. of including \$ contributions reported on line 1c). See 5,000 Part IV, line 18 5,854 b Less: direct expenses -854 854. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 400133 and allowances 190601 b Less: cost of goods sold 209,532 209,532. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code CONTRACT SERVICES 72,000 72,000 541200 11 a b MISCELLANEOUS 900099 20,191 20,191. С d All other revenue Total. Add lines 11a-11d 92,191. 2296985. 195,919. 138,476. 872,862. Total revenue. See instructions.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, (C) Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 30,902 30,902. Grants and other assistance to individuals in the U.S. See Part IV, line 22 1,150. 1,150. Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 125,878 125,878. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 683,103. 585,741. 97,362. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 44,720 31,091. 13,629 138,787. 106,657. 32,130. Other employee benefits 63,826 47,314. 16,512. 10 Payroll taxes 11 Fees for services (non-employees): Management 4,664 4,664. Legal 17,250. 17,250. Accounting Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees 15,207. 53,890. 38,683. Other 82,499. 82,300. 199. Advertising and promotion 12 184,860. 98.047. Office expenses..... 86,813. 13 14 Information technology 15 Royalties 16,731 12,053. 4,678. 16 Occupancy 48,678. 44,115. 4,563. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 38,598 38,598. Conferences, conventions, and meetings 19 44,299 20 4,406. 39,893. Interest 21 Payments to affiliates Depreciation, depletion, and amortization 161,833 104,852. 56,981. 22 38,968. 25,568. 13,400. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 18,079 18,079. UBI TAXES 147,495 147,495. PRINTING/PUBLICATION/PH HOSTING, SPONSOR & PART 126,594. 126.594. CATERING & MEALS 90,139. 90,139. 51,502. 53,505. 2,003. POSTAGE, DELIVERY, 77,077. 74,587. 2,490. All other expenses 0. Total functional expenses. Add lines 1 through 24f 2,293,525 1,759,873. 533,652. 25 Joint costs. Check here I if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X | Balance Sheet (A) (B) Beginning of year End of year 145,796. 50,002. Cash - non-interest-bearing 1 117,308. 113,753. 2 Savings and temporary cash investments 2 52,118. 42,565. 3 Pledges and grants receivable, net 246,281. 147,275. Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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) 7 Notes and loans receivable, net 7 209,174. 182,466. Inventories for sale or use Prepaid expenses and deferred charges 26,696. 25,505. 9 10a Land, buildings, and equipment: cost or other 6,305,067. basis. Complete Part VI of Schedule D ______ 10a 2,138,901. 4,142,612. 4,166,166. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments · program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 174,650. 384,425. 15 15 5,105,082. 5,121,710. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 128,758. 17 327,268. 18 Grants payable 18 334,206. 338,476. 19 Deferred revenue 19 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 812,700. 817,638. 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 243,907 25 25 1,519,571. 26 Total liabilities. Add lines 17 through 25 1,483,382. 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,492,938. 3,445,456. 27 Unrestricted net assets 140,055. 145,390. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 3,638,328. 3,585,511. 33 Total net assets or fund balances 5,105,082. 5,121,710. Total liabilities and net assets/fund balances_____

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| Pa | t XI Reconciliation of Net Assets | | | | | | |
|----|--|------------|------|-------|------------|--|--|
| | Check if Schedule O contains a response to any question in this Part XI | | | | X | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,29 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,29 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 3,4 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,58 | | | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | <u>57.</u> | | |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 3,63 | 8,3 | 28. | | |
| Pa | t XIII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | | | |
| | Act and OMB Circular A-133? | | За | | Х | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | | | L | | |
| | | | Form | 990 (| (2010) | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

BOONE AND CROCKETT CLUB

Employer identification number 13-6400091

| Par | ······································ | | ls or Accounts. Complete if the |
|--------|--|---|--|
| | organization answered "Yes" to Form 990, Part IV, line | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | 44. | MATERIAL CONTROL OF THE CONTROL OF T |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | vriting that the assets held in donor adv | rised funds |
| | are the organization's property, subject to the organization's | = | |
| 6 | Did the organization inform all grantees, donors, and donor ac | | |
| | for charitable purposes and not for the benefit of the donor or | | - |
| | · | | |
| Par | | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or ed | ducation) 🖳 Preservation of an h | nistorically important land area |
| | Protection of natural habitat | Preservation of a ce | rtified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form | n of a conservation easement on the last |
| | day of the tax year. | | MARKET THE PROPERTY OF THE PRO |
| | | | Held at the End of the Tax Year |
| а | | | |
| b | Total acreage restricted by conservation easements | | |
| С | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included in (c) acquired a | | |
| _ | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by t | he organization during the tax |
| | year > | and the land of the | |
| 4 | Number of states where property subject to conservation eas | | - |
| 5 | Does the organization have a written policy regarding the peri | | |
| c | violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 6 7 | Amount of expenses incurred in monitoring, inspecting, and e | - | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| Ü | | e satisfy the requirements of section 17 | |
| 9 | In Part XIV, describe how the organization reports conservation | | |
| Ŭ | include, if applicable, the text of the footnote to the organizat | | |
| | conservation easements. | ion o manda diatomonio trat doconoc | o the organization o decodining for |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, or | Other Similar Assets. |
| | Complete if the organization answered "Yes" to Form | · · · · · · · · · · · · · · · · · · · | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | ement and balance sheet works of art, |
| | historical treasures, or other similar assets held for public exh | | |
| | the text of the footnote to its financial statements that describ | bes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (AS | C 958), to report in its revenue stateme | ent and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of p | public service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| | | | |
| 2 | If the organization received or held works of art, historical trea | | |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | *************************************** | > \$ |
| b | Assets included in Form 990, Part X | | |

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

| | · · · · · · · · · · · · · · · · · · · | ND CROCKET | | | | | |)91 ₁ | |
|------------|--|--|---------------------------------------|---|-------------|---------------------|-------------|------------------|-------------|
| Par | t III Organizations Maintaining C | | | | | ······ | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, check any of | the following tha | t are a si | gnificant use of | its colle | ction ite | ms |
| | (check all that apply): | | | | | | | | |
| а | X Public exhibition | d | I Loan or | exchange progra | ams | | | | |
| b | X Scholarly research | е | Other_ | | | | | | |
| С | X Preservation for future generations | | - | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how they furth | ner the organizati | on's exer | npt purpose in F | art XIV. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Ye | s D | X No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | |
| | reported an amount on Form 990, Par | t X, line 21. | · · | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | diary for contrib | utions or other as | sets not | included | | | |
| | on Form 990, Part X? | | | | | | Ye | s [| No |
| b | If "Yes," explain the arrangement in Part XIV | | | | | | | | |
| | , , | , | J | | | | Ame | ount | |
| С | Beginning balance | | | | | 1c | | | |
| | Additions during the year | | | | | 1 | | | |
| Α. | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | | | | | |
| | Did the organization include an amount on Fe | orm 990 Part X line | | *************************************** | | · L_! | Ye | | No |
| | If "Yes," explain the arrangement in Part XIV. | | , & 11 | | | | | . | |
| | t V Endowment Funds. Complete i | | swered "Yes" t | o Form 990 Part | IV line 1 | <u> </u> | | | |
| | Tarita in a series of the seri | (a) Current year | (b) Prior yea | | | (d) Three years ba | ck (a) | Four year | rs hack |
| 10 | Beginning of year balance | (a) Ourient year | (b) Filot yes | (C) TWO you | 3 Daok | (d) Tillee years be | ion (e) | T Our you | 13 Dagk |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| b | Contributions | ······································ | | | | | | | |
| C | - · - · · · | | | | | | - | | |
| d | Grants or scholarships | | | | | | _ | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | _ | | |
| T | Administrative expenses | | | | | | | | |
| g | End of year balance | |] | | | | | ····· | |
| 2 | Provide the estimated percentage of the year | | | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | |
| b | Permanent endowment > | % | | | | | | | |
| С | | % | | | | | | | |
| 3 a | Are there endowment funds not in the posse | ession of the organiz | ation that are h | eld and administe | ered for th | ne organization | | _ | |
| | by: | | | | | | | Yes | s No |
| | (i) unrelated organizations | | | | | | | a(i) | |
| | (ii) related organizations | | | | | | 3 | a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | | | | | | <u>L</u> 3 | 3b | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | nent. See Form 99 | 0, Part X, line 10 |). | | | | | |
| | Description of investment | (a) Cost or o | | Cost or other | | ccumulated | (d) | Book va | llue |
| | | basis (investi | | asis (other) | dep | oreciation | | | |
| 1a | Land | | | 726,323. | | | | | 323. |
| b | Buildings | | 3 , | 437,024. | 1,3 | 339,383. | 2, | 097 <u>,</u> | 641. |
| | Leasehold improvements | | | | | | | | |
| d | Equipment | | | 289,739. | | 258,656. | | | 083. |
| | Other | | | 851,981. | Į. | 540,862. | | 311. | 119. |

Schedule D (Form 990) 2010

4,166,166.

| Part VII Investments - Other Securities | See Form 990, Part X, line 1 | 2. | |
|---|---|--|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valu Cost or end-of-year ma | |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | unmanne municipality | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) (F) | | | |
| (G) | | | |
| (H) | | | · · · · · · · · · · · · · · · · · · · |
| (1) | | | ······································ |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) | > | | |
| Part VIII Investments - Program Relate | d. See Form 990, Part X, line | 13. | |
| (a) Description of investment type | (b) Book value | (c) Method of valu Cost or end-of-year ma | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (10) | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) | b | | |
| Part IX Other Assets. See Form 990, Part X | | | |
| h h h h h h h h h h h h h h h h h h h | (a) Description | | (b) Book value |
| (1) DUE FROM SUPPORTING ORG | GANIZATION | | 384,425. |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| (8) | | The state of the s | |
| (9) | | | |
| (10) | | | 204 405 |
| Total. (Column (b) must equal Form 990, Part X, col (l) Part X Other Liabilities. See Form 990, Part X | 3) line 15.) | | 384,425. |
| (a) Description of Heleith. | art X, line 25. | (b) Amount | |
| | | (b) Amount | |
| (1) Federal income taxes | | | |
| (2) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | 3 | |
| (11) | | | \$ |
| Total. (Column (b) must equal Form 990, Part X, col (li FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the root 2. FIN 48 (ASC 740). | B) line 25.) | | |
| 2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the loo | tnote to the organization's financial state | ements that reports the organization's liability for uncer | tain tax positions under |

RELATED TO THE CLUB'S HISTORY AND GOALS. THE CLUB'S COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FOR FINANCIAL GAIN. COLLECTIONS ARE VALUABLE ASSETS OF THE CLUB AND ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED.

THE CLUB DOES NOT INCLUDE EITHER THE COST OR THE VALUE OF ITS COLLECTIONS

Schedule I (Form 990) (2010) Employer identification number 2 | 13-6400091 Open to Public PUMORS OF BIGHORN SHEP: OMB No. 1545-0047 Inspection STUDY PARANASAL SINUS (h) Purpose of grant TO STUDY DISEASES OF INVESTIGATION OF AN INFECTIOUS ETIOLOGY or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any BIGHORN SHEEP recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

(b) EIN (c) IRC section or government or government assistance and address of organization and address or Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 。 Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 15,902 15,000 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations BOONE AND CROCKETT CLUB 84-6000545 88-6000024 General Information on Grants and Assistance criteria used to award the grants or assistance? .. Enter total number of other organizations OFFICE OF SPONSORED PROJECTS/MS 32 1 (a) Name and address of organization FORT COLLINS, CO 80523-6015 6015 CAMPUS DELIVERY - OSP COLORADO STATE UNIVERSITY Name of the organization UNIVERSITY OF RENO Department of the Treasury RENO, NV 89557 Internal Revenue Service SCHEDULE (Form 990) Part Part II ผ က

BOONE AND CROCKETT CLUB

Schedule I (Form 990) (2010)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| | | | | | |
| | | | | , | |
| | | | | | |
| | | | | | |
| | | | | | , |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the information | required in Part I, | line 2, and any other | additional information. | |
| SCHEDULE I, PART I, LINE 2: THEY RECEI | ΛE | 50% OF THE | GRANT UP-FI | THE GRANT UP-FRONT AND THEN | |
| THEY ARE REQUIRED TO SEND US A MID- | A MID-TERM REPORT | - 1 | BEFORE THEY GET | GET THE NEXT 25% | |
| AND THE FINAL REPORT BEFORE THEY GET | THE | FINAL 25% | - | | |
| THE REPORTS CONTAIN INFORMATION ON HOW | | THE GRANT MONEY WAS | EY WAS SPENT | IT AND THE | |
| RESULTS OF THE RESEARCH. | | | | | |

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2010
Open to Public Inspection

Department of the Treasury Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization Employer identification number BOONE AND CROCKETT CLUB 13-6400091 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: STUDY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROSPER IN ITS NATURAL HABITATS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SCOUT LEADERS AND 9 SCOUTS. IN ADDITION, THE ORGANIZATION OPERATED THE "BECOMING A OUTDOORSWOMEN" EVENT IN WHICH 11 WOMEN PARTICIPATED. THE ORGANIZATION ALSO FUNDED TWO SEPARATE UNIVERSITY-BASED RESEARCH PROJECTS ON THE DISEASES WHICH ARE IMPACTING BIGHORN SHEEP POPULATIONS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MEMBERSHIP PROGRAM - PROVIDES EDUCATION OF MEMBERS AND ENSURES THE ORGANIZATION'S OBJECTIVES ARE FULFILLED. DURING THE YEAR THE CLUB SERVED 9 HONORARY LIFE MEMBERS, 95 REGULAR MEMBERS, 129 PROFESSIONAL MEMBERS, AND 30 EMERITUS MEMBERS. EXPENSES \$ 178,608. INCLUDING GRANTS OF S 0. REVENUE \$ 95,888. ASSOCIATES PROGRAM - PROVIDES SERVICES TO ASSOCIATES TO PROMOTE HUNTER ETHICS AND CONSERVATION THROUGH EDUCATION AND DEMONSTRATIONS. DURING THE CURRENT YEAR THE CLUB HAD 7,986 ASSOCIATES AND 714 LIFETIME ASSOCIATES.

INCLUDING GRANTS OF \$ 0.

EXPENSES \$ 261,568.

REVENUE \$ 221,615.

Employer identification number

13-6400091

INCLUDING GRANTS OF \$ 0. REVENUE S 109,349.

THE BUILDING TENANT PROGRAM PROVIDES OFFICE SPACE IN THE CLUB'S HEADQUARTERS BUILDING FOR THE UNIVERSITY OF MONTANA.

EXPENSES \$ 49,357. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ALL OTHER PROGRAM SERVICE REVENUE

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 185,780.

FORM 990, PART VI, SECTION A, LINE 6: THE BOONE & CROCKETT CLUB HAS FIVE CLASSES OF MEMBERS: REGULAR MEMBERS, JUNIOR MEMBERS, PROFESSIONAL MEMBERS. EMERITUS MEMBERS, AND HONORARY LIFE MEMBERS. ONLY REGULAR AND HONORARY LIFE MEMBERS CAN VOTE. THE NUMBER OF REGULAR MEMBERS IS LIMITED TO 100 AND THE NUMBER OF JUNIOR MEMBERS IS LIMITED TO 10 AT ANY GIVEN TIME. A JUNIOR MEMBER MAY SERVE AS A MEMBER OR CHAIR OF A COMMITTEE AND MAY VOTE ON THAT COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 7A: AT-LARGE DIRECTORS ARE ELECTED BY A MAJORITY OF THE VOTING MEMBERS PRESENT AT THE ANNUAL MEETING OF THE CLUB.

FORM 990, PART VI, SECTION B, LINE 11: A FIRST LEVEL OF REVIEW IS COMPLETED BY THE CONTROLLER AND THE CHIEF OF STAFF WHO THEN SEND THE FORM ON TO THE TREASURER AND BUDGET & FINANCE COMMITTEE CHAIR WITH CONFIRMATION 032212 01-24-11 Schedule O (Form 990 or 990-EZ) (2010) 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 INDIRECT FINANCIAL OR PERSONAL BENEFIT TO A BOARD DIRECTOR, THE ACTIONS UNDER CONSIDERATION MUST BE REVIEWED IN LIGHT OF FULL DISCLOSURE BY INDEPENDENT DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: THE CLUB'S COMPENSATION COMMITTEE,

WHICH IS CHAIRED BY THE CLUB PRESIDENT, NEGOTIATES THE CONTRACT FOR THE

CHIEF OF STAFF BY REVIEWING THE PREVIOUS CONTRACT AND REVIEWING SALARY

LEVELS OF LIKE ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S 1023, 990, AND 990-T ARE ALL AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL

STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ALL

AVAILABLE UPON REQUEST.

| Schedule O (Form 990 or 990-EZ) (2010) | Page 2 |
|---|---|
| Name of the organization BOONE AND CROCKETT CLUB | Employer Identification number 13-6400091 |
| | |
| FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: | |
| DIRECT RENT EXPENSES RECORDED ON SFE | 49,357. |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection OMB No. 1545-0047

Employer identification number 13-6400091

Direct controlling entity

End-of-year assets <u>e</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total income 9 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity 9 BOONE AND CROCKETT CLUB Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| | (q) | (0) | (d) | 1 | () | (g) Section 512(b)(13) | 2(b)(13) |
|-----|----------------------------|--------------------------|-------------|----------------|--------------------|---------------------------|----------------|
| | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | contro | lled |
| | | foreign country) | section | sts | entity | entity? | ين |
| | | | | 501(c)(3)) | | Yes | S _N |
| Sui | SUPPORT BOONE AND CROCKETT | | | | | | |
| CED | CLUB THROUGH MANAGING | | | | | | |
| E | FUNDRAISING FUNCTION | MONTANA | 501(C)(3) | LINE 11A, I | | | × |
| | | | | | | | |
| | | | | | | | |
| | | | i | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

Page 2 13-6400091

Schedule R (Form 990) 2010 BOONE AND CROCKETT CLUB

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

| General or Percentage managing ownership partner? | | | more related | (h) Percentage ownership | | | | Schediile B (Form 990) 2010 |
|---|--|--|--|--|---------|--|--|-----------------------------|
| (i) (j) Code V-UBI General or amount in box partner? 20 of Schedule K-1 (Form 1065) Yes No | | | e it had one or | (g) Share of end-of-year assets | | | | Schodule B (F |
| n) oortion- ations? | | | , line 34 becaus | (f) Share of total income | | | | |
| (g) (h Share of Dispror end-of-year are allor assets Yes | | | o Form 990, Part IV | (e) Type of entity (C corp, S corp, or trust) | | | | |
| (f) Share of total income | | | in answered "Yes" t | (d) Direct controlling entity | | | | |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | | | te if the organizatic | (c) Legal domicile (state or foreign country) | | | | |
| (a) Direct controlling Pre entity (nexclusive) | | | ation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related sar.) | (b) Primary activity | \$ * | | | |
| (c) Legal domicile (state or foreign | | | is a Corporing the tax ye | | | | | |
| (b) Primary activity | | | anizations Taxable a | 7 | | | | |
| (a) Name, address, and EIN of related organization | | | Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.) | (a) Name, address, and EIN of related organization | | | | |

