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## Form 990-EZ

Department of the Treasury Internal Revenue Service

## **Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250 000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

**Open to Public** Inspection

A F	or the 2	2009 calendar	year, o	or tax y	ear beg	inning					, 2009, a	nd endir	ng				, 20	
B CI	neck il ap	oplicable		C Na	me of orga	anization	,							D Emp	loyer	dent	ification r	number
	Idress cl	ı	Please	BENT	ON GUI	N CLU	В					7				742	40	
	nne cha	· ·	use IRS label or	<b></b>				nail is not	delivered	to street a	ddress)	Room/	suite	E Tele	phone	num	ber	
	Initial return type.										1							
	erninated		See	POI	вох 13	39									501)	315	-6520	
	nended		Specific Instruc-		town, stat	te or coun	ntry, and ZI	IP + 4						F Grou	p Exe	mptio	on	
		pending	tions	BENTO	ON. AI	R 720	15								ber			
		tion 501(c)(3)						empt ch	aritable	e trusts	nust attach		G	Accounting			y Cash	Accrual
•			-				Form 99	•		o (, <b>u</b> bto				Other (spec			Λ	
				mpictod	2 001100	1010 11 (1			<u> </u>					Check ► X			rganizatioi	n is <b>not</b>
ı v	/ehsite	: Denta	ימנוטמכ	club.	org									required to	_		_	
		mpt status (ch				501(c) (	7 \	<b>4</b> (ince	art no 1	49/	7(a)(1) or	527		990-EZ, or 9			) <b>G</b> 0.1000	01111 000,
	heck										and its gros						n \$25 000	η Δ
			_						-								ii φ25,000	, ^
		0-EZ or Form																118,320
$\overline{}$		s 5b, 6b, and														<b>▶</b> \$	)	110,320
<u>Pa</u>											Fund Bal						ant i)	
İ	1	Contributions													1	-+-		10 204
	2	Program serv													2			10,394
	3	Membership	dues ai	ınd asse											3			104,889
	4	Investment in		• •									• • •		4	-		
		Gross amour										ia 💮			_			
	b	Less cost or	other b	oasis ar	nd sales	s expens	ses ·		• • •		[ 5	ib			_			
R	С	Gain or (loss	) from s	sale of a	assets c	other tha	an inver	ntory (S	ubtract	line 5b f	rom line 5a)			• • • • •	50	С		
e v	6	Special events a	ınd actıvıtı	ties (comp	olete appli	icable par	ts of Sche	dule G) l'	If any amo	ount is fron	n <b>garnin</b> g	, check he	ere 🕨		- 1			
e	а	Gross revenu	ue (not i	ıncludır	ng \$ _				of con	ntribution	s .							
U		reported on I	ine 1)								6	ia 📗						
е	b	Less direct e	expense	es othe	r than fu	undraisi	ıng expe	enses			6	Sb						
ĺ	С	Net income of	or (loss)	) from s	pecial e	events a	and activ	vities (S	Subtract	t line 6b	rom line 6a)				60	c		
	7a	Gross sales	of inven	ntory, le	ss retur	rns and	allowan	nces ·			7	7a						
	b	Less cost of	goods	sold							7	7b						
	С	Gross profit	or (loss)	) from s	sales of	invento	ory (Subi	tract line	e 7b fro	om line 7	a) · · · ·				70	c		
ľ	8	Other revenu		_										)	8			3,037
	9	Total revenu	e. Add	lines 1	2, 3, 4	, 5c, 6c	, 7c, an	d 8 ·					• • •		9	,		118,320
9	10	Grants and s									3-				10	0	<del></del>	30
9,2010	11	Benefits paid						•			//	D.E.	-	<u>.</u>	1	1		
CX	12										11		E11,		s 12	2		
Op	13	Salaries, other	fees an	nd othe	r pavme	ents to u	ndepen	dent co	ntracto	rs · ·	/3/				// 1;	3		150
o n	14	Occupancy,									.  m. /s	<i>Y</i> <sub>E</sub> , 3.	۸		14	4		34,390
	15	Printing, pub									1 1		14 2g	Isn .1.51.	15			5,057
S	16	Other expens			-		''9				100	161	4	100	10	_		16,525
A S S C t S	17	Total expens										WEN	111	-JEH	17			56,152
													الانجوا		18			62,168
; A	18	Excess or (de		_									• • •		<u> </u>	-		02,100
NS ec	19	Net assets of													۱.,	, [		212 270
e c		end-of-year f													19			213,279
t	20	Other change													20			055 445
لــــا	21	Net assets o	r fund b												2			275,447
Pa	<u>rt II</u>	<u>Balance</u>		<del></del>					mn (B)	are \$1,2	50,000 or m	ore, file	Form !	990 instead	of Fo	rm 99	90-EZ	
							for Part						(A)	Beginning of y		<u> </u>	(B) End	
22		, savings, and													,826			42,351
23		and buildings												200	,453	-		233,096
24	Other	assets (desc	ribe 🕨									)				24		
25	Total	assets · ·												213	,279	25		275,447
26	Total	liabilities (de	scribe	<b>&gt;</b>								)				26		
27	Net a	ssets or fund	balance	es (line	27 of c	column	(B) mus	t agree	with lin	ne 21)				213	,279	27		275,447

