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1101

Form Department of the Treasury **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 salisfy state reporting requirements

OMB No 1545-0047 2009 Open to Public

inter	Tial Nevellue	Gervice	The organization may have	to use a copy of this return to s	Salisty State	reporting requir	ements	Inspection			
<u>A</u>	For the 200	9 calendar y	ear, or tax year beginning	, and ending							
В	Check if applica		C Name of organization				D Emplo	oyer identification number			
\bigsqcup	Address change	use IRS label or	KANSAS TR	APSHOOTING ASSOCIA	TION, I	NC					
\square	Name change	print or	Doing Business As				26-	-4070410			
X	Initial return	type	Number and street (or P O box if mail is not deli	vered to street address)		Room/suite	E Teleph	hone number			
\equiv		See Specific	959 SW 10TH ST								
Η.	Termination	Instruc-	City or town, state or country, and ZIP +	4			G Gross reco	eipts \$ 333,712			
\bigsqcup	Amended return	tions.	MACKSVILLE	KS 67557							
\square	Application pen	_{ding} F Nam	e and address of principal officer				H(a) Is this a group return for				
لبيبا	,,		B TAYLOR				affiliat	tes? Yes X No			
							H(b) Are all includ	ll affiliates Yes No			
							If "No.	," attach a list (see instructions)			
ī	Tax-exempt	status	501(c) (3) ◄ (insert no)	4947(a)(1) or 527				•			
	Website:		SHOOTKTA.COM				H(c) Group	p exemption number			
<u>к</u>	Type of organia	zation X Co	rporation Trust Association C	ther >	ΤĽ	Year of formation 2	009	M State of legal domicile KS			
	art I	Summa	·····								
	T		the organization's mission or most signi	ficant activities							
_	l .	. •	AS TRAPSHOOTING ORGANI		TO PRO	MOTE AND	GOVERN				
20			STYLE TRAPSHOOTING TH					CE			
na	1		UIDLINES OF THE AMATEU								
Š		ck this box									
ő			members of the governing body (Part	·	ie man 257	o or its rict asset	ື ₃	15			
•ජ ග			endent voting members of the governir				4	15			
itie		•	employees (Part V, line 2a)	ig body (i ait vi, line ib)			5	4			
Activities & Governance			volunteers (estimate if necessary)				6				
ĕ			lated business revenue from Part VIII, o	column (C) line 12			7a	3,949			
		unrelated bu	7b	2,771							
_	D Net	unielaleu bu	Prior Ye		Current Year						
_	8 Con	tributions an			30,029						
Revenue			revenue (Part VIII, line 2g)					302,197			
Š	1		me (Part VIII, column (A), lines 3, 4, and	i 7d)				180			
æ	1		Part VIII, column (A), lines 5, 6d, 8c, 9c	•				1,306			
			add lines 8 through 11 (must equal Par					333,712			
			ar amounts paid (Part IX, column (A), li					750			
	1		or for members (Part IX, column (A), lin	·							
, 0		•	ompensation, employee benefits (Part	·				17,939			
nses			draising fees (Part IX, column (A), line								
ben	b Tota		expenses (Part IX, column (D), line 25	•							
Exper	17 Othe	er expenses	(Part IX, column (A), lines 11a-11d, 11	f_24f)				316,262			
•			Add lines 13–17 (must equal part IX, c					334,951			
7	19 Rev	enue lesses	penses, Subtract line ils from line 12	o.d (. 1), m.e 20)		· · · · · · · · · · · · · · · · · · ·		-1,239			
Net Assets or Fund Balances			[S]	4 1 1		Beginning of Cur	rrent Year	End of Year			
sets	20 Tota	l assets (Pa	(1X line 16)	\sim				304,896			
t Ass d Ba	21 Tota	l liabilities (F	Party line 26) IV.					61,352			
\$5	22 Net	assets or fur	nd balances Subtract line 21 from line	20////			0	243,544			
	art II	Signatu	re Block / _ / /								
" "		Under pena	Ities of perjune I decipie that I have examined	t this eturn, including accompanying	schedules a	nd statements, and	to the best	of my knowledge			
7		and belief, r	t is faire, confect, and complete treclaration of	preparer (other than officer) is base	ed on all inform	netion of which pre	parer has ar	ıy knowledge			
Sig	ın			(16/1	2/10		10/12/10			
He	re	Signati	upe of officer		l	,	Date				
		RC	B TAYLOR		PRESI	DENT					
		Type o	r print name and title								
		Preparer's		-02	Date	Check	ď	Preparer's identifying number			
Pai	id	signature		$\sim \sim $	1	self-		[see instructions] P00496388			
Dronoron'o											
Us	e Only	Firm's name	122 Trank 741	n Street			EIN	20-0530952			
		if self-emplo address, an	2 1.	, ,			Phone	→ 785-762 - 7658			
May	the IRS du		eturn with the preparer shown above? (no	Yes No			
			erwork Reduction Act Notice, see the					Form 990 (2009)			
DAA								101111 000 (2009)			