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | • | | Yes No | او |
|---|----------------------------|--------------------------|---|--------------|----------|-----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | ith one or more rela | ted organizations listed | in Parts II-IV? | | | |
| a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity | | | | 1a | | × |
| | | | | 1p | | × |
| | | | | 2 | × | |
| d Loans or loan quarantees to or for other organization(s) | | | | 1d | \dashv | × |
| | | | | 1e | × | |
| | | | | | | |
| f Sala of assets to other organization(s) | | | | # | | M |
| | | | | 19 | | M |
| g i dividuo vi accete | | | | F | | × |
| | | | | F | | × |
| Lease of facilities, equipment, of other assets to other organization(s) | | | | = | | |
| i Lease of facilities, equipment, or other assets from other organization(s) | | | | į | | × |
| k Performance of services or membership or fundraising solicitations for other organization(s) | ion(s) | | | ¥ | | × |
| 1 Performance of services or membership or fundraising solicitations by other organization(s) | ion(s) | | | = | X | |
| m Sharing of facilities equipment mailing lists, or other assets | | | | ᄩ | × | |
| n Sharing of paid employees | | | | 두 | _ | × |
| | | | | | - | |
| . Beimbursement paid to other organization for expenses | | | | 우 | | × |
| Reimbursement paid by other organization for expenses | | | | å | × | |
| | | | | | | ľ |
| a Other transfer of cash or property to other organization(s) | | | | 19 | - | × |
| | | | | 1 . | X | |
| | must complete this | line, including covered | relationships and transaction thresholds. | | | |
| | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved | | | |
| (1) BOONE AND CROCKETT CLUB FOUNDATION, INC. | υ | 456,769. | CASH PAYMENTS | | | |
| (2) BOONE AND CROCKETT CLUB FOUNDATION, INC. | 团 | 729,917. | 729,917.OUTSTANDING BALANCE | ! | į | 1 |
| (3) BOONE AND CROCKETT CLUB FOUNDATION, INC. | Сц | 72,000.CASH | CASH PAYMENTS | | i | ! |
| (4) BOONE AND CROCKETT CLUB FOUNDATION, INC. | ı | 217,460. | FUNDRAISING EXPENSES PER | 990 | | |
| (5) | | | | į | | |
| | | | | | | |
| | | | Schedule B (Form 990) 2010 | (Form | 990) 2 | 010 |

Schedule R (Form 990) 2010 BOONE AND CROCKETT CLUB

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

| (a) (b) | (q) | (c) | 9 | (e) | (£) | (6) | (F) |
|------------------------|------------------|----------|-------------------------------------|------------------|-------------------------|----------------------------------|----------------------|
| Name, address, and EIN | Primary activity | nicile | Are all partners | Share of end-of- | Dispropor- | Code V-UBI | General or |
| of entity | | _ | section 501(c)(3) organizations? | year assets | tionate allocations? | amount in box 20 of Schedule K-1 | managing partner? |
| | | country) | Yes No | | Yes No | (Form 1065) | Yes No |
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| | | | | | | Schedule R (Form 990) 2010 | 990) 2010 |
| | | | | | | | |

| Schedule R | (Form 990) 2010 | BOONE | AND | CROCKETT | CLUB | 13-6400091 Page | e 5 |
|---------------------------------------|------------------------------------|---|---|---|--|--|------------|
| Part VII | (Form 990) 2010 Supplemental Infor | mation | | | | | |
| | Complete this part to prov | vide addition | al inform | nation for response | es to questions on Schedule R (see instr | uctions). | |
| | | *************************************** | | | | | |
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| • | | · | | *************************************** | THE REPORT OF THE PROPERTY OF | | |
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Form 990-W

(WORKSHEET)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

OMB No. 1545-0976

| | DRKSHEET) artment of the Treasury nal Revenue Service | | | ovestment Income for Pri | | FORM 990-T | | 2011 |
|----|--|--|-------------------------------|---------------------------------------|-----------------------|------------|----|----------------|
| 1 | Unrelated business | taxable income expected in the tax y | ear | | | | 1 | |
| | | on line 1. See instructions for tax co | | | | | 2 | |
| 3 | Alternative minimur | n tax (see instructions) | | | | | 3 | |
| 4 | Total. Add lines 2 a | nd 3 | | | | | 4 | |
| 5 | Estimated tax credit | s (see instructions) | | | | | 5 | |
| 6 | Subtract line 5 from | l line 4 | | | | | 6 | |
| 7 | Other taxes (see ins | tructions) | | | | | 7 | |
| 8 | Total. Add lines 6 a | nd 7 | | | | | 8 | |
| 9 | Credit for federal ta | | 9 | · · · · · · · · · · · · · · · · · · · | | | | |
| b | estimated tax paym Enter the tax shown zero or the tax year and enter the amou 2011 Estimated Ta | x. Enter the smaller of line 10a or line | ctions s). Cau is line 10b. I | tion. If | 10a 10b 10b 10b, ente | | | |
| | from line 10a on lin | e 10c | | (a) | ADJUST (b) | ED TO 10 | 0c | 13,400. (d) |
| 11 | Installment due da | tes (see instructions) | 11 | 10/17/11 | 12/15/11 | 03/15/12 | | 06/15/12 |
| 12 | columns (a) throug uses the annualized the adjusted season | ents. Enter 25% of line 10c in h (d) unless the organization income installment method, nal installment method, or is a (see instructions) | 12 | 3,350. | 3,350. | 3,350 | 0. | 3,350. |
| 13 | 2010 Overpayment | (see instructions) | 13 | 1,690. | | | | |
| 14 | Payment due. (Sub | stract line 13 from line 12.) | 14 | 1,660. | 3,350. | 3,350 | 0. | 3,350. |

1,660.

3,350.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2011)

13,400. ESTIMATED TAX 1,690. OVERPAYMENT APPLIED AMOUNT DUE 11,710.

| Form | 990- T | E | xempt Organization Bus | | | ax Return | · H | OMB No. 1545-0687 |
|----------|---------------------------------------|--------------------|---|---------------------------------------|---|---|---------------------|--|
| | ment of the Treasury | | (and proxy tax und | er se | ction 6033(e)) | | 44 | Open to Public Inspection for |
| | Revenue Service | For c | alendar year 2010 or other tax year beginning JUL 1 | | | JN 30, 20 | III 5 | 01(c)(3) Organizations Only yer identification number |
| A ∟ | Check box if address changed | | Name of organization (L Check box if name c | hanged | and see instructions.) | | (Emplo | pyees' trust, see ptions.) |
| | empt under section | Print | BOONE AND CROCKETT CLU | | | | | 3-6400091 |
| X | 501(c)(3) | or Type | Number, street, and room or sulte no. If a P.O. box | x, see in | structions. | | E Unrela (See In | ted business activity codes structions.) |
| | 408(e) 220(e) | | 250 STATION DRIVE | | | | | |
| | 408A530(a) | | City or town, state, and ZIP code | | | | | |
| | 529(a) | | MISSOULA, MT 59801 | | | | 5418 | 800 531120 |
| C Bo | ok value of all assets end of year | | exemption number (See instructions.) | <u> </u> | | 1 1 | | |
| | • | G Check | c organization type 🕨 💹 501(c) corporation | n L | 501(c) trust | 401(a) trust | | Other trust |
| - | , 121 , 710 . | nla nviva | ory unvaleted by since estivity. | - ਹ | STATEMENT 1 | | | |
| | | | ary unrelated business activity. Soration a subsidiary in an affiliated group or a parer | | | | Yes | s X No |
| | | | tifying number of the parent corporation. | าเ-รนบรา | ulary controlled group? | | 1 16: | S LA INU |
| | | | THE ORGANIZATION | | Talanho | one number 🕨 4 | .065 | 421888 |
| | | | de or Business Income | · · · · · · · · · · · · · · · · · · · | (A) Income | (B) Expense | | (C) Net |
| | Gross receipts or sal | | 516,000. | T | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | : |
| | Less returns and allo | | c Balance | 1 c | 516,000. | Fores | | |
| | | | A, line 7) | 2 | 475,207. | | | |
| | Gross profit. Subtrac | | | 3 | 40,793. | | | 40,793. |
| | | | h Schedule D) | 4a | | | | · · · · · · · · · · · · · · · · · · · |
| | | | art II, line 17) (attach Form 4797) | 4b | | | | |
| C | Capital loss deductio | n for trus | sts | 4c | | | | |
| 5 | Income (loss) from p | artnersh | ips and S corporations (attach statement) | 5 | | | | |
| | Rent income (Sched | | | 6 | 44,088. | | | |
| | Unrelated debt-finan | 30,6 | 17. | 13,471. | | | | |
| | Interest, annuities, ro | | | | | | | |
| | | | on 501(c)(7), (9), or (17) organization | | | | | |
| | | | | 9 | | | | |
| 10 | Exploited exempt act | ivity inco | me (Schedule I) | 10 | | 24 5 | | 50 CE4 |
| 11 | Advertising income (| Schedule | e J) | 11 | 73,187. | 34,5 | 36. | 38,651. |
| | | | ns; attach schedule.) | 12 13 | 150 060 | 65,1 | <u> </u> | 00 015 |
| | | | gh 12t Taken Elsewhere (See instructions fo | 1 | 158,068 | 05,1 | .55. | 92,915. |
| ra | | | utions, deductions must be directly connecte | | | s income.) | | |
| 14 | Compensation of of | ficers, di | rectors, and trustees (Schedule K) | | | | 14 | |
| 15 | Salaries and wages | | | | | | 15 | |
| 16 | Repairs and mainte | nance . | | | | | 16 | |
| 17 | | | | | | | 17 | <u> </u> |
| 18 | Interest (attach sch | edule) | | | | | 18 | |
| 19 | Taxes and licenses | | | | | | 19 | 5,356. |
| 20 | | | e instructions for limitation rules.) | | | | 20 | |
| 21 | | | 562) | | | | ا ا | |
| 22 | | | n Schedule A and elsewhere on return | | I | | 22b | |
| 23 | | | managetica plane | | | | 23 | |
| 24 25 | Employee benefit p | rodrame rodrame | mpensation plans | | | | 24 | |
| 26 | | | chedule I) | | ••••• | | 26 | |
| 27 | Excess readership | costs (So | hedule J) | | *************************************** | | 27 | 13,016. |
| 28 | Other deductions (a | ttach scl | nedule) | | | | 28 | 10,010. |
| 29 | Total deductions | s. Add lir | nes 14 through 28 | | *************************************** | | 29 | 18,372. |
| 30 | | | ncome before net operating loss deduction. Subtrac | | | | 30 | 74,543. |
| 31 | | | n (limited to the amount on line 30) | | | | 31 | |
| 32 | Unrelated business | taxable i | ncome before specific deduction. Subtract line 31 fi | rom line | 30 | | 32 | 74,543. |
| 33 | | | y \$1,000, but see instructions for exceptions.) | | | | 33 | 1,000. |
| 34 | Unrelated busin | | able income. Subtract line 33 from line 32. If line | | | | | |
| | of zero or line 32 | | | | | | 34 | 73.543. |

OMB No. 1545-0687

| Part III | l T | ax Computation | | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
|--------------|----------------------|---|----------|--|---|---|---|---|-------------|---------------------------------------|---|---------|
| 35 | Organ | izations Taxable as Corpora | tions. S | See instructions for ta | ax computation | n. | | | | | *************************************** | |
| (| Contro | olled group members (section | ıs 1561 | l and 1563) check he | re 🕨 🔲 | See instructions a | ınd: | | | | | |
| a E | Enter | our share of the \$50,000 <mark>,</mark> \$2 | 5,000, | and \$9,925,000 taxa | ble income b | rackets (in that ord | ler): | | | | | |
| (| (1) \$ (2) \$ (3) \$ | | | | | | | | | | | |
| b l | Enter (| organization's share of: (1) A | ddition | al 5% tax (not more i | than \$11,750 |) \$ | *************************************** | - i | 1 | | | |
| | | Iditional 3% tax (not more tha | | | | | | | | | | |
| c I | Incom | e tax on the amount on line 3 | 4 | , | | | | _ | 35c | 1 | .3,3 | 86. |
| 36 | Trusts | Taxable at Trust Rates. See | instruc | ctions for tax comput | ation. Incom | tax on the amoun | it on line 3 | 34 from: | 7.7 | | | |
| [| <u> </u> | Tax rate schedule or | Schedu | ule D (Form 1041) | | | | • | 36 | | | |
| 3 7 I | Ргоху | tax. See instructions | | , | | | | • | 37 | | | |
| 38 | Altern | ative minimum tax | | | *************************************** | | | | 38 | | | |
| 39 | Total. | Add lines 37 and 38 to line 3 | 5c or 3 | 6, whichever applies | | | | | 39 | 1 | 3,3 | 86. |
| Part IV | / T | ax and Payments | * | <u> </u> | | | | | | ····· | - | |
| 40 a F | Foreig | n tax credit (corporations atta | ch For | m 1118; trusts attacl | Form 1116) | *************************************** | 40a | | | | | |
| | | credits (see instructions) | | | | | | | 1 | | | |
| c (| Gener | al business credit. Attach For | m 3800 |) | | | 40c | | 1 1 | | | |
| d (| Credit | for prior year minimum tax (a | attach F | Form 8801 or 8827) | | | 40d | | 1 1 | | | |
| е. | Total | credits. Add lines 40a throug | h 40d | , | | | | | 40e | | | |
| 41 5 | Subtra | act line 40e from line 39 | | | | | | •••••• | 41 | 1 | 3,3 | 86. |
| 42 (| Other | act line 40e from line 39 taxes. Check if from: Fo | rm 425 | 55 Form 8611 | Form 8 | 8697 Form 8 | 8866 | Other (attach schedule) | 42 | | , . | |
| | | | | | | | | | 43 | 1 | 3,3 | 86. |
| | | ents: A 2009 overpayment cr | edited t | to 2010 | *************** | | 44a | •••••• | 10 | | , . | |
| | | estimated tax payments | | | | | | 15,076 | - | | | |
| | | posited with Form 8868 | | | | | | | | * | | |
| d F | Foreia | n organizations: Tax paid or v | vithheld | d at source (see instr | uctions) | | 44d | | 1.5 | | | |
| | | p withholding (see instruction | | | | | | | - | | | |
| f (| Credit | for small employer health ins | urance | nremiums (Attach F | | | 44f | | - | | | |
| | | | | | | | | | - | | | |
| اً " | _ | Form 4136 | | Other | | Total | . 440 | | | | | |
| 45 | | payments. Add lines 44a thro | ugh 44 | | | 10101 | 1 449 | | 45 | 1 | .5,0 | 76 |
| 46 I | Fetima | ated tax penalty (see instruction | nne) Cl | neck if Form 2220 is | attached > | | | | | | , . | 70. |
| | | ue. If line 45 is less than the to | | | | | | | 47 | | | |
| 48 | Overn | ayment. If line 45 is larger th | an the t | total of lines 13 and 1 | annount owe | unt overnaid | | | 48 | | 1 6 | 90. |
| | | the amount of line 48 you war | | | | 1 | 690 | • Refunded • | 49 | | т, о | 0. |
| | | tatements Regardi | | | | her Informat | tion (see | instructions) | 40 | | | |
| | | during the 2010 calendar ye | | | | | | | count | <u></u> | Yes | No |
| | | urities, or other) in a foreign c | | | | | | | | | 168 | NU |
| | | | | | | | | neport of Foreign bank | anu | | | x |
| 2 During | g the ta | ccounts. If YES, enter the nar x year, did the organization receive structions for other forms the orga | a distri | butlon from, or was it the | granto r of, or t | ransferor to, a foreign | trust? | | | | <u> </u> | X |
| | | mount of tax-exempt interest | | | | | | | | | ļ | |
| Schedi | ule 4 | A - Cost of Goods S | old F | Enter method of in | contony valu | uation ▶ N/ | Δ | | | | <u> </u> | <u></u> |
| | | it beginning of year | 1 | ····· | | ventory at end of y | | | 6 | | | 0. |
| | hases | | 2 | | | ost of goods sold. | | ing 6 | <u> </u> | | | · |
| | | or | 3 | | | ost of goods sold. om line 5. Enter he | | | 7 | 4.5 | 7 E O | 07 |
| | | section 263A costs | 4a | | | | | | L | 4 / | 75,2 | |
| | | | 4a 4b | 475 20 | | the rules of section | • | • | | | Yes | No |
| | | s (attach schedule) | | 475,20 475,20 | | | • | l for resale) apply to | | | | ٠,, |
| 5 Total | | lines 1 through 4b | 5 | | | | | | | | | X |
| Sign | cor | der penalties of perjury, I declare threet, and complete. Declaration of | preparer | e examined this return, ir r (other than taxpayer) is l | cased on all Info | oanying schedules and ormation of which prep | o statement oarer has an | s, and to the best of my kn y knowledge. | owiedge a | ind bellet, it i | s true, | |
| Here | | | | 1 | | A DDD AGT | | | - | S discuss th | | with |
| | | Signature of officer | | I Date | *************************************** | TREASU | RER | | | er shown bel | | ٦ |
| | ⊥′, | | | | | | | | بجبسم | s)? <u>X</u> Y | es L | No |
| | | Print/Type preparer's name | ייים | Preparer's | signature | [| Date | | if PTI | N | | |
| Paid | | JAMES V. GALI | ΓЦΑ | .0 , | | | | self- employed | | 00005 | , , , , | |
| Prepar | rer _l | CPA | DWT | ED OF A DE | (1 % % #T\ | | T77337~ | | | $\frac{00087}{1000}$ | | |
| Use O | nly | Firm's name ► JUNKE | | | CAMPAN | сцца, STE | νπиς | PC Firm's EIN | <u>8</u> | 1-034 | FQ / ./ | 5 |
| | | | | OX 16237 | 000 | | | | 400 | E 4 0 | 111 | 0 |
| | | Firm's address MIS | aUU | <u> на, ит эу</u> | 000 | | | Phone no. | <u>40</u> 6 | <u> -549-</u> | <u>·41</u> 4 | : ठ |

| Description of property | ine (Front i | heai | Property | anu | Personali | ropert | y Lease | eu vvii | II Neal FIG | pher | Ly)(see ilistructions) | |
|---|---|-------------------------|---|-------------------------------------|--|-----------------|--|--|---|---------|--|--|
| | | | | | | | | | | | | |
| (1) | | | | | | | | | | | | |
| (2) | | | | · | | | | | | | ************************ | |
| (4) | | | | | | | | | | | | |
| <u> </u> | 2. Rer | t receiv | ed or accrued | | | | | | | | | |
| (a) From personal property (if rent for personal property 10% but not more th | ls more than | | of rent | t for pe | d personal propert ersonal property exc is based on profit | ceeds 50% o | entage or if | 3(a) | | | ected with the income in (attach schedule) | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | <u>.</u> | | | | |
| (3) | ····· | | | | | | | | | | | |
| (4) Total | · · · · · · · · · · · · · · · · · · · | 0. | Total | | | | 0. | | | | | |
| (c) Total income. Add totals of col | umne 2(a) and 2 | | | | | | 0. | (b) Tota | al deductions. | | | |
| here and on page 1, Part I, line 6, o | | | | | | | 0. | Ènter her | e and on page 1, e 6, column (B) | | 0. | |
| Schedule E - Unrelated | | | | see i | nstructions) | | | T Cart I, III | o o, oolaliii (b) | : - | | |
| | | | , | | | · · · · | 1 | 3. Ded | | | d with or allocable | |
| 1. Description of | debt-financed prop | erty | | | Gross income from or allocable to debt-financed property | | (a) | to debt-financed Straight line depreciation (attach schedule) TATEMENT 3 | | nced pr | (b) Other deductions (attach schedule) STATEMENT 4 | |
| | | | | | | | l s: | | | S | | |
| (1) OFFICE SPACE | | | | | 67,776 | | | | 11,113 | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-finance property (attach schedule) STATEMENT 5 | e adjusted basis allocable to anced property MENT ^(e) | | 6. Column 4 divided by column 5 | | 7, Gross income reportable (columr 2 x column 6) | | le (column | 8. Allocable dedu (column 6 x total of 3(a) and 3(b) | | | | |
| | 356,634. 548,25 | | | 55. | 65.05% | | 44,088. | | 3. | 30,617. | | |
| (2) | | | | | | % | | | iv | | [| |
| (3) | | | | | | % | 6 | | | | • | |
| (4) | | | | | | % | 6 | | | | | |
| < . | | | | | | | | | ind on page 1, 7, column (A). | | Enter here and on page 1, Part I, line 7, column (B). | |
| Totals | | | | | •••• | | ▶ | | 44,088 | 3. | 30,617. | |
| Total dividends-received deduct | ions included in | colum | 18 | | | | | |) | | 0. | |
| Schedule F - Interest, <i>F</i> | Annuities, F | loya | | | | | | nizati | ons (see ins | struct | ions) | |
| | | _ | | emp | t Controlled O | rganizatio 1 | | | | . 1 | | |
| Name of controlled organization Employer lde number | | entification Net unrela | | 3. related income see instructions) | elated income Total of s | | 4. is specified into made included in the cororganization's gross | | trolling connected with income | | | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | _ | | | | |
| (4) | retions | | | | | | | | | | | |
| Nonexempt Controlled Organiz | | d Incor | ne (loss) | 0 та | tal of apocified r | monts T | 10 Part of | oolumn 0 | that le included | 44 | Doductions discostive connector | |
| 7. Taxable Income 8. Net unrelated Incom (see instructions | | | | ments | in the con | | column 9 that is included 11 ntrolling organization's gross income | | Deductions directly connected with income in column 10 | | | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | ···· | | | | | | | |
| | | | | | | | Enter here | columns 5 e and on p e 8, colum | age 1, Part I, | | Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B). | |
| Totals | | | | | | | | | 0. | | 0. | |
| Totals | | | | | | | | | | | Form 990-T (2010 | |

| Form 990-T (2010) ROONF ! | AND CROCKE | mm CIIID | | | 13-6400091 | l Page 4 |
|---------------------------------------|--|---|--|--|--------------------------------------|--|
| Schedule G - Investme | nt Income of a | | (7), (9), or (17) Or | ganization | 13-040009. | |
| 1. Descr | iption of income | | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | Enter here and on page 1, Part I, line 9, column (A). | | | Enter hera and on page 1, Part I, line 9, column (B). |
| - | | | | the second | | |
| Totals | | | <u> </u> | | | 0. |
| Schedule I - Exploited (see instru | | / Income, Othe | er Than Advertisi | ng Income | | |
| Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross Income from activity that is not unrelated business Income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | : | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | *************************************** | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 26. |
| Totals | 0. | 0 | • | | | 0. |
| Schedule J - Advertisi | ng Income (see | instructions) | | | | · |
| Part I Income From | Periodicais Rep | orted on a Co | nsolidated Basis | | | |
| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising cost | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, computable 5 through 7. | | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) FAIR CHASE | 73,18 | 7. 34,53 | 6. | 0. | 13,016. | |
| (2) | | | | | | |
| (3) | | | ********** | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | ▶ 73,18 | 7. 34,53 | 6. 38,651 | • | 13,016. | 13,016. |
| | Periodicals Rep 7 on a line-by-line ba | | parate Basis (For | each periodical liste | ed in Part II, fill in | |
| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising cost | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7. | 5. Circulation Income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | |
| (2) | | | | <u> </u> | | |
| (2) | | | | | | |
| (4) | | | | | | <u></u> |
| (5) Totals from Part I | 73,18 | 7. 34,53 | 6. | | - Landing | 13,016. |
| | Enter here and page 1, Part | on Enter here and o | on | | | Enter here and on page 1, |
| | line 11, col. (A |). line 11, col. (B) | | | | Part II, line 27. |

| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | > | 0. |

13,016.

1

STATEMENT

| riviry | | | |
|--------------------|--|---|---|
| O ADVERTISIN | NG SALES IN M | AGAZINE | |
| ste | | | |
| O - OTHER CO | OSTS | STATEMENT | 2 |
| | | AMOUNT | |
| | - | | |
| | | 475,20 |)7. |
| TION DEDUCT | ION | STATEMENT | 3 |
| ACTIVITY NUMBER | AMOUNT | TOTAL | |
| 1 | 11,113. | 11,11 | L3. |
| 3(A) | | 11,13 | L3. |
| DEDUCTIONS | | STATEMENT | 4 |
| ACTIVITY NUMBER | AMOUNT | TOTAL | |
| 1 | 35,954. | 35,95 | 54. |
| | | | |
| | D ADVERTISING ACTIVITY NUMBER 1 3(A) DEDUCTIONS ACTIVITY NUMBER | D ADVERTISING SALES IN M O - OTHER COSTS FION DEDUCTION ACTIVITY NUMBER AMOUNT 11,113. 1 3(A) DEDUCTIONS ACTIVITY NUMBER AMOUNT 35,954. | D ADVERTISING SALES IN MAGAZINE D - OTHER COSTS AMOUNT 411,68 63,52 475,20 FION DEDUCTION STATEMENT ACTIVITY NUMBER AMOUNT 11,113. 1 11,113. 2 DEDUCTIONS STATEMENT ACTIVITY NUMBER AMOUNT TOTAL 35,954. |

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED

| FORM 990-T | | ACQUISITION TO DEBT-FIN | | | STATEMENT ! |
|-------------------|--------------|----------------------------|--------------------|----------|-------------|
| DESCRIPTION | | | ACTIVITY NUMBER | AMOUNT | TOTAL |
| AVERAGE ACQUISITI | | - SUBTOTAL - | 1 | 356,634. | 356,634 |
| TOTAL OF FORM 990 | -T, SCHEDULI | E E, COLUMN | 4 | | 356,634 |

| FORM 990-T AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY | | | STATEMENT | 6 | |
|---|-----------------------|--------------------|-----------|-------|-----|
| DESCRIPTION | | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| AVERAGE ADJUSTED B. | ASIS - SUBTOTAL | - 1 · | 548,255. | 548,2 | 55. |
| TOTAL OF FORM 990- | T, SCHEDULE E, COLUMN | 1 5 | | 548,2 | 55. |

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| | are filing for an Automatic 3-Month Extension, complet | | | | > | | |
|---------------------------|---|-----------------------------|---|----------|-------------------------|------------|--|
| | ı are filing for an Additional (Not Automatic) 3-Month Ex | | | | | | |
| Do not | complete Part II unless you have already been granted a | ın automa | tic 3-month extension on a previously fil | ed For | m 8868. | | |
| | nic filing (e-file). You can electronically file Form 8868 if y | | | | | | |
| | d to file Form 990-T), or an additional (not automatic) 3-mor | | | | • | | |
| of time | to file any of the forms listed in Part I or Part II with the exc | ception of | Form 8870, Information Return for Tran | sfers A | ssociated With Ce | rtain | |
| Person | al Benefit Contracts, which must be sent to the IRS in pap | er format | (see instructions). For more details on th | ne elec | tronic filing of this f | orm, | |
| | w.irs.gov/efile and click on e-file for Charities & Nonprofits | | | | | | |
| Part | | | | | | | |
| A corpo Part I o | oration required to file Form 990-T and requesting an autor | | | plete | > | X | |
| | r corporations (including 1120-C filers), partnerships, REM come tax returns. | ICs, and t | rusts must use Form 7004 to request an | exten | sion of time | | |
| Type or | Name of exempt organization | | | Empl | oyer identification | number | |
| File by the | BOONE AND CROCKETT CLUB | | | 1 | 3-6400091 | | |
| due date f filing your | or Number, street, and room or suite no. If a P.O. box, so 250 STATTON DRIVE | ee instruc | tions. | | | | |
| return, Se Instruction | 9 | oreign add | ress, see instructions. | | | | |
| | | | | | | | |
| Enter th | ne Return code for the return that this application is for (file | e a separa | te application for each return) | | | . 0 7 | |
| Applica | ation | Return | Application | | Return | | |
| Is For | | Code | | Code | | | |
| Form 9 | 90 | 01 Form 990-T (corporation) | | | | 07 | |
| Form 9 | 90-BL | 02 | | 08 | | | |
| Form 9 | 90-EZ | 03 | 03 Form 4720 | | | | |
| Form 9 | 90-PF | 04 | 4 Form 5227 | | | | |
| Form 9 | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | | |
| Form 9 | 90-T (trust other than above) | 06 | Form 8870 | | 12 | | |
| • The | books are in the care of ► THE ORGANIZATION DRI | | MISSOULA, MT 59801 | | | | |
| Tele | phone No. ► 4065421888 | | FAX No. ▶ | | | | |
| • If the | e organization does not have an office or place of busines | s in the Ur | nited States, check this box | | > | . 🔲 | |
| • If thi | s is for a Group Return, enter the organization's four digit | Group Exe | emption Number (GEN) . If th | s is fo | r the whole group, o | check this | |
| рох 🕨 | . If it is for part of the group, check this box | and atta | ch a list with the names and EINs of all | memb | ers the extension is | for. | |
| 1 | request an automatic 3-month (6 months for a corporation ${ m MAY}~15$, 2012 , to file the exemp | , | to file Form 990-T) extension of time unt tion return for the organization named a | | The extension | | |
| is | for the organization's return for: | - 0. gai 1120 | | | 5 | • | |
| | calendar year or | | | | | | |
| • | X tax year beginning JUL 1, 2010 | , an | d ending JUN 30, 2011 | 4.24 | _ · | | |
| 2 lf | the tax year entered in line 1 is for less than 12 months, c | heck reas | on: Initial return Fina | ıl retur | n | | |
| | Change in accounting period | | | | | | |
| 3a 1 | this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, e | nter the tentative tax, less any | | | | |
| <u>n</u> | onrefundable credits. See instructions. | | | 3a | \$ 1! | 5,076. | |
| b II | this application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and | | | | |
| _ | stimated tax payments made. Include any prior year overp | | | 3b | \$ 1! | 5,076. | |
| | lalance due. Subtract line 3b from line 3a. Include your pa y using EFTPS (Electronic Federal Tax Payment System). | - | • | 3c | \$ | 0. | |
| | n. If you are going to make an electronic fund withdrawal v | | | | | | |
| | , genig to mane an oloohomo lana withatawan | | 5 5565, 566 i 5i 5-166 E5 dild i 6111 | 2010 | 101 Payinon 11 1110 | | |

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| • If you | ı are filling for an Automatic 3-Month Extension, complet | e only Pa | rt I and check this box | | | X |
|--------------------------|--|---|--|-----------|-----------------------|---------------------------------------|
| | are filing for an Additional (Not Automatic) 3-Month Ex | | | | | |
| o not | complete Part II unless you have already been granted a | ın automat | tic 3-month extension on a previously fi | led For | n 8868. | |
| lectro | nic filing (e-file). You can electronically file Form 8868 if y | ou need a | 3-month automatic extension of time t | o file (6 | months for a corpo | ration |
| equire | to file Form 990-T), or an additional (not automatic) 3-mor | nth extens | ion of time. You can electronically file F | orm 88 | 68 to request an ex | tension |
| | to file any of the forms listed in Part I or Part II with the exc | | | | | |
| | al Benefit Contracts, which must be sent to the IRS in pap | • | | | | |
| | w.irs.gov/efile and click on e-file for Charities & Nonprofits | | , | | Ü | · |
| Part | The state of the s | | bmit original (no copies needed). | | | |
| \ corpo | oration required to file Form 990-T and requesting an autor | | | nplete | | · · · · · · · · · · · · · · · · · · · |
| artio | | | | • | > | |
| All othe | r corporations (including 1120-C filers), partnerships, REM | | | | | |
| o file in | come tax returns. | | | | | |
| уре о | Name of exempt organization | *************************************** | | Empl | oyer identification | number |
| orint | | | | Ì . | • | |
| | BOONE AND CROCKETT CLUB | | | 1 | 3-6400091 | |
| ile by the lue date i | | ee instruct | tions. | | | |
| ling your | 250 STATION DRIVE | | | | | |
| eturn. Se nstructloi | | reign add | ress. see instructions. | | | |
| | MISSOULA, MT 59801 | J | • | | | |
| | | | | ., | *** | |
| Enter th | ne Return code for the return that this application is for (file | a separa | te application for each return) | | | 0 1 |
| | | | , | | | • |
| Applica | ation | Return | Application | | | Return |
| s For | | Code | Is For | | | Code |
| orm 9 | 90 | 01 | Form 990-T (corporation) | | | 07 |
| orm 9 | | 02 | Form 1041-A | | | 08 |
| orm 9 | | 03 | Form 4720 | | | 09 |
| orm 9 | · · · · · · · · · · · · · · · · · · · | 04 | Form 5227 | | | 10 |
| | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| | 90-T (trust other than above) | 06 | Form 8870 | | | 12 |
| 0111110 | THE ORGANIZATION | | 7 01111 0070 | | | |
| The | books are in the care of ▶ 250 STATION DR | | MISSOULA, MT 59801 | | | |
| | phone No. ► 4065421888 | | FAX No. ▶ | | | |
| | e organization does not have an office or place of business | s in the Ur | * ************************************* | ., | | |
| | s is for a Group Return, enter the organization's four digit | | | | | heck this |
| oox 🕨 | | | ch a list with the names and EINs of all | | | |
| | request an automatic 3-month (6 months for a corporation | | | | ord the exteriolering | 101. |
| | FEBRUARY 15, 2012 , to file the exemp | | | | The extension | |
| is | s for the organization's return for: | g | | | | |
| | calendar year or | | | | | |
| | X tax year beginning JUL 1, 2010 | an | d ending JUN 30, 2011 | | | |
| • | tax your boginning | , | , | | • | |
| 2 11 | the tax year entered in line 1 is for less than 12 months, c | heck reas | on: Initial return Fin | al retur | า | |
| - ' | Change in accounting period | 1100111040 | on maaroam rii | ai rotan | • | |
| , | Shaligo in doodanting portod | | | | | |
| 3a II | this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069 e | nter the tentative tax less any | T | | · |
| | conrefundable credits. See instructions. | o, 0000, 0 | The torreduce tax, 1666 arry | 3a | \$ | 0. |
| _ | this application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and | 1 34 | · * | |
| | stimated tax payments made. Include any prior year over | - | | 3b | \$ | 0. |
| | Balance due. Subtract line 3b from line 3a. Include your pa | | | 1 35 | <u> </u> | |
| | by using EFTPS (Electronic Federal Tax Payment System). | - | · | 3c | \$ | 0. |
| 0 | y deling in the office to the property of the delivery | OCC IIISIIU | orm 9969, and Form 9452 EO and Form | | - ' | twistiana |

THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for a

| | 0.3.1 |
|----|---------------------|
| ın | Exempt Organization |

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Form 8879-EO

Do not send to the IRS. Keep for your records. ➤ See instructions. Employer identification number Name of exempt organization BOONE AND CROCKETT CLUB 13-6400091 Name and title of officer TIMOTHY C. BRADY TREASURER Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) _______ 2b ______ 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here ▶ Part II Declaration and Signature Authorization of Officer Under penalties of periury. I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize JUNKERMIER, CLARK, CAMPANELLA, STEVENS PC 22102 ERO firm name Enter five numbers, but do not enter all zeros as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ▶ **** THIS IS NOT A FILEABLE COPY **** Date ▶ Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 81044801040 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