	KANSAS TRAPSHOOTI tatement of Program Service		070410	Page 2
	ribe the organization's mission			
the prior For If "Yes," des	rm 990 or 990-EZ? cribe these new services on Schedu			Yes X No
services?	inization cease conducting, or make a control of these changes on Schedule O	significant changes in how it conducts, any progra	m	Yes X No
4 Describe the Section 501	e exempt purpose achievements for e (c)(3) and 501(c)(4) organizations an	each of the organization's three largest program send section 4947(a)(1) trusts are required to report the enue, if any, for each program service reported		
4a (Code) (Expenses \$	including grants of \$) (Revenue \$)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4b (Code) (Expenses ϕ	including grants of \$\psi\$) (Nevenue •	,
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
	am services (Describe in Schedule (
(Expenses 4e Total progr	\$ 302,054 inclu ram service expenses ►	iding grants of \$ 750) (F 302, 054	Revenue \$)
				Form 990 (2009

				1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Yes	No
	complete Schedule A		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		. 1		
	Schedule C, Part II		4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		1		
	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,"				7.7
	complete Schedule D, Part I	1	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7	-	_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				x
_	complete Schedule D, Part III		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		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	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	X	
	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 169 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 related 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				1 1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				1
	Schedule D, Parts XI, XII, and XIII		12		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				l
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		l		
	organization or entity 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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		47	1	x
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		 **
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?		<u>"</u>	t	† <u></u>
	If "Yes," complete Schedule G, Part III		19	ł	x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		Х
				001	

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		X
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		X
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		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 lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	рпог year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	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	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part 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,			3.
	Part IV	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ا مما		х
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	22		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
J J	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,	33		
J	III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	- 33		 -
	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	ٽٽ		 -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> </u>		 -
-	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		, ,,		

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 0 U.S. Information Returns Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X 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 X 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 this return (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by За X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X 6a organization solicit any contributions that were not tax deductible? 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). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? 7 d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 70 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as h 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9b Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a а b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a

b

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

DAA

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			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 15			
b	Enter the number of voting members that are independent 1b 15			
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		X
3	Did the organization delegate control over management duties customanly 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		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<u></u>	X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			1
	of the governing body?	7a		X
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	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
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	<u> </u>	X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code)		r	T
		40-	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	10a	├	^
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	405		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	-	\vdash
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11		x
110	form?			
11a 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
12a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		\vdash
b	nse to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this is done	12c		x
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Ì	x
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	İ	X
b	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 exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
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 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, and financial 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 ► SANDRA MCALLISTER 959 SW 10TH ST ACKSVILLE KS 67557			
M	ACKSVILLE KS 67557			