ERO's signature

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

| | | | dending J | UN 30, 20 | | |
|--------------------------------|--------------------|--|------------------|---------------------------|-------------|---------------------------------|
| В | Check if | Please C Name of organization use IRS | | D Employer ide | ntificat | ion number |
| | Addre | | | | | |
| Ē | Name | type. Doing Business As | | 13 | -640 | 00091 |
| | Initial | See Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | | | |
| | Termin | n- Specific 250 STATION DRIVE | 1,000 | | | 1888 |
| | Amen | ded lions. City or town, state or country, and ZIP + 4 | | G Gross receipts \$ | | 3,916,415. |
| L | Application pendir | | | H(a) Is this a grou | up retur | |
| | 1000 | F Name and address of principal officer: ANTHONY SCHOONEN | | for affiliates' | | Yes X No |
| - | T-01 | SAME AS C ABOVE empt status: | | H(b) Are all affiliate | | |
| | | empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 te: ► WWW BOONE - CROCKETT ORG | | | | . (see instructions) |
| | | organization: X Corporation Trust Association Other | I Vest | H(c) Group exem | | ate of legal domicile; DC |
| | | Summary | L 16di | or formation. 192 | O IVI OL | ate of legal dominie, DC |
| di | 1 | Briefly describe the organization's mission or most significant activities: TO W | ORK FO | R THE PRE | SERV | ATION OF |
| anc | - | WILD ANIMALS, PROMOTE HUNTING & EXPLORAT | 3 MOL | RECORD RE | SULT | 'S FOR |
| Brns | 2 | Check this box D lif the organization discontinued its operations or disposit | osed of more | than 25% of its n | et asset | is. |
| Sov | | Number of voting members of the governing body (Part VI, line 1a) | | ******* :1 ************** | 3 | 12 |
| 60 | 4 | Number of independent voting members of the governing body (Part VI, Ilne 1b) | | | 4 | 12 |
| Activities & Governance | 5 | Total number of employees (Part V, line 2a) | | | 5 | 23 12 |
| | | Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12 | 26111112 11 | m mane sommer dates | 6 7a | 195,008. |
| A | Ь | Net unrelated business taxable income from Form 990-T, line 34 | alityiy alques a | · Production Co. | 7b | 68,870. |
| | - | real sine state of business and the sine state of the sta | thirth Children | Prior Year | 12 | Current Year |
| 0 | 8 | Contributions and grants (Part VIII, line 1h) | 628,56 | 7. | 2,168,579. | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | 581,50 | 7. | 842,948. | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,92 | | 101,531. | |
| - | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | *1 ****** | 574,04 | | 464,327. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | reniris. | 1,786,04 | | 3,577,385. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 5 AT A | 1,00 | 0. | 24,175. |
| in | 14 | Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 708,72 | 1 | 1,121,548. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | **** 18.4 | 700,72 | 7. | 1,121,340. |
| de | b | Total fundraising expenses (Part IX, column (D), line 25) | et en et | | | |
| m | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 1,036,71 | 0. | 1,442,717. |
| | | Tatal annual and the add the add to the state and Dad IV and the state and | | 1,746,43 | 4. | 2,588,440. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 39,60 | 9. | 988,945. | |
| Net Assets or Fund Balances | 050 | | Be | ginning of Current Y | | End of Year |
| SSE | 2 | Total assets (Part X, line 16) | | 2,327,79 | | 5,105,082. |
| Vel | | Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | minu) | 1,420,88 | | 1,519,571. 3,585,511. |
| 7 | rt II | Signature Block | umenus I | 300,31 | 1. | 3,303,311. |
| | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a and complete. Declaration of preparer (other than officer) to based on all information of which preparer has | and statements, | and to the best of my kno | wledge ar | nd ballef. It is true, correct, |
| | | uno complete. Declaration of preparer (other than officer) is based on all information of which preparer has | any knowledge. | | | |
| Sign | | - Mary Espa | | 167 | 1/- | 11 |
| Her | e | Signature of officer (| | Date | | |
| | | TIMOTHY C. BRADY, TREASURER | | | | |
| _ | - | Type or print name and title | 7 176 | ook if I Di | anarar'n i | double on a comban |
| Paid | | Preparer's signature | . / sell | (s | ee instruct | dentillying number lions) |
| 100 | arer's | Firm's name (or / TITN'S PENTED OT ADV CAMDANIET TA CODE | VENS P | C EIN I> | _ | |
| Use | Only | self-employed P.O. BOX 16237 | A DIVAD E | Env 18 | | |
| | | address, and MISSOULA, MT 59808 | | Phone no. L | 406 | -549-4148 |
| May | the IP | S discuss this return with the preparer shown above? (see instructions) | | The residence of | munici | X Yes No |
| | 01 02-04 | | eparate inst | tructions. | | Form 993 (2009) |

| 1 | Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION TO PROMOTE GUARDIANSHIP AND PROVIDENT MANAGEMENT OF BIG GAME AND | | | | | | |
|-------------|---|--|--|--|--|--|--|
| | ASSOCIATED WILDLIFE IN NORTH AMERICA AND MAINTAIN THE HIGHEST | | | | | | |
| | STANDARDS OF FAIR CHASE AND SPORTSMANSHIP IN ALL ASPECTS OF BIG GAME | | | | | | |
| | HUNTING IN ORDER THAT THIS RESOURCE OF ALL THE PEOPLE MAY SURVIVE AND | | | | | | |
| | | | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No | | | | | | |
| | If "Yes," describe these new services on Schedule O. | | | | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No | | | | | | |
| | If "Yes," describe these changes on Schedule O. | | | | | | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. | | | | | | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and | | | | | | |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported. | | | | | | |
| | SEE SCHEDULE O FOR CONTINUATION(S) | | | | | | |
| 4a | (Code:) (Expenses \$ 532,735. including grants of \$) (Revenue \$ 255,004.) | | | | | | |
| | THE RECORDS & PUBLICATIONS PROGRAMS PROVIDE VITAL CONSERVATION RECORDS | | | | | | |
| | NECESSARY TO ORGANIZE RECOGNITION PROGRAMS TO PROMOTE SPORTSMANSHIP & | | | | | | |
| | MANAGEMENT PRACTICES THAT ENHANCE QUALITY OF WILDLIFE POPULATION. | | | | | | |
| | DURING THE YEAR THE ORGANIZATION HELD THE 27TH TRIENNIAL BIG GAME | | | | | | |
| | AWARDS PROGRAM, LAUNCHED THE GENERATION NEXT PROGRAM, AND ADDED 25 | | | | | | |
| | OFFICIAL MEASUSURERS FOR A TOTAL OF 1,341. IN ADDITION, THE | | | | | | |
| | · | | | | | | |
| | ORGANIZATION PRODUCED THE AWARD-WINNING THEODORE ROOSEVELT | | | | | | |
| | HUNTER-CONSERVATIONIST BOOK AS WELL AS THE SECOND EDITION OF THE FIELD | | | | | | |
| | GUIDE TO MEASURING AND JUDGING BIG GAME. THE ORGANIZATION ALSO | | | | | | |
| | PRODUCED RECORDS OF NA ELK (FIRST ED.) AND NA MULE DEER (FIRST ED.). | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4b | (Code:) (Expenses \$ 432,283 • including grants of \$) (Revenue \$ 351,743 •) | | | | | | |
| | THE OUTREACH PROGRAM CONDUCTS A VARIETY OF PROGRAMS THAT AID IN THE | | | | | | |
| | OVERALL GROWTH, STRENGTH, AND FISCAL RESPONSIBILITIES OF THE CLUB BY | | | | | | |
| | SCOUTING FOR OR CREATING OPPORTUNITIES TO EXPOSE THE CLUB'S CORE VALUES | | | | | | |
| | TO THE HUNTING AND OUTDOOR COMMUNITY. THE PROGRAM COMPLETED THE 4TH TV | | | | | | |
| | SEASON OF 13 ORIGINAL EPISODES OF "BIG GAME PROFILES". DURING THE YEAR | | | | | | |
| | THE POPE & YOUNG CLUB BECAME THE FIRST OFFICIAL LICENSEE OF THE B&C | | | | | | |
| | SCORING SYSTEM. THE OUTREACH PROGRAM ALSO CONTINUED TO BUILD AND | | | | | | |
| | NURTURE RELATIONSHIPS WITH LICENSING PARTNERS TO FURTHER THE GOALS OF | | | | | | |
| | THE ORGANIZATION. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4c | (Code:) (Expenses \$ 327,795 • including grants of \$ 24,175 •) (Revenue \$ 118,584 •) | | | | | | |
| | 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. THESE PROGRAMS PROVIDED A PLACE-BASED | | | | | | |
| | CONSERVATION EDUCATION TO 1,558 K-12 STUDENTS AND 285 TEACHERS. THE | | | | | | |
| | PROGRAM ALSO HELD FOUR SEPARATE OUTDOOR ADVENTURE CAMPS, PROVIDING 49 | | | | | | |
| | CAMPERS WITH A UNIQUE EXPERIENCE. THE ORGANIZATION ALSO HOSTED THE | | | | | | |
| | MONTANA HIGH ADVENTURE BOY SCOUT CAMPS FOR 42 SCOUTS AND OPERATED THE | | | | | | |
| | "BECOMING A OUTDOORSWOMEN" EVENT IN WHICH 11 WOMEN PARTICIPATED. THE | | | | | | |
| | ORGANIZATION ALSO FUNDED RESEARCH PROJECTS ON THE DISEASES OF BIGHORN | | | | | | |
| | SHEEP AND RESEARCH DIFFERENTIATING WHITETAIL COUES' DEER FROM OTHER | | | | | | |
| | Other program services. (Describe in Schedule O.) | | | | | | |
| Tu | (Expenses \$ 738, 136 • including grants of \$) (Revenue \$ 1,025,090 •) | | | | | | |
| <u>۔۔۔</u> | Total program service expenses ►\$ 2,030,949. | | | | | | |
| | Total program Scratce expenses F \(\psi = 1 \qu | | | | | | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and | | | |
| | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | | Х |
| 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 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| _ | Schedule D, Part III | 8 | Х | |
| 9 | Did the organization report an amount in Part X, line 21; 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 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | | | |
| | If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X | | | |
| | as applicable | 11 | Х | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI. | | | |
| • | 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. | | | |
| • | 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. | | | |
| • | 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. | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| • | 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? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII. | 12 | Х | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Part III | 16 | Х | |
| 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 | 17 | | Х |
| 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 | | Х |
| 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 | | Х |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Х |

Page 4

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 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 | | Х |
| 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 25 | 24a | | х |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | 200 | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Х |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |

Form **990** (2009)

Form 990 (2009) BOONE AND CROCKETT CLUB

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | | Yes | No |
|----|---|------------------------|-----|-----|----------|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | | |
| | U.S. Information Returns. Enter -0- if not applicable | 1a 26 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portable gaming | | | |
| | (gambling) winnings to prize winners? | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 23 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | nstructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year covere | d by this return? | За | Х | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | 3b | Х | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ► | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E | Bank and | | | |
| | Financial Accounts. | | | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | ction? | 5b | | Х |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega | rding Prohibited | | | |
| | Tax Shelter Transaction? | | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e organization solicit | | | |
| | any contributions that were not tax deductible? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ons or gifts | | | |
| | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g | goods and services | | | |
| | provided to the payor? | | 7a | Х | <u> </u> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as required | | | |
| | to file Form 8282? | | 7с | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p | | | | |
| | benefit contract? | | 7e | | ┞ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control | | 7f | | <u> </u> |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | <u> </u> |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations | | | | |
| | supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce | ess business holdings | | | |
| | at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| 40 | amounts due or received from them.) | 11b | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |

Form **990** (2009)

13-6400091 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | tion A. Governing Body and Management | | | | | |
|-------------|--|------------|------------------------|---------|--------|----|
| | <u> </u> | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | 12 | | | |
| b | Enter the number of voting members that are independent | 1b | 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi | p with | any other | | | |
| | officer, director, trustee, or key employee? | | | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | ne direc | t supervision | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | | | 3 | | Х |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Fo | orm 99 | was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a material diversion of the organization's asse | ts? | | 5 | | Х |
| 6 | Does the organization have members or stockholders? | | | 6 | Х | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more me | | | | | |
| | governing body? | | | 7a | X | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other per | rsons? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken | during | the year | | | |
| | by the following: | | | | | |
| а | The governing body? | | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal R | evenu | e Code.) | | | |
| | | | , | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | | | 10a | | Х |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such | chapte | ers, affiliates, | | | |
| | and branches to ensure their operations are consistent with those of the organization? | | | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before f | iling th | e form? | 11 | Х | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that con | uld giv | e rise | | | |
| | to conflicts? | | | 12b | X | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If | "Yes," | describe | | | |
| | in Schedule O how this is done | | | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approve | | dependent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | 77 | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | X | |
| b | Other officers or key employees of the organization | | | 15b | Х | |
| | 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 arrange | | | | | 37 |
| | taxable entity during the year? | | | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva- | | | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org | anizati | on's | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed MT | T /F ^ 1 ' | -)(0) | 4 | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- |) [UC) I | ارى)ى oniy) available | ior | | |
| | public inspection. Indicate how you make these available. Check all that apply. | | | | | |
| 40 | Own website X Another's website X Upon request | | - | -1.6 | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or | conflict | of interest policy, ar | nd tina | incial | |
| 00 | statements available to the public. | had | ordo of the american | ion. ► | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books a | | | | | |

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

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 vear. Use Schedule J-2 if additional space is needed.
- 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. 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, and 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) | (B) | | (C) | | | | | (D) | (E) | (F) |
|---------------------------------------|----------------------|--------------------------------|-----------------------|----------|---|------------------------------|----------|--|--|--|
| Name and Title | Average | | | Pos | | | | Reportable | Reportable | Estimated |
| | hours per week | Individual trustee or director | Institutional trustee | Officer | | Highest compensated employee | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| LOWELL E BAIER | | | | | | | | | | • |
| PRESIDENT | 5.00 | Х | | Х | | | | 0. | 0. | 0 |
| ROBERT H HANSON SECRETARY | 5.00 | x | | x | | | | 0. | 0. | 0 |
| TIMOTHY C BRADY | 3.00 | ₽ | | ^ | | - | | 0. | 0. | 0 |
| TREASURER | 5.00 | x | | x | | | | 0. | 0. | 0 |
| BEN B WALLACE | 3.00 | <u> </u> | | ^ | | | | 0. | 0. | 0 |
| EXEC. V.P.ADMINISTRATION | 3.00 | X | | X | | | | 0. | 0. | 0 |
| WILLIAM A DEMMER | 3.00 | 122 | | | | | | 0. | • | 0 |
| EXEC. V.P. CONSERVATION | 3.00 | x | | x | | | | 0. | 0. | 0 |
| DR. MANUEL J CHEE | | | | | | | | | | |
| V.P ADMINISTRATION | 3.00 | X | | Х | | | | 0. | 0. | 0 |
| ELDON L BUCKNER | | | | | | | | | | |
| V.P BIG GAME RECORDS | 3.00 | X | | Х | | | | 0. | 0. | 0 |
| MARC C MONDAVI | | | | | | | | | | |
| V.P COMMUNICATIONS | 2.00 | Х | | Х | | | | 0. | 0. | 0 |
| ARLENE P HANSON | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 |
| EDWARD B RASMUSON | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 |
| MORRISON STEVENS, SR. | | | | | | | | _ | _ | _ |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 |
| STEPHEN MEALEY | | l | | l | | | | | | |
| V.P CONSERVATION | 2.00 | Х | | Х | | | | 0. | 0. | 0 |
| HOWARD MONSOUR | 1 00 | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 |
| GARY DIETRICH | 5.00 | 7.7 | | ٦, | | | | | 0. | ^ |
| FOUNDATION PRESIDENT ANTHONY SCHOONEN | 3.00 | ┝ | - | Х | - | ₽ | | 0. | 0. | 0 |
| CHIEF OF STAFF | 40.00 | | | x | | | | 119,373. | 0. | 5,000 |
| CHIEF OF STAFF | 40.00 | | | ^ | | | | 113,3/3. | 0. | 5,000 |
| | | | | | | | | | | |
| | | \vdash | | \vdash | | \vdash | \vdash | | | |
| | | | | | | | | | | |
| | I | 1 | 1 | ı | 1 | 1 | 1 | 1 | | 1 |

Form **990** (2009) 932007 02-04-10

| | NE ANI | CROCK | ET: | Г | CLU | JΒ | | | | 13-6 | 4000 | 091 | Р | age 8 |
|---|--------------|-------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|----------|-------------------------|---------------------------|-------------------|---------|--------------------|-------|
| Part VII Section A. Officers, Dire | ctors, Tru | stees, Key E | mplo | oyee | s, a | nd l | High | est | Compensated Employ | ees (continued) | | | | |
| (A) | | (B) | | | (0 | C) | | | (D) | (E) | | | (F) | |
| Name and title | | Average | | | Pos | | | | Reportable | Reportable | | Es | timate | ed |
| | | hours | (cl | heck | all t | that | app | oly) | compensation | compensation | | | nount | of |
| | | per | ctor | | | | | | from the | from related organization | | | other pensa | tion |
| | | week | rdire | | | | ted | | organization | (W-2/1099-MI | | | om th | |
| | | | stee c | ruste | | | sensa | | (W-2/1099-MISC) | (** 27 1000 1811 | | | anizat | |
| | | | nal fru | onal | | ploye | t com | | | | | and | d relat | .ed |
| | | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | anizati | ons |
| | | | = | 드 | 0 | ¥ | 포ᅙ | ı. | | | \longrightarrow | | | |
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| | | | | | | | | | | | | | | |
| 1b Total | | | | <u></u> | | <u> </u> | ▶ | <u> </u> | 119,373. | | 0. | | 5,0 | 00 |
| 2 Total number of individuals (inclu- | | ot limited to th | nose | liste | ed al | bove | e) wl | ho r | eceived more than \$100 | 0,000 in reportab | le | | | |
| compensation from the organizat | ion 🕨 | | | | | | | | | | | | Yes | No |
| 2 Did the averagination list on Assura | | alius akau au kuu | 4 | | | | | 1 | hiahaat aanaaanaatad a | | Г | | 163 | 140 |
| 3 Did the organization list any form line 1a? If "Yes," complete Sched | | | | | | | | | | | | 2 | | Х |
| 4 For any individual listed on line 1a | | | | | | | | | her compensation from | | | 3 | | |
| and related organizations greater | | | | - | | | | | • | tric organization | | 4 | | Х |
| 5 Did any person listed on line 1a re | | | | | | | | | | | | | | |
| the organization? If "Yes," comple | | | | | | | | | | | | 5 | | Х |
| Section B. Independent Contractors | | | | | | | | | | | | | | |
| 1 Complete this table for your five the organization. NONE | nighest co | mpensated in | depe | ende | ent c | onti | racto | ors t | that received more than | \$100,000 of cor | npensa | ation f | rom | |
| Name and | (A) | addraga | | | | | | | (B) Description of s | an door | | (C |) nsatio | |
| Name and | Dusiness | address | | | | | | | Description of s | Sel VICes | | Jilipei | isalio | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | | |
| 2 Total number of independent con | ntractors (i | ncluding but r | not li | mite | d to | tho | se li | stec | d above) who received r | nore than | | | | |
| \$100,000 in compensation from t | the organiz | zation 🕨 | | | | (| 0 | | | | | | 222 | |

| Forr | orm 990 (2009) BOONE AND CROCKETT CLUB | | | | | | 13-6400091 Pa | | | |
|--|---|------------------------|--|---|---|--|---|---|---|--|
| Pa | rt VI | II | Statement of Reven | iue | | | | | | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
| Contributions, gifts, grants and other similar amounts | 1 a k c c c c c c c c c c c c c c c c c c | N F C S S N | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions), gifts, grantsimilar amounts not included aboutloncash contributions included in lines Fotal. Add lines 1a-1f | 1b 1c 1d ons) 1e s, and // 2 1f 1a-1f: \$ | 396,400. 5,655. 1,750. 1764774. 1107353. | 2168579. | | | | |
| Program Service Revenue | 2 a k c c | | ASSOCIATE MEMBE MEMBERSHIP PROG RECORDS PROGRAM EDUCATION WORKS IV SHOW NET INC All other program service rever | RSHIP RAMS HOPS OME | Business Code 511190 511190 511190 900099 515100 900099 | 296,113. 158,837. 153,883. 115,541. 112,244. 6,330. 842,948. | 233,849. 158,837. 153,883. 115,541. | 62,264. | | |
| | 3 | | nvestment income (including | | | 012/0100 | | | | |
| | 4 5 | o Ir | other similar amounts) ncome from investment of tax Royalties | k-exempt bond p | roceeds | 1,565. | | | 1,565. | |
| | k | L | Gross Rents Less: rental expenses Rental income or (loss) | 67,776. 47,276. 20,500. | (ii) Personal | | | | | |
| | | | Net rental income or (loss) | | | 20,500. | | 20,500. | | |
| | t | a L a | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses | (i) Securities | (ii) Other 107075. 7,109. 99,966. | | | | | |
| Other Revenue | 8 8 | ir c | Net gain or (loss) Gross income from fundraising 5,6 contributions reported on line Part IV, line 18 Less: direct expenses | g events (not 55 • of 1c). See a | | 99,966. | 99,966. | | | |
| Ō | 9 a | e N a G F b L | Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less: direct expenses | raising events tivities. See a b | > | -11,857. | | | -11,857. | |
| | 10 a | a G a b L | Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sales | returns a | 325007. 163693. | 161,314. | 161,314. | | | |
| | 11 a | a C | Miscellaneous Revenue CONTRACT SERVIC MISCELLANEOUS | е | Business Code 541200 900099 | 108,000. | 108,000. | | | |
| | c | d A T | All other revenue Fotal. Add lines 11a-11d Fotal revenue. See instructions. | | 1 | 127,401. 3577385. | 1057121. | 195,008. | 156,677. | |