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

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

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

Check this box if the organization did not compensate any current of (A) (B) (C) Name and Title Average hours per								(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
GLEN LARUE		x						0	0	0
ARTIE MEIER		x						0	0	0
CHARLES COURTNEY		х						0	0	0
BRUCE DAVIS		x						0	0	0
RON WATSON		x						0	0	0
DALE DAVIS		x						0	0	0
ROY RATHBUN		x						0	0	0
CHARLIE SPIDELL		x						o	0	0
CAREY MCALLISTER		x						0	0	0
KEN BOCK		x						0	0	0
GARY BREHM		x						0	0	0
MARK CRIST		x						0	0	0
MEL GRANDSTAFF		x						0	0	0
SANDRA MCALLISTER SECRETARY	15.00			х				12,418	0	0
DENISE STULTZ TREASURER	2.00			x				650	0	0
ROB TAYLOR PRESIDENT	5.00			x				0	0	0
DON BUD VICE PRESIDENT DAA				x				o	0	Form 990 (2009

<u>Pa</u>	rt VII Section A. Officers	Directors, Trus	tees	, Ke	y En	nplo	yees	, an	d Highest Compensated E	mployees (continued)			
Name and Title Average Position (check hours per		chec	_			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of					
		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)	com fr org and orgs		
	_												
											_		
1b	Total							<u> </u>	13,068				
2	Total number of individuals (inc				ose	liste	d abo	ve)	who received more than \$10	00,000 in			
	reportable compensation from t	the organization	<u> </u>	U						·—·			T
3	Did the organization list any for employee on line 1a? If "Yes," of							ioye	ee, or highest compensated			Yes	No X
4	For any individual listed on line the organization and related organization	1a, is the sum of	гер	ortab	le co	ompe	ensat					-	
5	Individual Did any person listed on line 1a											4	X
	services rendered to the organition B. Independent Contractor		com	piete	Sch	edul	e J to	or su	ich person			5	X
1	Complete this table for your five compensation from the organiz	e highest compen	sate	d inc	lepe	nder	nt cor	ntrac	ctors that received more than	n \$100,000 of			
		(A) business address							Descrip	(B) toon of services		(C) Compensa	ation
												·	
								_					
			<u></u>										
								L					
2	Total number of independent of	ontractors (includ	ına b	nut n	ot lin	nted	to th	088	listed above) who received			, .	 ,
DAA	more than \$100,000 in compen		-				(1)		moted above) with received			0 Form 99 ((2000)
												1 OIIII 336	, (∠∪∪9)

_	rt V	III Statement of Reve					20-40/0410		Page 9
		an oldcomon or novo	<u></u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ম্ম	1a	Federated campaigns	1a		-		levenue		312, 313, 01 314
au		Membership dues	1b		3,437	‡			
gë.		Fundraising events	1c		9,434	Ī			
ar a		Related organizations	1d		6,871	Ī	,		
S,E		Government grants (contributions)	1e			1			
Contributions, gifts, grants		All other contributions, gifts, grants, and similar amounts not included above	1f		10,287				
달	g	Noncash contributions included in lines 1a-	lf \$;		Į.			
ပို့စ	h	Total. Add lines 1a-1f			_ _	30,029			
e e					Busn. Code				
Ven	2a	Program Service Reve	enue			293,598	293,598		
8	b	CAMP GROUND				4,650	4,650		
ξi	С	FARM GROUND			111000	3,949		3,949	
Ser	d								
ä	е								
Program Service Revenue	f	All other program service reven	nue						
<u>a</u>	g	Total. Add lines 2a–2f			•	302,197			
	3	Investment income (including d	ividend	s, interes	t, and		1		
		other similar amounts)			▶ _	180	180		
	4	Income from investment of tax-	exempt	bond pro	ceeds -				
	5	Royalties			<u> </u>				
	_	(ı) Real		(II) F	Personal	‡			
	6a	Gross Rents				1			
		Less rental exps				I	ł		
	_	Rental inc or (loss)				‡		-	
	d 7a	Net rental income or (loss) Gross amount from			<u> </u>				
		sales of assets (1) Securities	5	(11)	Other	1			
		other than inventory				1			
	D	Less cost or other				1			
	_	basis & sales exps		-		‡			
		Gain or (loss)				Ī			
		Net gain or (loss) Gross income from fundraising ever	., Г						
9	va	(not including \$	113			1			
Other Revenue		of contributions reported on line 1c)				ŧ			
8		See Part IV, line 18	a			ŧ			
þe	h	Less direct expenses	ь́Г			I			
ᄚᅵ		Net income or (loss) from fundr	~ _	vents		ŧ	ì		
		Gross income from gaming activities	· · ·	Vento					
		See Part IV, line 19	a			1			
	b	Less direct expenses	ь			‡			
		Net income or (loss) from gamil	ے - na activ	ities	•				
		Gross sales of inventory, less	Γ				1		
		returns and allowances	a			I			
	b	Less cost of goods sold	ь			1			
		Net income or (loss) from sales	of inve	ntory	•	Ť	İ	Ī	
		Miscellaneous Revenue			Busn. Code	<u> </u>		· , , ,	
Ī	11a	Other Revenue				1,306	1,306		
	b								
	С								
	d	All other revenue							
	9	Total. Add lines 11a-11d			>	1,306			
	12	Total Revenue. See instruction	ns		<u> </u>	333,712	299,734	3,949	0
									5 000 (000)

Form 990 (2009)

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)

	All other organizations must		re not required to complet	te columns (B), (C), and (I	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		- CAPOTIGOS	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21	750	750	1	
2	Grants and other assistance to individuals in	7.50	, 30		
-	the U.S. See Part IV, line 22			1	
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the			1	
	U S See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees				
c	· · · · · · · · · · · · · · · · · · ·				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	15 703		15 700	
7	Other salaries and wages	15,783		15,783	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	·			
9	Other employee benefits	0 454		0 450	
10	Payroll taxes	2,156		2,156	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	Accounting	1,755		1,755	
d	Lobbying	ļ			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,387	2,387		
13	Office expenses	8,946	7,572	1,374	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses		T		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,781	1,781		
21	Payments to affiliates	9,447	9,447		
22	Depreciation, depletion, and amortization	40,491	40,491		
23	Insurance	5,349		5,349	
24	Other expenses Itemize expenses not			1	
	covered above (Expenses grouped together	1		1	
	and labeled miscellaneous may not exceed		1	-	
	5% of total expenses shown on line 25 below)	1		1	
а	PRIZES AND AWARDS	108,874	108,874		
b	TARGETS	43,476	43,476		
С	SCORE KEEPERS/TRAP THROW	33,099	33,099		
d	REPAIRS AND MAINTAINENCE	25,379	25,379	**-	7-
е	UTILITIES	11,053	10,096	957	
f	All other expenses	24,225	18,702	5,523	
25		334,951	302,054	32,897	1.
	Joint costs. Check here ▶ I if following		002,001	32,007	
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (20

Part X **Balance Sheet** (A) (B) End of year Beginning of year 1 1,296 Cash-non-interest bearing Savings and temporary cash investments 2 61,849 3 Pledges and grants receivable, net 3 Accounts receivable, net 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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a 613,452 other basis Complete Part VI of Schedule D 372,551 b Less accumulated depreciation 10b 10c 240,901 Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 850 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 304,896 Total assets. Add lines 1 through 15 (must equal line 34) 0 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 61,256 Other liabilities Complete Part X of Schedule D 25 61,352 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ |X| and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 243,544 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 0 243,544 33 Total net assets or fund balances 33 304,896 0 Total liabilities and net assets/fund balances 34

Form 990 (2009)

orm	990 (2009) KANSAS TRAPSHOOTING ASSOCIATION, INC 26-4070410		Pag	ge 12
Рa	ert XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash 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
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	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 Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			ļ

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Actach to 1 of this 350 of 1 of this 350-LZ.