Form 990 (2009) BOONE AND CRO Part IX Statement of Functional Expenses

| Do : | All other organizations must complete not include amounts reported on lines 6b, | (A) | (B) Program service | (C) Management and | (D) Fundraising |
|--------|---|---------------------|--------------------------|---------------------------------|----------------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | 4- 00- | 4- 00- | | |
| | organizations in the U.S. See Part IV, line 21 | 17,925. | 17,925. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | 6 050 | 6 050 | | |
| | See Part IV, lines 15 and 16 | 6,250. | 6,250. | | |
| | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, | 104 272 | | 104 272 | |
| | trustees, and key employees | 124,373. | | 124,373. | |
| | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 750 540 | C21 20E | 110 057 | |
| | Other salaries and wages | 750,542. | 631,285. | 119,257. | |
| | Pension plan contributions (include section 401(k) | 46 000 | 20 412 | 12 064 | |
| | and section 403(b) employer contributions) | 46,277. | 32,413. | 13,864. | |
| | Other employee benefits | 132,645. | 106,356. | 26,289. | |
| | Payroll taxes | 67,711. | 50,856. | 16,855. | |
| | Fees for services (non-employees): | | | | |
| а | Management | 2 (10 | 007 | 2 (22 | |
| | Legal | 3,619. | 987. | 2,632. | |
| | Accounting | 18,963. | 1,100. | 17,863. | |
| b | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 60.360 | 20 546 | 20 022 | |
| g | Other | 69,369. | 38,546. | 30,823. | |
| | Advertising and promotion | 80,770. | 80,770. | 70 210 | |
| | Office expenses | 182,086. | 111,767. | 70,319. | |
| | Information technology | | | | |
| | Royalties | | | | |
| | Occupancy | 00 600 | 00 076 | F 004 | |
| | Travel | 98,680. | 92,876. | 5,804. | |
| | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 112 276 | 112 276 | | |
| | Conferences, conventions, and meetings | 113,276. | 113,276. | 40 E21 | |
| | Interest | 49,521. | | 49,521. | |
| | Payments to affiliates | 160 760 | 07 170 | 62 502 | |
| | Depreciation, depletion, and amortization | 160,762. 42,372. | 97,179. 29,529. | 63,583. | |
| | Insurance Other eveness Itamira eveness not severed | 44,314. | 43,343. | 14,043. | |
| | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| • | expenses shown on line 25 below.) PRINTING/PUBLICATION/PH | 154,729. | 154,729. | 0. | |
| • | HOSTING, SPONSOR & PART | 149,593. | 149,593. | | |
| • | CATERING & MEALS | 146,001. | 146,001. | | |
| : t | POSTAGE, DELIVERY & HAN | 52,803. | 50,945. | 1,858. | |
| 2 2 | FEED & FERTILIZER & VET | 42,675. | 42,675. | 1,000 | |
| • | All other expenses | 77,498. | 75,891. | 1,607. | |
| | Total functional expenses. Add lines 1 through 24f | 2,588,440. | 2,030,949. | 557,491. | |
| | Joint costs. Check here Jif following | 2,300,440 | 2,000,040 | 33,, 431. | |
| | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | Toportou in column (D) joint costs nom a combined | | | | |

Form **990** (2009)

educational campaign and fundraising solicitation

| Pa | rt X | Balance Sheet | | | | | |
|-----------------------------|-----------------|--|-------------|---------------------|-------------------|----------|------------------------|
| | | • | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | 135,891. | 1 | 145,796. |
| | 2 | Savings and temporary cash investments | | | 214,198. | 2 | 117,308. |
| | 3 | Pledges and grants receivable, net | | | 45,000. | 3 | 42,565. |
| | 4 | Accounts receivable, net | | | 299,089. | 4 | 246,281. |
| | 5 | Receivables from current and former officers, di | | | | | |
| | | employees, and highest compensated employee | | | | | |
| | | of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as | | | | | |
| | | 4958(f)(1)) and persons described in section 495 | | | | | |
| | | Part II of Schedule L | | | | 6 | |
| छ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 201,132. | 8 | 209,174. |
| Ϋ́ | 9 | Prepaid expenses and deferred charges | 14,912. | 9 | 26,696. | | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 6,204,028. | | | |
| | b | Less: accumulated depreciation | 10b | 2,061,416. | 1,417,577. | 10c | 4,142,612. |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 0. | 15 | 174,650. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | al line 34) | | 2,327,799. | 16 | 5,105,082. |
| | 17 | Accounts payable and accrued expenses | | | 99,193. | 17 | 128,758. |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | 334,206. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| es | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| Liabilities | 22 | Payables to current and former officers, director | | | | | |
| ia de | | highest compensated employees, and disqualifi | ied person | s. Complete Part II | | | |
| _ | | of Schedule L | | | 051 000 | 22 | 010 700 |
| | 23 | Secured mortgages and notes payable to unrela | | | 851,002. | 23 | 812,700. |
| | 24 | Unsecured notes and loans payable to unrelate | | | 470 (02 | 24 | 242 007 |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 470,693. | 25 | 243,907. |
| | 26 | | | v | 1,420,888. | 26 | 1,519,571. |
| | | Organizations that follow SFAS 117, check he | ere 🕨 l | _ and complete | | | |
| ces | | lines 27 through 29, and lines 33 and 34. | | | 766,924. | 07 | 3 115 156 |
| <u>la</u> n | 27 | Unrestricted net assets | | | 139,987. | 27 | 3,445,456. 140,055. |
| Ba | 28 | Temporarily restricted net assets | | | 137,707. | 28 | 140,033. |
| Ę. | 29 | | | | | 29 | |
| Ē | | Organizations that do not follow SFAS 117, c | neck nere | e ▶ | | | |
| S. | | complete lines 30 through 34. | | | | 20 | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | | | 30 31 | |
| t As | 31 32 | Paid-in or capital surplus, or land, building, or ed | | | | 32 | |
| Ne. | 33 | Retained earnings, endowment, accumulated in | | | 906,911. | 33 | 3,585,511. |
| | 34 | Total net assets or fund balances | | | 2,327,799. | 34 | 5,105,082. |
| | J -1 | TOTAL HADIILIES AND HEL ASSELS/IUND DAIANCES | | | 2,021,100 | UT | 5,105,002 • |

Form **990** (2009)

| Pa | rt XI Financial Statements and Reporting | | | |
|----|--|----|-----|----|
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| С | 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? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a | | | |
| | consolidated basis, separate basis, or both: | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | |
| | Act and OMB Circular A-133? | За | | Х |
| 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. | 3b | i I | |

Form **990** (2009)

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

BOONE AND CROCKETT CLUB

Employer identification number 13-6400091

| Pai | tΙ | Organizations Maintaining Donor Advised | d Funds or Other Similar Funds | s or Acc | Counts. Complete if the |
|-----|--------|---|--|---------------------|--|
| | | organization answered "Yes" to Form 990, Part IV, line | 6. | | |
| | | | (a) Donor advised funds | (b) | Funds and other accounts |
| 1 | Total | number at end of year | | | |
| 2 | | gate contributions to (during year) | | | |
| 3 | | egate grants from (during year) | | | |
| 4 | | egate value at end of year | | | |
| 5 | | e organization inform all donors and donor advisors in w | riting that the assets held in donor advis | sed funds | |
| | | e organization's property, subject to the organization's e | _ | | |
| 6 | | e organization inform all grantees, donors, and donor ad | | | |
| • | | aritable purposes and not for the benefit of the donor or | | | |
| | | missible private benefit? | | | • — — |
| Pai | t II | Conservation Easements. Complete if the organization | | | |
| 1 | | ose(s) of conservation easements held by the organization | | - C. C. T. V., III. | <u> </u> |
| • | | Preservation of land for public use (e.g., recreation or pl | | etorically i | mnortant land area |
| | П | Protection of natural habitat | Preservation of a cert | | |
| | | Preservation of open space | I reservation of a cen | tilled Histo | one structure |
| 2 | Comr | plete lines 2a through 2d if the organization held a qualific | ad concervation contribution in the form | of a cons | convotion accoment on the last |
| 2 | - | f the tax year. | ed conservation contribution in the form | or a corre | ervation easement on the last |
| | uay u | i tile tax year. | | | Held at the End of the Tax Year |
| _ | Takal | | | | |
| a | | number of conservation easements | | | <u>2a </u> |
| D | | acreage restricted by conservation easements | | | <u>2b</u> |
| C | | per of conservation easements on a certified historic stru | | | 2c |
| d | | per of conservation easements included in (c) acquired a | | | 2d |
| 3 | | per of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | e organiza | ation during the tax |
| | year | | | | |
| 4 | | per of states where property subject to conservation ease | | | |
| 5 | | the organization have a written policy regarding the period | | | |
| _ | | ons, and enforcement of the conservation easements it | | | |
| 6 | | and volunteer hours devoted to monitoring, inspecting, a | | | |
| 7 | | ant of expenses incurred in monitoring, inspecting, and e | | | |
| 8 | | each conservation easement reported on line 2(d) above | | | |
| _ | | | | | Yes No |
| 9 | | t XIV, describe how the organization reports conservation | • | | · |
| | | le, if applicable, the text of the footnote to the organization. | on's financial statements that describes | the organ | nization's accounting for |
| Dai | | ervation easements. Organizations Maintaining Collections of | Art Historical Transuras or O | thor Si | milar Assats |
| rai | t III | Complete if the organization answered "Yes" to Form 9 | | Tire Si | illiai Assets. |
| | | Complete if the organization answered Tes to Form of | , 1 art 10, iii e 0. | | |
| 4. | If the | expeniation elected as permitted under SEAS 116, not | to report in its revenue statement and b | مام مممام | and works of out biotoxical |
| ıa | | organization elected, as permitted under SFAS 116, not | | | |
| | | ures, or other similar assets held for public exhibition, educate at a financial statement that decaying a those it | | iblic servic | ce, provide, in Part XIV, the text of |
| | | otnote to its financial statements that describes these it | | | |
| D | | organization elected, as permitted under SFAS 116, to re | - | | |
| | | er similar assets held for public exhibition, education, or | research in furtherance of public service | e, provide | trie rollowing amounts relating to |
| | | items: | | | • |
| | | evenues included in Form 990, Part VIII, line 1 | | | |
| | | | | | \$ |
| 2 | | organization received or held works of art, historical trea | | ai gain, pr | ovide |
| | | llowing amounts required to be reported under SFAS 11 | _ | | _ |
| a | | nues included in Form 990, Part VIII, line 1 | | | 5 |
| b | Asset | s included in Form 990, Part X | | | \$ |

| _ | t III Organizations Maintaining C | CAUCAET | | | asures (| or Other | | | | Page Z |
|-----|---|-----------------------|------------|----------------|-----------------|---------------|---------------------|-----------|-----------------------|-----------|
| 3 | Using the organization's acquisition, accessi | | | | | | | | | |
| 3 | (check all that apply): | on, and other record | 15, CHEC | k arry or trie | Tollowing tha | at are a sign | illicarit use | 01 115 0 | Jollection | items |
| _ | X Public exhibition | _ | . \Box | | hanaa nraarr | | | | | |
| a | | C | | | hange progra | | | | | |
| b | Scholarly research | e | | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | \ | |
| 4 | Provide a description of the organization's co | | | | | | | in Part | XIV. | |
| 5 | During the year, did the organization solicit o | | | | | | | | 1 | V |
| - | to be sold to raise funds rather than to be ma | | | | | | | | Yes | X No |
| Pai | t IV Escrow and Custodial Arran | • | ete if org | janization ai | nswered "Ye | s" to Form | 990, Part I | V, line 9 | 9, or | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | | | | | | | 1 | |
| | on Form 990, Part X? | | | | | | | 🖳 | Yes | └── No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fo | ollowing | table: | | | | | | |
| | | | | | | | | | Amount | |
| | Beginning balance | | | | | | | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | | | 1 | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21? | | | | | L | Yes | └─ No |
| _ | If "Yes," explain the arrangement in Part XIV. | | | | | | | | | |
| Pai | t V Endowment Funds. Complete i | | swered | "Yes" to Fo | 1 | | | | | |
| | | (a) Current year | (b) P | rior year | (c) Two year | rs back (d |) Three year | s back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the year | | as: | | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment > | % | _ | | | | | | | |
| | | % | | | | | | | | |
| | Are there endowment funds not in the posse | ession of the organiz | ation tha | at are held a | and administe | ered for the | e organizati | on | | |
| | by: | 3 | | | | | J | | <u></u> | res No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (**) | | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | | | | | | | | 3b | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | | <u> </u> | |
| Pai | t VI Investments - Land, Building | | | |). Part X. line | 10. | | | | |
| | Description of investment | (a) Cost or c | | | t or other | | umulated | | (d) Book | value |
| | 2000 page of invocation | basis (investr | | ` , | (other) | | eciation | | , 2, 2001 | . 3.00 |
| 19 | Land | <u> </u> | , | | 6,323. | 1-1 | | | 1.726 | ,323. |
| | Buildings | | | | 2,839. | 1.24 | 43,306 | | $\frac{7.189}{2.189}$ | ,533. |
| | Leasehold improvements | | | -, | -, | _,_ | -,500 | + | , | , |
| | Equipment | | | 85 | 6,428. | 7 | 33,868 | - | 122 | ,560. |
| | Other | | | | 8,438. | | 84,242 | | | ,196. |
| | I. Add lines 1a through 1e. (Column (d) must e | | X. colur | | | | | | | ,612. |
| | (a) | , | , - 3.01 | , .,, | 1-// | | | | , | |

Schedule D (Form 990) 2009

| Part VII Investments - Other Securities. S | ee Form 990, Part X, li | ne 12. | | |
|--|-------------------------|------------|--|----------------|
| (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valua st or end-of-year mar | |
| Financial derivatives | | | | |
| Closely-held equity interests | | | | |
| Other | | | | |
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| | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) | | | | |
| Part VIII Investments - Program Related. | See Form 990, Part X, | line 13. | | |
| (a) Description of investment type | (b) Book value | Co | (c) Method of valua st or end-of-year mar | |
| | | | | |
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| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) | | | | |
| Part IX Other Assets. See Form 990, Part X, lin | e 15. | | | |
| |) Description | | | (b) Book value |
| | | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) lin | | | > | |
| Part X Other Liabilities. See Form 990, Part X | (, line 25. | | | |
| 1. (a) Description of liability | | (b) Amount | | |
| Federal income taxes | | | | |
| ACCRUED LIABILITIES | | 243,907. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) lin | ne 25.) | 243,907. | | |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

| Schedule D | (Form 990) | 2009 |
|------------|------------|------|
| | | |

| _ | dule D (Form 990) 2009 BOONE AND CROCKETT CHOB | | | | 0400091 Page 4 |
|-----|--|------------|----------------|--|----------------|
| Pai | t XI Reconciliation of Change in Net Assets from Form 990 | to Audited | Financial Stat | emen | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | 3,577,385. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | | 2,588,440. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 3 | | 988,945. |
| 4 | Net unrealized gains (losses) on investments | | 4 | | |
| 5 | Donated services and use of facilities | | 5 | | |
| 6 | Investment expenses | | 6 | | |
| 7 | Prior period adjustments | | 7 | | 3,503. |
| 8 | Other (Describe in Part XIV.) | | 8 | | 1,686,152. |
| 9 | Total adjustments (net). Add lines 4 through 8 | | 9 | | 1,689,655. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 | | | | 2,678,600. |
| Par | t XII Reconciliation of Revenue per Audited Financial Stater | ments With | Revenue per | Returr | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,636,518. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | 59,133 | • | |
| е | Add lines 2a through 2d | | | 2e | 59,133. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,577,385. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 3,577,385. |
| Pai | t XIII Reconciliation of Expenses per Audited Financial State | ments With | Expenses pe | r Retu | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 2,586,485. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | -3,503 | <u>. </u> | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | 47,276 | • | |
| е | Add lines 2a through 2d | | | 2e | 43,773. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,542,712. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | 45,728 | • | |
| | Add lines 4a and 4b | | | 4c | 45,728. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 2,588,440. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4b; Part V, lin X, line 2: Part XI, line 8: Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART III, LINE 4: THE BOONE AND CROCKETT CLUB COLLECTS TROPHIES,

FIREARMS, WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS THAT ARE RELATED TO THE CLUB'S HISTORY AND GOALS. THE CLUB'S COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FOR FINANCIAL GAIN. COLLECTIONS ARE VALUABLE ASSETS OF THE CLUB AND ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED.

THE CLUB DOES NOT INCLUDE EITHER THE COST OR THE VALUE OF ITS COLLECTIONS

Part XIV Supplemental Information (continued)

IN THE STATEMENT OF FINANCIAL POSITION, NOR DOES IT RECOGNIZE GIFTS OF

COLLECTION ITEMS AS REVENUES IN THE STATEMENT OF ACTIVITIES. SINCE ITEMS

ACQUIRED FOR COLLECTIONS BY PURCHASE ARE NOT CAPITALIZED, THE COST OF

THOSE ACQUISITIONS IS REPORTED AS DECREASES IN THE APPROPRIATE CLASS OF

NET ASSETS IN THE STATEMENT OF ACTIVITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TRANSFER OF ASSETS: 1628567.