Inspection
Employer identification number
26-4070410

			KANSAS TRAPS	HOOTING ASSOCIAT	ION,	INC			26-	407	0410		
P	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this p	art.) S	ee ins	tructio	ns.		
The	orgai	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>A</i>	A)(i).						
2		A school desc	cribed in section 170(b)(1)(A	i)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iii)							
4		A medical res	search organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	tal's name,		
		city, and state	е										
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	ıl unıt de	scribed	ın			
			b)(1)(A)(iv). (Complete Part I										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		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 17	70(b)(1)(A)(vi). (Complete Part II)								
9	X	An organizati	on that normally receives (1)	more than 33 1/3 % of its suppo	rt from co	ntribution	s, memb	ership fe	es, and	gross			
		receipts from	activities related to its exemp	ot functions—subject to certain ex	ceptions,	and (2) n	o more t	han 33	1/3 % of	its			
		support from	gross investment income and	d unrelated business taxable inco	me (less	section 51	1 tax) fr	om busii	nesses				
		acquired by the	he organization after June 30	, 1975 See section 509(a)(2). (0	Complete	Part III)							
10		An organizati	on organized and operated e	xclusively to test for public safety	See sec	tion 509(a	a)(4).						
11		An organization	on organized and operated e	xclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
				d organizations described in sect						tion			
		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 d Type III-Other											
6	Ш	-	•	nization is not controlled directly		• •		•					
		persons other	r than foundation managers a	and other than one or more public	ly suppor	ted organ	zations	describe	d in sec	ction			
			section 509(a)(2).										
f		_		mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	9				
		-	check this box										
g			_	on accepted any gift or contribution	on from a	ny of the							
		following per										<u></u>	
			•	ntrols, either alone or together wi	th persons	s describe	d in (ii)					Yes	No
			below, the governing body of	• •							11g(i)		
			member of a person describe	**							11g(ii		
_			ontrolled entity of a person de	***							[11g(ıı	91	
<u>h</u>	Name	of supported	ollowing information about th	(III) Type of organization	(ny) to the	manization	(v) Did v	ou notify	601	a tho	(vii) As	nount of	
(1)		anization	(ii) EIN	(described on lines 1–9		organization sted in your		ou notify nzation in	organizat	s the ion in col		nount of oport	
				above or IRC section		document?	∞l (i)	of your cort?	(i) organı	zed in the S ?		•	
				(see instructions))	Yes	No	Yes	No	Yes	No			
					1								
											-		
													
					l								
					 				<u> </u>				
_													

		ISAS TRAPS				-4070410	Page 2
Pa	at II Support Schedule for Or				1)(A)(iv) and 17	70(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box o	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support				()) 0000	/ \ 0000	
Cal	endar year (or fiscal year beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		ŧ		<u> </u>	142	
12	Gross receipts from related activities, etc. (anned the face	h as 66h tau	nn a cooken E04/=\-	(2)	L
13	First five years. If the Form 990 is for the	=	secona, tnira, touri	n, or tittn tax year a	as a section 50 I(c)	(3)	▶ □
500	organization, check this box and stop here tion C. Computation of Public Su				· · · · · · · · · · · · · · · · · · ·	 	
		• • • • • • • • • • • • • • • • • • • •		(6)		14	%
14	Public support percentage for 2009 (line 6,			(1))			%
15	Public support percentage from 2008 Sche)	4/2 0/	<u>15</u>	/0
16a	33 1/3 % support test—2009. If the organ			s, and line 14 is 33	1/3 % or more, che	eck this dox	▶ □
	and stop here. The organization qualifies a		*	4Cd l 4E	22 4/2 0/	b-al-thio	
þ	33 1/3 % support test—2008. If the organ				is 33 1/3 % or mor	e, check this	▶ □
	box and stop here. The organization qualif	•			401 14 44	4006	
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "far					v now the	▶ □
_	organization meets the "facts-and-circumst					45 - 400/	
b	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa- organization meets the "facts-and-circumst					v now the	▶ □
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see i	nstructions	▶

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.)