DEPOT MORTGAGE INTEREST: 45728.

DIRECT AUCTION EXPENSES: 11857.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENT EXPENSES: 47276.

DIRECT AUCTION EXPENSES: 11857.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENT EXPENSES: 47276.

DIRECT AUCTION EXPENSES: 0.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST ON DEPOT MORTGAGE: 45728.

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. See separate instructions.

Name of the organization **Employer identification number** BOONE AND CROCKETT CLUB 13-6400091 General Information on Activities Outside the United States. Complete if the organization answered "Yes" Part I to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the X Yes grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type for region region recipients located in the region) of service(s) in region n Totals

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

Schedule F (Form 990) 2009

| Par | recipient who rec | ceived more than \$5,0 | 000. Check this box if no | o one recipient received more | | rganization answered | a "Yes" to Form 9 | 190, Part IV, line 15, tol | rany ▶ □ |
|----------|-------------------|---|----------------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) | Use Schedule F- | (Form 990) if addition (b) IRS code section and EIN (if applicable) | onal space is needed. (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | | |
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| 2 | | the grantee or counse | el has provided a sectior | recognized as charities by the n 501(c)(3) equivalency letter | | | | | |
| | | | | | | | | Schod | ula E (Earm 990) 2009 |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

| Use Schedule F-1 (Form 990 | <i>ı) ir addıtional space is n</i> | eeaea. | | | | | |
|---------------------------------|------------------------------------|--------------------------|--------------------------|---------------------------------|---|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| GRANT TO STUDY | | | | | | | |
| DIFFERENTIATING COUES | | | | | | | |
| WHITE-TAILED DEER FROM OTHER | | | | | | | |
| WHITETAILS | NORTH AMERICA | 1 | 6,250. | CHECK | 0. | | |
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization BOONE AND CROCKETT CLUB 13-6400091 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations □ Solicitation of government grants
 □ b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name of individual tò (or retained by) (ii) Activity to (or retained by) have custody or entity (fundraiser) from activity fundraiser or control of contributions? organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

13-6400091 Page 2 Schedule G (Form 990 or 990-EZ) 2009 BOONE AND CROCKETT CLUB Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

| | | on Form 990-EZ, line 6a. List events with | gross receipts greater tr | ian \$5 | ,000. | | | _ | | |
|------------------------|--|--|-----------------------------|-----------|------------------------|-----------------------|-------|------------|-------------------|-----------------|
| | | | (a) Event #1 27TH AWARDS | | (b) Event #2 | (c) Other events NONE | | l ' ' | otal eve | |
| | | | PROGRAM AUCT | ER EVENTS | | | l ' | | rougii | |
| | | | (event type) | | (event type) | (total nun | nber) | 1 ' | col. (c)) | |
| Revenue | 1 | Gross receipts | 88,095. | | 21,000. | | | | 109. | 095. |
| œ | • | Gross roscipio | 00,000 | | | | | | , | |
| | 2 | Less: Charitable contributions | 7,655. | | -2,000. | | | | 5, | <u>655.</u> |
| | 3 | Gross income (line 1 minus line 2) | 80,440. | | 23,000. | | | | 103, | 440. |
| | 4 | Cash prizes | | | | | | | | |
| ses | 5 | Noncash prizes | | | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | | | | | |
| Direct | 7 | Food and beverages | | | | | | | | |
| | 8 | Entertainment | | | | | | | | |
| | 9 | Other direct expenses | 00 545 | | 26,750. | | | | 115. | 297. |
| | 10 | Direct expense summary. Add lines 4 through | | | | | | | | 297, |
| | | Net income summary. Combine line 3, colum | | | | | | | | 857 . |
| Pa | rt I | II Gaming. Complete if the organization | answered "Yes" to Form | 990, | Part IV, line 19, or r | eported more | than | | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | - | | | | |
| | | , | | (b) | Pull tabs/instant | | | (d) Tota | al gamin | g (add |
| Revenue | | | (a) Bingo | | p/progressive bingo | (c) Other g | aming | col. (a) t | | |
| e e | | | | | | | | | | |
| ď | 1 | Gross revenue | | | | | | | | |
| | • | Gross revenue | | | | | | | | |
| | 2 | Cash prizes | | | | | | | | |
| ses | _ | Odon prizos | | | | | | | | |
| pen | 3 | Noncash prizes | | | | | | | | |
| Ĕ | O Noncasti prizes | | | | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | | | | | |
| | _ | Other direct expenses | | | | | | | | |
| - | 5 | Other direct expenses | | | Yes % | V | % | | | |
| | _ | Valuate en labou | Yes % | H | | Yes | % | | | |
| | 6 | Volunteer labor | └── No | ш | No | └── No | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | | ▶ | (| |) |
| | | | | | | | | | | |
| | 8 | Net gaming income summary. Combine line 1 | , column (d), and line 7 | | | | | | | |
| | | | | | | | | | Ye | s No |
| 9 | Ent | ter the state(s) in which the organization opera | tes gaming activities: | | | | | | | |
| а | ls t | he organization licensed to operate gaming ac | tivities in each of these s | states | ? | | | 9 | Эа | |
| b | If " | No," explain: | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | | | | | | | 1 | 0a | |
| b | If "Yes," explain: | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 11 | Do | es the organization operate gaming activities v | vith nonmembers? | | | | | | 11 | |
| | | he organization a grantor, beneficiary or truste | | | | | | | | |
| | | minister charitable gaming? | | | | | | | 12 | |

| Sch | nedule G (Form 990 or 990-EZ) 2009 BOONE AND CROCKETT CLUB 13-6 | 4000 | 91 P | age 3 |
|-----|--|------|------|--------------|
| | | | Yes | No |
| | Indicate the percentage of gaming activity operated in: The organization's facility 13a | % | | |
| | | % | | |
| | An outside facility 13b | 70 | | |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | a | |
| | of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party: Name ▶ | _ | | |
| 16 | Address Gaming manager information: | _ | | |
| | Name ▶ Gaming manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | _ | | |
| | Director/officer Employee Independent contractor | _ | | |
| | Mandatory distributions: | | | |
| а | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | 17 | а | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |

Schedule G (Form 990 or 990-EZ) 2009

organization's own exempt activities during the tax year > \$

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| BOONE AND | CROCKETT | CLUB | | | | | 13-6400091 |
|--|---------------------|-------------------------------|--------------------------|----------------------|--|------------------------|----------------------------|
| Part I General Information on Grants a | and Assistance | | | | | | |
| 1 Does the organization maintain records | to substantiate the | amount of the grants | or assistance, the | grantees' eligibilit | ty for the grants or ass | istance, and the selec | |
| criteria used to award the grants or assi | istance? | | | | | | X Yes No |
| 2 Describe in Part IV the organization's pr | | | | | States. mplete if the organization answered "Yes" to Form 990, Part IV, line 21, for any n \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (e) Amount of non-cash assistance rassistance (g) Description of non-cash assistance (h) Purpose of grant or assistance (g) Description of non-cash assistance (h) Purpose of grant or assistance | | |
| | | • | | | | • | |
| | | | | | art IV and Schedule I- | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | non-cash | valuation (book, FMV, appraisal, | | |
| UNIVERSITY OF RENO | | | | | | | |
| OFFICE OF SPONSORED PROJECTS | | | | | | | TO STUDY DISEASES OF |
| RENO, NV 89557 | 88-6000024 | | 10,000. | 0. | | | BIGHORN SHEEP |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | and government or | ganizations | | | | | > |
| 3 Enter total number of other organization | | | | | | | > |
| LHA For Privacy Act and Paperwork Redu | iction Act Notice, | see the Instructions | for Form 990. | | | | Schedule I (Form 990) 2009 |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|---------------------------------|--------------------------|---------------------------------------|---|--|
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| Part IV Supplemental Information. Complete this part to prov | ide the information | n required in Part I | , line 2, and any other | additional information. | |
| SCHEDULE I, PART I, LINE 2: THEY I | | | | | |
| THEY ARE REQUIRED TO SEND US A MI | O-TERM RE | PORT BEFOI | RE THEY GET | THE NEXT 25% | |
| AND THE FINAL REPORT BEFORE THEY | | | | | |
| THE REPORTS CONTAIN INFORMATION OF | | | NEY WAS SPE | NT AND THE | |
| RESULTS OF THE RESEARCH. | . 11011 11111 | 014141 1101 | NII WIID DI I | 111111111111111111111111111111111111111 | |
| RESULTS OF THE RESEARCH. | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BOONE AND CROCKETT CLUB

Employer identification number 13-6400091

Types of Property Part I (a) (b) (c) (d) Check if Number of Revenues reported on Method of determining Form 990, Part VIII, line 1g applicable contributions revenues X 4,965. FMV Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications 4 Clothing and household goods Cars and other vehicles 6 Boats and planes _____ 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 X NET BOOK VALUE 997.505. 17 Real estate - Other 18 Collectibles X FMV <u>600.</u> Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts GUIDED HUNTS X 93,550. FMV 25 HUNTING-RELAT) 5.241. X 14FMVOther > 26 AIRLINE TICKE X 573. 1 FMV27 Other -28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization **Employer identification number** 13-6400091 BOONE AND CROCKETT CLUB FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: STUDY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROSPER IN ITS NATURAL HABITATS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: WHITETAIL SPECIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MEMBERSHIP PROGRAM - PROVIDES EDUCATION OF MEMBERS AND ENSURES THE ORGANIZATION'S OBJECTIVES ARE FULFILLED. DURING THE YEAR THE CLUB SERVED 10 HONORARY LIFE MEMBERS, 94 REGULAR MEMBERS, 127 PROFESSIONAL MEMBERS, AND 33 EMERITUS MEMBERS. **EXPENSES \$ 249706.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 217778. ASSOCIATES PROGRAM - PROVIDES SERVICES TO ASSOCIATES TO PROMOTE HUNTER ETHICS AND CONSERVATION THROUGH EDUCATION AND DEMONSTRATIONS. THE CURRENT YEAR THE CLUB HAD OVER 8,800 ASSOCIATE MEMBERS AND 660 LIFETIME ASSOCIATE MEMBERS. **EXPENSES \$ 257927.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 633572. THEODORE ROOSEVELT MEMORIAL RANCH - EXPLORES WAYS WILDLIFE & LIVESTOCK CAN SAFELY & PROFITABLY SHARE LANDS & REDUCE COMPETING FORCES WITHOUT THE RANCH SUPPORTED 200 ANGUS MOTHER COWS, REDUCING THEIR NUMBERS. IMPLEMENTED NOXIOUS WEED CONTROL EFFORTS, AND HAD NEARLY 100 HUNTERS

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

Department of the Treasur

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

BOONE AND CROCKETT CLUB

Employer identification number 13-6400091

PURSUE DIFFERENT SPECIES FOR CONSERVATION EFFORTS INCLUDING YOUTH AND

NON-YOUTH HUNTERS.

EXPENSES \$ 188649. INCLUDING GRANTS OF \$ 0. REVENUE \$ 105964.

THE BUILDING TENANT PROGRAM PROVIDES OFFICE SPACE IN THE CLUB'S

HEADQUARTERS BUILDING FOR THE UNIVERSITY OF MONTANA.

EXPENSES \$ 41854. INCLUDING GRANTS OF \$ 0. REVENUE \$ 67776.

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS ROBERT HANSON AND

ARLENE HANSON ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 6: THE BOONE & CROCKETT CLUB HAS FIVE

CLASSES OF MEMBERS: REGULAR MEMBERS, JUNIOR MEMBERS, PROFESSIONAL MEMBERS,

EMERITUS MEMBERS, AND HONORARY LIFE MEMBERS. ONLY REGULAR AND HONORARY

LIFE MEMBERS CAN VOTE. THE NUMBER OF REGULAR MEMBERS IS LIMITED TO 100 AND

THE NUMBER OF JUNIOR MEMBERS IS LIMITED TO 10 AT ANY GIVEN TIME. A JUNIOR

MEMBER MAY SERVE AS A MEMBER OR CHAIR OF A COMMITTEE AND MAY VOTE ON THAT

COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 7A: AT-LARGE DIRECTORS ARE ELECTED BY A

MAJORITY OF THE VOTING MEMBERS PRESENT AT THE ANNUAL MEETING OF THE CLUB.

FORM 990, PART VI, SECTION B, LINE 11: A FIRST LEVEL OF REVIEW IS

COMPLETED BY THE CONTROLLER AND THE CHIEF OF STAFF WHO THEN 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

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization
BOONE AND CROCKETT CLUB

Employer identification number
13-6400091

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 INDIRECT FINANCIAL OR PERSONAL BENEFIT TO A BOARD DIRECTOR, THE ACTIONS UNDER CONSIDERATION MUST BE REVIEWED IN LIGHT OF FULL DISCLOSURE BY INDEPENDENT DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: THE CLUB'S COMPENSATION COMMITTEE,
WHICH IS CHAIRED BY THE CLUB PRESIDENT, NEGOTIATES THE CONTRACT FOR THE
CHIEF OF STAFF BY REVIEWING THE PREVIOUS CONTRACT AND REVIEWING SALARY
LEVELS OF LIKE ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS FINANCIAL

STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ALL

AVAILABLE UPON REQUEST.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2008 Open to Public Inspection

Form 990 (2008)

| A | For t | he 2008 calendar year, or tax year beginning $$ JUL $1,$ 2008 $$ and ending | JUN 30, 2009 | |
|--------------------------------|--------------------|--|---|----------------------------------|
| В | Check | | D Employer identific | ation number |
| F | Add | ress label or POONE AND OPOCKERRY CT ITE | | |
| Ē | Nan | print or type. Doing Business As | 12.6 | 100091 |
| F | Initia | | | |
| | Terr | nin- Instruc- 250 STATION DRIVE | | 542-1888 |
| - | retu | city or town, state or country, and ZIP + 4 | G Gross receipts \$ | 2,070,756. |
| _ | App tion pen | ting | H(a) Is this a group ref | |
| | | F Name and address of principal officer:TIMOTHY C. BRADY | for affiliates? | Yes X No |
| - | Tau | 250 STATION DRIVE, MISSOULA, MT 59801 | H(b) Are all affiliates incl | |
| | | xempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 site: ▶ WWW . BOONE - CROCKETT . ORG | | ist. (see instructions) |
| | | | H(c) Group exemption | |
| | | Summary | ear of formation; 1923 M | State of legal domicile: DC |
| | 1.5 | Briefly describe the organization's mission or most significant activities: THE BOON | E VIII CDOCKEMU | OT TID DIX C |
| Activities & Governance | | FOUNDED IN 1887 TO WORK FOR THE PRESERVATION | OF WILD ANIMA | T C WAS |
| rna | 2 | Check this box if the organization discontinued its operations or disposed of m | ora than 25% of its spects | ть, |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | and the second of the control of the second | 12 |
| Ö | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| es | 5 | Total number of employees (Part V, line 2a) | 5 | 25 |
| Viti | 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| Acti | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 185,525. |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 59,321. |
| | | | Prior Year | Current Year |
| an | 8 | Contributions and grants (Part VIII, line 1h) | 263,338. | 628,567. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | 946,648. | 581,507. |
| Re | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 145,158. | 1,922. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 686,777. | 574,047. |
| - | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,041,921. | 1,786,043. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,000. | 1,000. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 688,647. | 708,724. |
| Expenses | loa | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| X | | Total fundraising expenses (Part IX, column (D), line 25) | 1 160 000 | 4 005 740 |
| | 18 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,169,083. | 1,036,710. |
| | 100 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 | 1,858,730. | 1,746,434. |
| or ses | -10 | rievende less expenses. Subtract line to from line 12 | 183,191. | 39,609. |
| ets | 20 | Total assets (Part X, line 16) | Beginning of Year 2, 218, 335. | 2,327,799. |
| Net Assets or Fund Balances | 21 | Total liabilities (Part X, line 26) | 1,351,033. | 1,420,888. |
| 慧 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 867,302. | 906,911. |
| Pa | art II | Signature Block | 007,502. | 200,311. |
| | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled | ts, and to the best of my knowledge | and belief, it is true, correct. |
| | | and complete. Declaration of preparer (other than onicer) is based on all information of which preparer has any knowled | ge. | |
| Sign | 1 | ela CHOKT Frank | 3-2 | 25=10 |
| Her | е | Signature of officer | Date | |
| | | TIMOTHY C. BRADY, TREASURER | | |
| | | Type or print name and title | | |
| Paid | 0 | | Check if Preparer's (see instru | identifying number |
| | arer's | Signature P PAUL SEPP | employed > | 4 |
| 1.65 | Only | yours if ANDENDON ZORMOERIDEN & CO, P.C. | EIN > | |
| | " 5) | self-employed), address, and P.O. BOX 2368 | 1 3 7 7 3 3 1 | New York States |
| | 41. | ZIP+4 MISSOULA, MT 59806 | Phone no. ► (4 | 06) 721-7800 |
| viay | the II | RS discuss this return with the preparer shown above? (see instructions) | | X Yes No |

69,750.1

Form 990 (2008)

) (Revenue \$

1, 265, 582. (Must equal Part IX, Line 25, column (B).)