Sec	ction A. Public Support					-	
Ca	alendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					30,029	30,029
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					299,734	299,734
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					329,763	329,763
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			-	<u> </u>	ļ	
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						329,763
	ction B. Total Support	T	T		1	т т	
	alendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6					329,763	329,763
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					2,771	2,771
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	<u> </u>		332,534	332,534
14	First five years. If the Form 990 is for the o		second, third, four	h, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						>
	ction C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8,	٠,,	•	(f))		15	99.17%
<u>16</u>	Public support percentage from 2008 Sched			·		16	<u>%</u>
	ction D. Computation of Investmen					T 1	
17	Investment income percentage for 2009 (lin		•	column (f))		17	<u>%</u>
18	Investment income percentage from 2008 S			44 11 4-		[18]	%
19a	33 1/3 % support tests—2009. 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						▶ [X
b	33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and						- 1
	line 18 is not more than 33 1/3 %, check this						▶ □
20	Private foundation. If the organization did		=		• • • •		▶ □

Schedule A (Form 990 or 990-EZ) 2009 KANSAS TRAPSHOOTING ASSOCIATION, INC 26-4070410

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No 1545-0047
2009

Open to Public Inspection

Employer identification number

KANSAS TRAPSHOOTING ASSOCIATION, INC 26-4070410 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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 Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section | Yes | No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	S TRAPSHOOTING				Page 2	
	ining Collections of Art				(continued)	
3 Using the organization's acquisition, ac collection items (check all that apply)						
a Public exhibition	d \ Lo	an or exchange programs				
b Scholarly research		her				
c Preservation for future generations						
Provide a description of the organization Part XIV	on's collections and explain how	they further the organizat	ion's exempt purpo	se in		
5 During the year, did the organization so assets to be sold to raise funds rather to	olicit or receive donations of art	, historical treasures, or otle f the organization's collecti	her sımılar		☐ Yes ☐ No	
Part IV Escrow and Custodia	al Arrangements. Comp	lete if the organizati		Yes" to Form 9		
	an amount on Form 990					
1a Is the organization an agent, trustee, c	ustodian or other intermediary f	or contributions or other a	ssets not			
included on Form 990, Part X?					Yes No	
b If "Yes," explain the arrangement in Pa	irt XIV and complete the followi	ng table				
					Amount	
c Beginning balance				1c		
d Additions during the year				1d		
 Distributions during the year 		<u> </u>		1e		
f Ending balance				1f		
2a Did the organization include an amoun	t on Form 990, Part X, line 21?				Yes No	
b If "Yes," explain the arrangement in Pa						
Part V Endowment Funds.	Complete if organization	answered "Yes" to	Form 990, Part	IV, line 10.		
	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back	
1a Beginning of year balance						
b Contributions						
c Net investment earnings, gains,						
and losses	<u> </u>					
d Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the	ne vear end balance held as					
Board designated or quasi-endowment	•					
b Permanent endowment ▶	<u> </u>					
c Term endowment ▶ %	-					
3a Are there endowment funds not in the		that are held and administ	ered for the			
organization by	possession of the organization	and are note and admirror	0.00 10. 1.10		Yes No	
(i) unrelated organizations					3a(i)	
· · ·						
	(ii) related organizations 13a(ii) 15 (iii) related organizations 25 (iii) related organizations (iiii) related organizations (ii					
• • • •	b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds					
	Buildings, and Equipme		Part Y line 10			
Description of investment	(a) Cost or other ba			cumulated	(d) Book value	
Description of investment	(investment)	basis (other)	' '	eciation	(a) book value	
4a Land	(Sitt 2 and 1 and		600		31,600	
1a Land		 			31,000	
b Buildings						
c Leasehold improvements		_		+		
d Equipment	-	E01	952	372 551	209,301	
e Other	must squal Form 000, Port V a	581,	032	372,551	240,901	
Total. Add lines 1a through 1e (Column (d)	musi equal rolm 990, Part X, C	oluli (D), lille TU(C))		▶	~ 4U, 7U1	