(Expenses \$

4e Total program service expenses ▶\$

368, 108. including grants of \$

Form 990 (2008) BOONE AND CROCKETT CLUB 13-6400091 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where 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 X 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III X 8 9 Did the organization report an amount in Part X, line 21; 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 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was 12 prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity 15 located outside the United States? If "Yes," complete Schedule F, Part II 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 X 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 questions 24b-24d and complete Schedule K. If "No", go to question 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b X

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III

Form 990 (2008)

26

X

27

Form 990 (2008) BOONE AND CROCKETT CLUB Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----|--|-----|-------|--------|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an | | | |
| | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other | | | = |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? | | | |
| | If "Yes," complete Schedule L, Part IV | 28b | | X |
| C | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional | Hai | | 171.11 |
| | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | 10.01 | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 100 | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | 4 | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | T-T | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | 11.11 | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | | 1- |
| | If "Yes," complete Schedule R, Part V, line 2 | 35 | 25 | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |

Form **990** (2008)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

| | 990 (2008) BOONE AND CROCKETT CLUB | | 13-6400 | 091 | P | age 5 |
|----|---|--|-------------------------|-----|-----|-------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | 112 | | |
| | | 2 4 | | - | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | 1 4 | 102 | | | |
| | U.S. Information Returns. Enter -0- if not applicable | 1a | 21 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | reportable ga | ming | | | - |
| | (gambling) winnings to prize winners? | | | 10 | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 25 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | ıms? | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | e instructions |) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year cover | ed by this ret | urn? | За | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | X | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | 1.3 | |
| | 나가 있다면 가게 있는 것이 그렇게 하면 | | A. Calabara | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign | Bank and | | | | |
| | Financial Accounts. | | | | | 1.0 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| | 네이트 전에 보면 전에 가는 사람이 되었다. 그런 이 이 이 경기에 되지 않는 다양이 되었다. 그런 이 나를 하는 사람이 되었다. 그 사람이 되는 데 그런 | | | 5b | | X |
| | | | | | | |
| | (144 PE) 그리는 이 이 주문에 아름다면 보다 보고 있는 것이 되는 사람이 되었다. [27] 그리고 있는 사람이 있는 것은 그리고 있는 것이 되었다. [27] 그리고 있는 것은 것으로 있다. | | | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | | 6a | | X |
| | | | | | | 7 |
| | | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | ***************** | | | | |
| а | | re than \$75? | Janes Lord | 7a | X | |
| | | | | 7b | X | |
| | | | | | - | |
| | 그 있는 일반 내용하는 경험 사람들이 가득하는 것이 없는 그렇게 하는 것이 없는 것이 없다. | | itracorrana raversa. | 7c | | X |
| d | | | | | | 1 |
| | | | | | | |
| | | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con | tract? | | 7f | | X |
| g | | | | 7g | | X |
| _ | | | | 7h | | X |
| 8 | | | Pillianders seducitary. | - | | |
| | 이 그리고 있다면 그리고 있다면 하는 내일 없는 하다 하고 있다. 그리고 있다면 하는 사람들이 되었다면 그리고 있다면 하는데 그리고 있다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없다면 다른데 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 | | | | | |
| | | | | 8 | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | /*************** | | - | |
| а | | | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | *************** | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: N/A | Regarding Other IRS Filings and Tax Compliance ed in Box 3 of Form 1096, Annual Summary and Transmittal of sterer-0-if not applicable ms W26 included in line 1a. Enter-0-if not applicable mb 21 ms W26 included in line 1a. Enter-0-if not applicable payments to vendors and reportable garning rize winners? ployees reported on Form W-3, Transmittal of Wage and Tax Statements, are rending with or within the year covered by this return are rending with or within the year covered by this return are not in early a did the organization file all required federal employment tax returns? 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) e unrelated business gross income of \$1,000 or more during the year covered by this return? 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) e unrelated business gross income of \$1,000 or more during the year covered by this return? 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) e unrelated business gross income of \$1,000 or more during the year covered by this return? 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) e unrelated business gross income of \$1,000 or more during the year covered by this return? 1a may an an an an an an an an an applicable of this foreign bank and on this requirements for Form TD F 90-22.1, Report of Foreign Bank and overly to a prohibited tax shelter transaction at any time during the tax year? 1a title this requirements for Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited by the organization that it was or is a party to a prohibited tax shelter transaction? 1a contributions that were not tax deductible? 2b title any contributions that were not tax deductible? 2b title any contributions that were not tax deductible? 2b title any contributions that were not tax deductible? 2b title any contributions that were not tax deductible? 2b title any contributions th | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 1 | | | |
| 11 | Section 501(c)(12) organizations. Enter: N/A | 100 | | | | |
| а | | 11a | | | | 1 |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them | 446 | | | 1 | |

12a

Form 990 (2008) BOONE AND CROCKETT CLUB 13-6400091 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| | uon A. Governing body and Management | | Yes | No |
|---------|--|---------|--------|----|
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | | | |
| | processes, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body 1a 12 | | | |
| b | Enter the number of voting members that are independent 1b 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | Х | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | Х | - |
| 7a | | 7a | х | |
| h | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | -21 | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 70 | | Λ |
| | | 0- | х | |
| | The governing body? Each committee with authority to act on behalf of the governing body? | 8a | X | |
| b 9a | Does the organization have local chapters, branches, or affiliates? | 8b | Δ | X |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | 9a | - | Δ |
| D | | | | |
| 40 | and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must | 9b | | |
| 10 | describe in Schedule O the process, if any, the organization uses to review the Form 990 | 40 | v | - |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 10 | X | |
| " | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 25 | | v |
| Sec | tion B. Policies | 11 | | X |
| 500 | tion 5.1 onoics | | V | M- |
| 120 | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | No |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | IZa | Λ | |
| u | | 12b | x | |
| | to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 120 | Δ | |
| · | in Schedule O how this is done | 10- | x | |
| 13 | | 12c | X | |
| 14 | Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? | 11000 | Δ | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 14 | | Δ |
| 10 | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? | 20. | v | |
| | | 15a | X | |
| U | Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) | 15b | Δ | |
| 160 | | | | |
| iva | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 10- | | x |
| h | taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | 16a | - | Δ |
| U | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | |
| | | 16b | 144 | |
| Sec | exempt status with respect to such arrangements?tion C. Disclosure | 100 | 4 | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶MT | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available | for | | |
| | public inspection. Indicate how you make these available. Check all that apply. | 101 | | |
| | Own website X Another's website X Upon request | G LEF | 1.800 | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, at | nd fina | ancial | |
| | statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza SANDRA POSTON - 406-542-1888 | tion: | _ | |
| 33200 | 250 STATION DRIVE, MISSOULA, MT 59801 | | | |

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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, and 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) Average hours | (C) Position (check all that apply) | | | | | ly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of | |
|---|-------------------------|-------------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---|--|
| | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations | |
| ROBERT HANSON . SECRETARY | 5.00 | x | | x | | | | 0. | 0. | 0. | |
| LOWELL E. BAIER PRESIDENT | 5.00 | | | x | | | | . 0. | 0. | 0. | |
| BENJAMIN B. WALLACE EXECUTIVE V.P. OF ADMINI | 3.00 | F | | x | | | | 0. | 0. | 0. | |
| ELDON L BUCKNER VICE-PRESIDENT OF RECORD | 2.00 | E | | X | | | | 0. | 0. | 0. | |
| TIMOTHY C. BRADY TREASURER | 5.00 | Ī | | X | | | | 0. | 0. | 0. | |
| F.R. DAILY VICE PRESIDENT COMMUNICA | 2.00 | | | x | | | | 0. | 0. | 0. | |
| EDWARD RASMUSON EXECUTIVE V.P. OF CONSER | 3.00 | į. | | X | | | Ī | 0. | 0. | 0. | |
| ARLENE P. HANSON DIRECTOR | 1.00 | i | | 21 | | | | 0. | 0. | 0. | |
| DR MANUEL J. CHEE VICE PRESIDENT OF ADMINI | 3.00 | | | x | | T | | 0. | 0. | 0. | |
| WILLIAM A. DEMMER VICE PRESIDENT - CONSERV | 2.00 | | | x | | | | 0. | 0. | 0. | |
| BEN HOLLINGSWORTH, JR DIRECTOR | 1.00 | | | | | | | 0. | 0. | 0. | |
| MARC MONDAVI VP COMMUNICATIONS | 2.00 | x | | x | | | | 0. | 0. | 0. | |
| GARY W DIETRICH DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. | |
| MORRISON STEVENS, SR DIRECTOR | 1.00 | X | | | | | 11.71 | 0. | 0. | | |
| ANTHONY SCHOONEN CHIEF OF STAFF | 40.00 | | | x | | | īi | 116,632. | 0. | 5,000. | |

| | (A) and title | (B) Average hours | ľ | | Posi | C) ition | | | (D) Reportable compensation | (E) Reportable compensation | ole ation ted ions MISC) O . | | (F) imate ount | 400 |
|--|----------------------------|-------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--|--|--|-------------------------------|----------------|----------------------|-----|
| | | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Reportable compensation from the organization (W-2/1099-MISC) To a second state of the organization (W-2/1099-MISC) To a second state of the organizations (W-2/1099-MISC) To a second state of the organization of the organizations (W-2/1099-MISC) To a second state of the organization of the org | 5) | other compensat from the organizatio and relate organizatio | | e ion ed | | |
| | | | - | | | | | | | | | H | | |
| | | | | | | | | | | | | | | |
| | * | | | | | | | | | | | - | | |
| | | | | | | | | | | | | | | |
| | : | | | | | | H | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b Total | | | | | | | > | | | | 0. | | 5,0 | 00. |
| | | those in Ta) who re | | | | | | | The state of the s | | • | _ | Yes | No |
| | | | | | | | | | · · 프리스 아이스 아이스 아이트 아이스 | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 1 | | | |
| 4 For any individua | al listed on line 1a, is t | he sum of reporta | ble c | omp | ens | atio | n an | d oth | ner compensation from | the organization | | 3 | | X |
| 5 Did any person li | isted on line 1a receiv | e or accrue compe | ensa | tion | from | an | y un | relat | ed organization for serv | ices rendered to | | 5 | | X |
| Section B. Independe | ent Contractors | | | | | | | | | | | | | |
| Complete this ta the organization. | | st compensated if | паер | ena | ent c | cont | ract | ors t | nat received more than | \$100,000 of comp | oens | ation fi | rom | |
| | (A Name and busi | | | | | | | | (B) Description of s | services | С | (Comper | | n |
| | | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | | |
| | | | | | | | | Ī | | | | | | |
| 2 Total number of from the organization | | tors (including thos | se in | 1) w | ho r | ece | ived | mor | e than \$100,000 in com | pensation | | | | |

BOONE AND CROCKETT CLUB 13-6400091 Form 990 (2008) Page 9 Statement of Revenue Part VIII (D) Revenue excluded from (C) (A) (B) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue gifts, grants lar amounts 1 a Federated campaigns 1a 317,800. 1b b Membership dues c Fundraising events 10 d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 310,767. similar amounts not included above 1f 55,545. g Noncash contributions included in lines 1a-1f: \$_ 628,567 h Total. Add lines 1a-1f **Business Code** 2 a ASSOCIATE MEMBERSHIP D 511190 296,505. 296,505 Program Service Revenue 115,345. 515100 b TV SHOW NET INCOME 115,345. 511190 99,907. 99,907 c RECORDS PROGRAM FEES 511190 69.750. 20,530 49,220. d MEMBERSHIP PROGRAMS f All other program service revenue 581,507 g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,922 1,922. Income from investment of tax-exempt bond proceeds 346,530 346,530. 5 Royalties (i) Real (ii) Personal 6 a Gross Rents 66,444 b Less: rental expenses 45,484. 20,960. c Rental income or (loss) 20,960 20,960 d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 _____a b Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns 390701 and allowances 239229. b Less: cost of goods sold _____ b 151.472 151,472. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a REFUNDS 900099 41,667 41,667. 13,418. **b MISCELLANEOUS** 900099 13,418. d All other revenue 55,085. e Total. Add lines 11a-11d 1786043. 568,414. 185,525. 403,537. Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

Form 990 (2008)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----|---|-----------------------|------------------------------------|---|--------------------------------|
| 1 | Grants and other assistance to governments and | 7, 576 | | | |
| | organizations in the U.S. See Part IV, line 21 | 1,000. | 1,000. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 444 144 | | Tada Baa | |
| | trustees, and key employees | 103,432. | | 103,432. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 75-55 | - BEE - CO. | | |
| 7 | Other salaries and wages | 453,580. | 385,966. | 67,614. | |
| 8 | Pension plan contributions (include section 401(k) | 12.04 | - 4 33 423 | 2.20.2.25 | |
| | and section 403(b) employer contributions) | 32,018. | 21,622. | 10,396. | |
| 9 | Other employee benefits | 78,331. | 58,878. | 19,453. | |
| 10 | Payroll taxes | 41,363. | 29,337. | 12,026. | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 1,788. | | 1,788. | |
| C | Accounting | 13,132. | | 13,132. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 100,280. | 83,064. | 17,216. | |
| 12 | Advertising and promotion | 114,565. | 114,565. | | |
| 13 | Office expenses | 102,783. | 28,708. | 74,075. | |
| 14 | Information technology | 24,580. | 5,277. | 19,303. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 113,540. | 106,504. | 7,036. | |
| 18 | Payments of travel or entertainment expenses | 7.7/2.25.74 | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 32,622. | 32,622. | 44 944 | |
| 20 | Interest | 25,917. | 4,573. | 21,344. | |
| 21 | Payments to affiliates | 70.000 | | 227.22 | |
| 22 | Depreciation, depletion, and amortization | 70,832. | 14,460. | 56,372. | |
| 23 | Insurance | 18,871. | 6,949. | 11,922. | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| а | UBI TAXES | 28,898. | | 28,898. | |
| b | PRINTING, PUBLICATION/ | 186,705. | 186,705. | | |
| C | HOSTING, SPONSOR & PARNT | 84,390. | 79,390. | 5,000. | |
| d | POSTAGE, DELIVERY AND H | 57,928. | 54,878. | 3,050. | |
| е | MISCELLANEOUS | 27,038. | 18,248. | 8,790. | |
| f | All other expenses | 32,841. | 32,836. | 5. | |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,746,434. | 1,265,582. | 480,852. | 0 |
| 26 | Joint Costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | F 900 |

| га | I A | balance Sneet | | | (A) Beginning of year | | (B) End of | | |
|-----------------------------|---------|---|---------------|--------------------------------|--------------------------|-----------------------|---------------|-----|-------|
| | 1 | Cash - non-interest-bearing | | | 224,524. | 1 | 13 | 5,8 | 91. |
| | 2 | Savings and temporary cash investments | | | | 2 | | 4,1 | |
| | 3 | Pledges and grants receivable, net | +++++++++++++ | | 5,000. | 3 | 4 | 5,0 | 00. |
| | 4 | Accounts receivable, net | | | 295,897. | 4 | | 9,0 | |
| | 5 | Receivables from current and former officers, of | | | | | | | |
| | F. | employees, or other related parties. Complete | Part II of S | Schedule L | | 5 | | | |
| | 6 | Receivables from other disqualified persons (at 4958(f)(1)) and persons described in section 48 Part II of Schedule L | 958(c)(3)(E | B). Complete | | 6 | | | |
| S | 7 | Notes and loans receivable, net | | | | 7 | | _ | |
| Assets | 8 | Inventories for sale or use | | | 201,536. | 8 | 20 | 1,1 | 32. |
| As | 9 | Prepaid expenses and deferred charges | | | 24,997. | 9 | | 4,9 | |
| | 10a | | 10a | 2.466.282. | 44/32/1 | | | -,, | |
| | 127.000 | Less: accumulated depreciation. Complete | | | | | | | |
| | - | Part VI of Schedule D | 10b | 1.048.705. | 1,466,381. | 10c | 1,41 | 7.5 | 77. |
| | 11 | Investments - publicly traded securities | | | -1-1-1-1 | 11 | | | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | | | |
| | 14 | Intangible assets | | | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 2,218,335. | 16 | 2,32 | 7.7 | 99. |
| | 17 | Accounts payable and accrued expenses | | | 63,570. | | | 9,1 | |
| | 18 | Grants payable | | | | 18 | | | |
| | 19 | Deferred revenue | | | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | | | |
| 9 | 21 | Escrow account liability. Complete Part IV of S | | | | 21 | | | |
| Liabilities | 22 | Payables to current and former officers, director highest compensated employees, and disquality of Schedule L | ified perso | ons. Complete Part II | | 22 | | | |
| | 23 | Secured mortgages and notes payable to unre | | | 887,348. | 23 | 85 | 1,0 | 02. |
| | 24 | Unsecured notes and loans payable | | | | 24 | | | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 400,115. | | | 0,6 | |
| _ | 26 | Total liabilities. Add lines 17 through 25 | | | 1,351,033. | 26 | 1,42 | 0,8 | 88. |
| | | Organizations that follow SFAS 117, check h | nere > | X and complete | | | | | |
| Ses | 1.0 | lines 27 through 29, and lines 33 and 34. | | - 7 4 1 | | 150 | | 10 | |
| Net Assets or Fund Balances | 27 | Unrestricted net assets | *********** | | 830,668. | | | 6,9 | |
| Ba | 28 | Temporarily restricted net assets | | | 36,634. | 28 | 13 | 9,9 | 87. |
| pur | 29 | | | | | 29 | | | _ |
| Ę | | Organizations that do not follow SFAS 117, | check he | ere Land | | | | | |
| S | | complete lines 30 through 34. | | | | 0.5 | | | |
| set | 30 | Capital stock or trust principal, or current fund | | | | 30 | | | _ |
| As | 31 | Paid-in or capital surplus, or land, building, or e | | | - | 31 | | | |
| Net | 32 | Retained earnings, endowment, accumulated i | | | 067 202 | 32 | 0.0 | c 0 | 11 |
| | 33 | Total net assets or fund balances Total liabilities and net assets/fund balances | | | 867,302. 2,218,335. | 33 | 2,32 | 6,9 | |
| Pa | rt XI | Financial Statements and Reporting | | ****************************** | 4,410,333. | 34 | 4,34 | 1,1 | 99. |
| | | Timancial Statements and Reporting | 9 | | | | | Yes | No |
| 1 | Acco | ounting method used to prepare the Form 990: | Cas | sh X Accrual | Other | | | | 1.772 |
| 2a | | the organization's financial statements compile | | | 12.00 | | 2a | | x |
| b | | e the organization's financial statements audited | | | | | | Х | |
| C | | es" to lines 2a or 2b, does the organization have | | | | | 20 | | |
| | | w, or compilation of its financial statements and | | | | | 2c | X | |
| 3a | | result of a federal award, was the organization r | | | | | | | |
| -1- | | and OMB Circular A-133? | | | | and the second second | За | | х |
| b | If "Ye | es," did the organization undergo the required a | udit or au | dits? | | *********** | 3b | | TE. |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support (Form 990 or 990-EZ)

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization Employer identification number 13-6400091 BOONE AND CROCKETT CLUB Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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. See section 509(a)(2), (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 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 that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 9 A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (iii) Type of (i) Name of supported (iv) Is the organization (v) Did you notify the (vi) Is the organization in col. (ii) EIN (vii) Amount of organization n col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990 EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

| Cal | ction A. Public Support | | | | | | |
|----------------------|---|--|---|---|---|--|-------------------|
| | endar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 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 - 3 | | 11 | | | | |
| 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. | | | | | | |
| | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Amounts from line 4 | | | | | | 11, |
| | Gross income from interest, | | 1 | | 110000 | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | 1 | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | 1 | | J | |
| 10 | Other income. Do not include gain | | | | | 1 | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | 44 | | | |
| 11 | Total support, Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for t | the organization's | | | | on 501(c)(3) | |
| | organization, check this box and stop | here | | | **************** | ********* | > |
| _ | ction C. Computation of Public | | | | | | |
| _ | | on 6 column (f) d | ivided by line 11, o | | | 14 | |
| 14 | Public support percentage for 2008 (lin | | | | | 15 | |
| 14 | Public support percentage for 2008 (lin Public support percentage from 2007 st | | IV-A, line 26f | | | 10 | |
| 14 15 16a | Public support percentage from 2007 st 33 1/3% support test - 2008. If the or stop here. The organization qualifies a | Schedule A, Part ganization did no s a publicly supp | ot check the box of ported organization | n line 13, and line | 14 is 33 1/3% or | more, check this bo | ▶□ |
| 14 15 16a | Public support percentage from 2007 states and 33 1/3% support test - 2008. If the or stop here. The organization qualifies a 33 1/3% support test - 2007. If the organization support test - 2007. | Schedule A, Part ganization did no s a publicly supp ganization did no | ot check the box of ported organization of check a box on l | n line 13, and line iine 13 or 16a, and | 14 is 33 1/3% or I line 15 is 33 1/3 | more, check this bo | |
| 14 15 16a b | Public support percentage from 2007 s 33 1/3% support test - 2008. If the or stop here. The organization qualifies a 33 1/3% support test - 2007. If the organization qualifies and stop here. The organization qualifies | Schedule A, Part ganization did no is a publicly supp ganization did no ies as a publicly | ot check the box of corted organization of check a box on l supported organiz | n line 13, and line iine ine 13 or 16a, and ation | 14 is 33 1/3% or I line 15 is 33 1/3 | more, check this bo | nis box |
| 14 15 16a b | Public support percentage from 2007 states a 33 1/3% support test - 2008. If the or stop here. The organization qualifies a 33 1/3% support test - 2007. If the organization qualifies and stop here. The organization qualifies 10% -facts-and-circumstances test | Schedule A, Part ganization did no sa publicly supp ganization did no ies as a publicly 2008. If the org | ot check the box of ported organization of check a box on I supported organiz anization did not d | n line 13, and line ine 13 or 16a, and ation check a box on line | 14 is 33 1/3% or I line 15 is 33 1/3 e 13, 16a, or 16b, | more, check this bo % or more, check the | or more, |
| 14 15 16a b | Public support percentage from 2007 states a 33 1/3% support test - 2008. If the or stop here. The organization qualifies a 33 1/3% support test - 2007. If the organization qualifies and stop here. The organization qualifies 10% -facts-and-circumstances test and if the organization meets the "facts | Schedule A, Part ganization did no s a publicly supp ganization did no ies as a publicly - 2008. If the orgs-and-circumstar | ot check the box of ported organization of check a box on I supported organiz anization did not d aces" test, check the | n line 13, and line ine 13 or 16a, and ation check a box on line his box and stop I | 14 is 33 1/3% or I line 15 is 33 1/3 e 13, 16a, or 16b, here. Explain in P | more, check this bo % or more, check the and line 14 is 10% art IV how the organ | nis box or more, |
| 14 15 16a b | Public support percentage from 2007 states a 33 1/3% support test - 2008. If the or stop here. The organization qualifies a 33 1/3% support test - 2007. If the organization qualifies and stop here. The organization qualifies 10% -facts-and-circumstances test | Schedule A, Part ganization did no as a publicly supp ganization did no ies as a publicly - 2008. If the orgs-and-circumstarest. The organiza | ot check the box of ported organization of check a box on l supported organiz anization did not of aces" test, check the ation qualifies as a | n line 13, and line ine 13 or 16a, and ation check a box on line is box and stop I publicly supporte | 14 is 33 1/3% or Il line 15 is 33 1/3 e 13, 16a, or 16b, here. Explain in P d organization | more, check this bo % or more, check the and line 14 is 10% art IV how the organ | or more, |
| 14 15 16a b | Public support percentage from 2007 stages and 33 1/3% support test - 2008. If the or stop here. The organization qualifies a 33 1/3% support test - 2007. If the organization qualifies and stop here. The organization qualifies 10% -facts-and-circumstances test and if the organization meets the "facts meets the "facts-and-circumstances" to | Schedule A, Part ganization did no us a publicly supp ganization did no ies as a publicly - 2008. If the org s-and-circumstar est. The organiza - 2007. If the org | of check the box of ported organization of check a box on lesupported organization did not decense test, check thation qualifies as a panization did not decense that on qualifies as a panization did not decense that | n line 13, and line ine 13 or 16a, and ation check a box on line nis box and stop I publicly supporte check a box on line | 14 is 33 1/3% or I line 15 is 33 1/3 e 13, 16a, or 16b, here. Explain in P d organization e 13, 16a, 16b, or | more, check this bo % or more, check th and line 14 is 10% art IV how the organ | or more, nization |
| 14 15 16a b | Public support percentage from 2007 stop here. The organization qualifies a 33 1/3% support test - 2008. If the organization qualifies a 33 1/3% support test - 2007. If the organization qualifies 10% -facts-and-circumstances test and if the organization meets the "facts meets the "facts-and-circumstances" to 10% -facts-and-circumstances test | Schedule A, Part ganization did no is a publicly supp ganization did no ies as a publicly - 2008. If the orgs-and-circumstarest. The organiza - 2007. If the orge "facts-and-circu | of check the box of ported organization of check a box on language, supported organization did not of acces" test, check the attion qualifies as a panization did not of timstances" test, check the | n line 13, and line ine 13 or 16a, and ation check a box on line his box and stop I publicly supporte check a box on line heck this box and | 14 is 33 1/3% or Il line 15 is 33 1/36 e 13, 16a, or 16b, here. Explain in P d organization e 13, 16a, 16b, or stop here. Expla | more, check this bo % or more, check the and line 14 is 10% art IV how the organ 17a, and line 15 is in in Part IV how the | or more, nization |

Schedule A (Form 990 or 990-EZ) 2008 BOONE AND CROCKETT CLUB 13-6400091 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2004 (b) 2005 Calendar year (or fiscal year beginning in) (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 729,744 704,780 669,932 917,432 739,879 include any "unusual grants.") 3.761.767. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 410,957 304.794 507,203. 446,836. 323,828 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 - 5 1,140,701 1,009,574 1,177,135 1,364,268 1,063,707 5,755,385, 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 74.075 162,957 43,800 101,384 117,439 499,655. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 181,088 83,132 264,220. c Add lines 7a and 7b 74.075 162.957 184,516 224,888 117,439 763,875. 8 Public support (Subtract line 7c from line 6.) 4 991 510. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 1,140,701 1,009,574 1,177,135 1,364,268 1,063,707 5.755.385. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 144,128 367,796. 145,158 485,505 and income from similar sources 1,292,599. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 150.012 144,128 367,796. c Add lines 10a and 10b 145,158 485,505 1,292,599, 11 Net income from unrelated business activities not included in line 10b, whether or not the business is 11,495 17.127 66,031 72,725. 167,378. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 254,606. 246,724 252,059 355,907 1,109,296. assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 8 324 658. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) 59.96 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 60.58 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f) 15.53 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 17.39 % 19a 33 1/3% support tests - 2008, If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

Employer identification number

| Par | BOONE AND CROCKETT C | | ds or Acco | 13-6400091 unts. Complete if the |
|-------|--|--|-----------------|--|
| 3 Add | organization answered "Yes" to Form 990, Part IV, line 6. | | 20.000 | and a second state of some |
| | | (a) Donor advised funds | (b) Fu | nds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | | | |
| 3 | Aggregate grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in writing | ng that the assets held in donor adv | vised funds | |
| | are the organization's property, subject to the organization's excl | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advis | | | |
| • | for charitable purposes and not for the benefit of the donor or do | 그 가는 그는 이 경기가 되고 있는 이것은 "라이는 그는 그렇게 모든 데이지를 하는 것이다. | | t? Yes No |
| Par | | | | |
| 1 | Purpose(s) of conservation easements held by the organization (c | | | |
| | Preservation of land for public use (e.g., recreation or pleas | | nistorically im | portant land area |
| | Protection of natural habitat | Preservation of cert | | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a-2d if the organization held a qualified conserva | ation contribution in the form of a co | neen/ation es | seement on the last day |
| - | 경기도 되면 하다면 하는 것이 되어 내가 되었다. 그 사이는 아무슨 그들이 되는 사람이 되었다고 있다고 싶어요? 이 사람이 되었다. | ation contribution in the form of a co | Jilaci vadon es | asomerit on the last day |
| | of the tax year. | | | Held at the End of the Year |
| | Total number of conservation easements | | 2a | |
| a | Total acreage restricted by conservation easements | | | |
| b | Number of conservation easements on a certified historic structu | | | |
| C | Number of conservation easements on a certained historic structure. Number of conservation easements included in (c) acquired after | | | |
| d | Number of conservation easements included in (c) acquired after Number of conservation easements modified, transferred, release | | | |
| 3 | year | ed, extiliguished, or terminated by | ule organizati | or during the taxable |
| | The state of the s | ant is located | | |
| 4 | Number of states where property subject to conservation easem Does the organization have a written policy regarding the periodic | | - and | |
| 5 | | | | Yes No |
| _ | enforcement of the conservation easements it holds? | | | Yes No |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, and e | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enfo | | | |
| 8 | Does each conservation easement reported on line 2(d) above sa | | | |
| | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIV, describe how the organization reports conservation of | 그렇게 되었다. 그 이번 경험을 하면서 보다 하면 하는데, 어떻게 하면 없어 되었다. | | |
| | include, if applicable, the text of the footnote to the organization | 's financial statements that describe | es the organiz | ation's accounting for |
| Da | conservation easements. rt III Organizations Maintaining Collections of A | et Historical Transporter or | Othor Cim | ilor Assets |
| Pa | | [마음()] [1866 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 | Other Sim | mar Assets. |
| - | Complete if the organization answered "Yes" to Form 990 | , Part IV, line o. | | |
| 10 | If the organization elected, as permitted under SFAS 116, not to | raport in its revenue statement and | l balanca sha | at works of art historical |
| 14 | treasures, or other similar assets held for public exhibition, educa- | | | |
| | 이 사무에게 되는 점에 이 사용에 이렇게 되었다고 계계하는데 이렇게 되었다. 그런 사람이 되었다면 가는데 가는데 하는데 되었다. | | public service | , provide, in Part XIV, the text of |
| | the footnote to its financial statements that describes these item | | | and an affirm the standard sta |
| ь | If the organization elected, as permitted under SFAS 116, to repo | | | 이 그러워 이 집중에서 점점하는 경우 그렇게 그리고 있다면서 |
| | or other similar assets held for public exhibition, education, or re- | search in furtherance of public serv | ice, provide ti | ne rollowing amounts relating to |
| | these items: | | | • |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | \$ |
| | (ii) Assets included in Form 990, Part X | | | \$ |
| 2 | If the organization received or held works of art, historical treasur | | cial gain, prov | ride |
| | the following amounts required to be reported under SFAS 116 r | | | 1 |
| а | Revenues included in Form 990, Part VIII, line 1 | | | |
| b | Assets included in Form 990, Part X | | | \$ |

443,078.

61,802.

Schedule D (Form 990) 2008

66,680.

61,802.

1,417,577.

376,398

d Equipment

e Other

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

THE CLUB DOES NOT INCLUDE EITHER THE COST OR THE VALUE OF ITS COLLECTIONS

Schedule D (Form 990) 2008

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

NonCash Contributions

➤ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

2008 Open to Public Inspection

Name of the organization

BOONE AND CROCKETT CLUB

Employer identification number 13-6400091

Part I Types of Property (a) (b) (c) (d) Check if Number of Revenues reported on Method of determining applicable contributions Form 990, Part VIII, line 1g revenues Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 49,215.STOCK MARKET Securities - Publicly traded X 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution 13 (historic structures) Qualified conservation contribution (other) ... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (BIG GAME HUNT) X 5,530.PRICE OF HUNT 25 X 4 ILLUSTRATIONS) 800.PURCHASE PRICE 26 Other > 27 28 Other > 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 0 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

| Schedule M (| Form 9 | 90) 2008 | BO | ONE AND Ormation. Cor | CROCK | ETT | CLUB | | | 13- | 6400091 | Page 2 |
|--------------|---------|-----------|---------|-----------------------|-------------|-----------|----------------|--------|--------------------------------|--------|--------------|--------|
| Part II | Supp | ementa | al Info | ormation. Cor | nplete this | s part to | provide the in | format | tion required by Part I, lines | s 30b, | 32b, and 33. | |
| | AISO CO | inbiere m | is part | for any additions | ai imorma | uon. | | | | | | |
| SCHEDUI | E M | , PAR | TI | , COLUMN | (B): | THE | NUMBER | OF | CONTRIBUTORS | IS | LISTED | |
| | | | | 2 1 7 Y 2 | | | | | | | | |
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

Name of the organization

BOONE AND CROCKETT CLUB

Employer identification number 13-6400091

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROMOTE HUNTING & EXPLORATION & RECORD RESULTS FOR STUDY.DURING THE

CURRENT FISCAL YEAR, THE CLUB PRODUCED 13 EPISODES OF BIG GAME

PROFILES, PROCESSED 1,895 RECORDS, HELD OFFICIAL MEASURER WORKSHOPS,

PRODUCED HUNTING THE AMERICAN WEST BOOK AND BEGAN PRODUCTION OF 2 NEW

RECORD BOOKS AND A NEW GUIDE BOOK SERIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ITS NATURAL HABITATS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBERSHIP PROGRAM. MEMBERSHIP SERVICES PROVIDES EDUCATION OF MEMBERS

AND ENSURES THE ORGANIZATION'S OBJECTIVES ARE FULFILLED. DURING THE
YEAR THE CLUB SERVED 10 HONORARY LIFE MEMBERS, 86 REGULAR MEMBERS, 121
PROFESSIONAL MEMBERS AND 33 EMERITUS MEMBERS

EXPENSES \$ 175538. INCLUDING GRANTS OF \$ 0. REVENUE \$ 69750.

MERCHANDISE, PUBLICATIONS, LICENSING, MUSEMUM AND LIBRARY. THESE

PROGRAMS DISSEMINATE THE CLUB'S MISSION, VISION, AND GOALS THROUGH

PRINT, DIGITAL MEDIA, GENERAL MERCHANISE SALES AND LICENSING

AGREEMENTS. DURING THE YEAR THE PROGRAMS PRODUCED HUNTING THE AMERICAN

WEST BOOK, BEGAN PRODUCTION OF 2 NEW RECORDS BOOKS AND BEGAN PRODUCTION

OF NEW GUIDE BOOK SERIES.

EXPENSES \$ 192570. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008 Open to Public Inspection

Name of the organization

BOONE AND CROCKETT CLUB

Employer identification number 13-6400091

ARLENE HANSON ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 4: THE CLUB'S BYLAWS WERE REVISED TO

CLARIFY THE DESCRIPTION OF CLASSES OF MEMBERS, MEMBERS VOTING RIGHTS, THE

TERMS AND POSITIONS OF THE BOARD MEMBERS AND SPECIAL PURPOSE COMMITTEES. THE

BYLAWS WERE ADOPTED DECEMBER 5, 2009.

FORM 990, PART VI, SECTION A, LINE 6: THE BOONE & CROCKETT CLUB HAS 5

CLASSES OF MEMBERS: REGULAR MEMBERS, JUNIOR MEMBERS, PROFESSIONAL MEMBERS,

EMERITUS MEMERS AND HONORARY LIFE MEMBERS. ONLY REGULAR MEMBERS AND

HONORARY LIFE MEMBERS CAN VOTE. THE NUMBER OF REGULAR MEMBERS IS LIMITED TO

100 AND THE NUMBER OF JUNIOR MEMBERS IS LIMITED TO 10 AT ANY GIVEN TIME. A

JUNIOR MEMBER MAY SERVE AS A MEMBER OR CHAIR OF A COMMITTEE AND MAY VOTE ON

THAT COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 7A: AT LARGE DIRECTORS ARE ELECTED BY A MAJORITY OF THE VOTING MEMBERS PRESENT AT THE ANNUAL MEETING OF THE CLUB.

FORM 990, PART VI, SECTION A, LINE 10: FIRST LEVEL OF REVIEW, THE

CONTROLLER AND THE CHIEF OF STAFF WILL REVIEW THEN SEND 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.

SECOND LEVEL REVIEW BY TREASURER AND BUDGET & FINANCE COMMITTEE. THE
TREASURER AND BUDGET & FINANCE COMMITTEE WILL REVIEW AND CONFIRM THAT (A)

NO ERRORS WERE FOUND OR (B) ALL FOUND ERRORS HAVE BEEN CORRECTED. ANY

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OFFICER OF THE ORGANIZATION MAY SIGN THE RETURNS.

AFTER APPROVAL BY SIGNING, THE RETURNS WILL BE SENT BACK TO THE CONTROLLER.

THE CONTROLLER WILL 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 INDIRECT FINANCIAL OR

PERSONAL BENEFIT TO A BOARD DIRECTOR, THE ACTIONS UNDER CONSIDERATION MUST

BE REVIEWED IN LIGHT OF FULL DISCLOSURE BY INDEPENDENT DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: A SEARCH COMMITTEE WAS FORMED OF
THREE OFFICERS TO FIND A NEW CHIEF OF STAFF. THE COMMITTEE MEMBERS
REVIEWED THE PREVIOUS CONTRACT, REVIEWED SALARY LEVELS OF LIKE
ORGANIZATIONS, AND USED THIS INFORMATION TO NEGOTIATE A THREE YEAR CONTRACT
WITH THE NEW CHIEF OF STAFF. A COMPENSATION COMMITTEE WAS SUBSEQUENTLY
FORMED WHO WILL RENEGOTIATE A NEW CONTRACT WHEN IT EXPIRES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

PROCESS TO REVIEW FINANCIAL STATEMENTS AUDIT AND HIRE THE AUDTIORS HAS NOT CHANGED.

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Name of the organization Employer identification number BOONE AND CROCKETT CLUB 13-6400091 FORM 990, PART VI, SECTION B, LINE 14 RECORD RETENTION POLICY ALTHOUGH THE CLUB DOES NOT HAVE A FORMAL WRITTEN RECORD RETENTION POLICY, THE FOLLOWING PROCEDURES ARE FOLLOWED: GOVERNANCE DOCUMENTS SUCH AS ARTICLES OF INCORPORATION, BY-LAWS, MEETING MINUTES, INSURANCE POLICIES, REAL ESTATE RECORDS, AND CONTRACTS IN ADDITION, ALL ANNUAL FINANCIAL STATEMENTS ARE PERMANENT RECORDS. CHART OF ACCOUNTS, GENERAL LEDGER, TAX RETURNS, AND SECURITIES REPORTS PAYROLL RECORDS AND ACCOUNTS PAYABLE RECORDS ARE PERMANENT RECORDS. ARE KEPT FOR THE CURRENT YEAR PLUS SEVEN. ACCOUNTS RECEIVABLES, BANK STATEMENTS AND CANCELLED CHECKS ARE KEPT FOR THE CURRENT YEAR PLUS THREE. THE CLUB IS IN THE PROCESS OF APPROVING A FORMAL WRITTEN POLICY.