Schedule D (Form 990) 2009 KANSAS TRAPSHOOTING A Part VII Investments—Other Securities. See Form 990), Part X <u>,</u> line 12.		Page \$
(a) Description of security or category	(b) Book value	(c) Method of	f valuation
(including name of security)	<u> </u>	Cost or end-of-year	ar market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-year	ar market value
	ļ <u> </u>		
			
			
	1		
			
Total (Column (b) must oqual Form 000, Part V col (D) line 12.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets See Form 990, Part X line 15			
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Rook value
			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
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Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description	5.	•	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	5. (b) Amount	•	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2. 1 (a) Description of liability Federal income taxes	(b) Amount	•	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2: 1 (a) Description	1	•	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2. 1 (a) Description of liability Federal income taxes	(b) Amount		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2. 1 (a) Description of liability Federal income taxes	(b) Amount	•	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2. 1 (a) Description of liability Federal income taxes	(b) Amount	•	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2. 1 (a) Description of liability Federal income taxes	(b) Amount	•	(b) Book value
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organization's liability for uncertain tax positions under FIN 48

	tule D (Form 990) 2009 KANSAS TRAPSHOOTING ASSOCIATION		26-4070410	Page 4		
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	udited Fina	ncial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
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			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10			
Pa	rt XII Reconciliation of Revenue per Audited Financial Statement	s With Reve	enue per Return			
1	Total revenue, gains, and other support per audited financial statements					
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				
e	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
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			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statemer	nts With Exp	enses per Return	1		
1	Total expenses and losses per audited financial statements		1			
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				
C	Other losses	2c				
d	Other (Describe in Part XIV)	2d				
0	Add lines 2a through 2d		2ө			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
C	Add lines 4a and 4b	•	4c			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	,		<u> </u>		
Part XIV Supplemental Information						
Com	plete 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 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and 4b Also	complete			
his p	art to provide any additional information					
						
			 			
_						
	 					

Schedule D (Fo	m 990) 2009 KANSAS IKAPSHOOTING	ASSOCIATION, INC 26-40/0410	Page 5
Part XIV	Supplemental Information (continued)		
			- -
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			–
<u>-</u>			
- -			

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

OMB No 1545-0047

Name of the organization

KANSAS TRAPSHOOTING ASSOCIATION, INC

Employer identification number

26-4070410

Form 990 - Organization's Mission or Most Significant Activities

THE KANSAS TRAPSHOOTING ORGANIZATIONS MISSION IS TO PROMOTE AND GOVERN

AMERICAN STYLE TRAPSHOOTING THROUGHOUT THE STATE OF KANSAS IN ACCORDANCE

TO THE GUIDLINES OF THE AMATEUR TRAPSHOOTING ASSOCIATION. THE KANSAS

TRAPSHOOTING ORGANIZATION ACHIVES THIS MISSION BY ENFORCING OFFICIAL RULE

PROMULGATION, MAINTAINING OFFICIAL SHOOTERS' RECORDS, PROVIDING FACILITIES

AND EQUIPMENT TO SUPPORT THE ATHLETES, PROVIDING PROGRAMS TO EDUCATE

ATHLETES IN GUN SAFETY AND GUN MAINTENANCE, AND PROVIDING COMPETITION FOR

THE ATHLETES TO PARTISIPATE IN.

Form 990, Part III, Line 4d - All Other Achievements SCOLARSHIPS

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 PRESIDENT REVIEWED THE RETURN PRIOR TO ITS FILING.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation UPON REQUEST