Form 990-EZ (2009) BENTON GUN CLUB	1		71-0	6742	10 Page 2
Part III Statement of Program Service	Accomplishments (See the	instructions for Part I	II )		Expenses
What is the organization's primary exempt purpose? Pl	ROMOTE FIRE ARM SAFTEY				ired for section )(3) and 501(c)(4)
Describe what was achieved in carrying out the organiz					izations and section
manner, describe the services provided, the number of	persons benefited, or other releva	nt information for			a)(1) trusts, optiona
Pach program title				for oti	ners)
28 YOUTH SAFTEY AND SHOOTING PROGRAMS					
AND PERMIT CLASSES COVERING HOME S	AFTEY AND HOME				
SECURITY				200	
<u> </u>	this amount includes foreign grant	s, cneck nere · · ·	· · · · · <b>/</b>	28a	
29 PROVIDE MEMBERS WITH A SHOOTING RA	NGL				
			<del></del>		
(Grants \$ ) If	this amount includes foreign grant	c check here		29a	
30	uns amount includes loreign grant	s, check here		234	
(Grants \$ ) If	this amount includes foreign grant	s, check here · · ·	▶	30a	
31 Other program services (attach schedule) · · · ·					
	this amount includes foreign grant			31a	
32 Total program service expenses (add lines 28a thr	ough 31a) · · · · · · · ·			32	
Part IV List of Officers, Directors, Trustees, and	Key Employees. List each one ev	en if not compensated	(See the instruc	ctions fo	or Part IV)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributions employee benefit pla		(e) Expense account and
	devoted to position	enter -0)	deferred compens		other allowances
CHERYL CRAIG	SECRETARY TREAS				_
P O BOX 139 BENTON AR, 72018	0		0	q	
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			-		
		<u> </u>	<del> </del>		
			1		

Form 990-EZ (2009) BENTON GUN CLUB	71-0674240	Р	age 3
Part V Other Information (Note the statement requirements in the instructions for Part V)			
`		Yes	No
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
description of each activity	33		<u>X</u>
Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
the changes · · · · · · · · · · · · · · · · · · ·	34		X
If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others)	, but		
not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 99	90-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
6033(e) notice reporting, and proxy tax requirements?			X
b If "Yes " has it filed a tax return on Form 990-T for this year?	35b	,	
6 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
during the year? If "Yes," complete applicable parts of Schedule N	36		X
7 a Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · • 137a			!
b Did the organization file Form 1120-POL for this year?	· · · · · · 37b	,	X
8 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			l
any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	.	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved			
9 Section 501(c)(7) organizations Enter			l
a Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	d		
b Gross receipts, included on line 9, for public use of club facilities · · · · · · · · · · · · · · · · · · ·	104,889		l
0 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			l
section 4911 ▶, section 4912 ▶, section 4955 ▶			l
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations  Did the organization engage in any section 4958 excess benefit			
transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			l
person in a prior year, and that the transaction has not been reported on any of the organization's prior			l
Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	• • • • • • 40b	·	<b></b>
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			l
organization managers or disqualified persons during the year under sections 4912,			l
4955, and 4958 · · · · · · · · · · · · · · · · · · ·	<del></del>		l
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			l
reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			l
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
transaction? If "Yes," complete Form 8886-T	· · · · · · 40e		<u>X</u>
1 List the states with which a copy of this return is filed			
	<b>▶</b> 501 <del>-315-(</del>	<del>:520</del>	351-7
Located at ▶ P O BOX 139 BENTON, AR ZIP+4	72018		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority		[ <del>]</del>	
over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
account)?	42b	<u>'</u>	<u>X</u>
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.			l
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420	1	X
If "Yes," enter the name of the foreign country		_	
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	
and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>		
		[V-	B4-
A Dillian and the second and the sec	<del></del>	Yes	No
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
Form 990-EZ	44	4	X
5 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
"Yes " Form 990 must be completed instead of Form 990-EZ	45	i	Х

No

Yes

(e) Expense

account and

46

47 48

71-0674240 Form 990-EZ (2009) BENTON GUN CLUB Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section Part VI 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51 46 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 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II · · Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49b b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (b) Title and average (d) Contributions to (c) Compensation employee benefit plans & (a) Name and address of each employee paid more hours per week other allowances devoted to position deferred compensation than \$100 000 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ature of office Date Here CHERYL CRAIG. SECRETARY TREASURER Type or print name and title Date Check if Preparer's Identifying No (See inst ) Preparer's signature 08-09-2010 Paid POO79895 employed

Preparer's **Use Only** 

Firm's name (or yours if self-employed) address and ZIP + 4

W MCDONALD AND CO

May the IRS discuss this return with the preparer shown above? See instructions

1915 NORTHSHORE DR STE 4 Benton, AR 72015

501-778-3503 Yes

No

EIN

### **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.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

▶ See separate instructions.

BENT	NC										674240			
Part	1		Reason for	Public Charit	y Status (All organiz	ations mus	t complete	this part)	See ınstru	uctions				
The or	gan	ıızatıoı	n is not a priva	ite foundation beca	tuse it is (For lines 1 thro	ough 11, cl	neck only o	ne box )						
1		A chu	rch, conventio	n of churches, or a	ssociation of churches d	lescribed ir	section 1	70(b)(1)(A)	)(i).					
2		A sch	ool described	ın section 170(b)(1	)(A)(ii). (Attach Schedule	εE)								
3		A hos	pital or a coop	erative hospital se	rvice organization descri	bed in <b>sec</b>	tion 170(b)	(1)(A)(iii).						
4		A med	dical research	organization opera	ated in conjunction with a	hospital d	escribed in	section 1	70(b)(1)(A	<b>)(iii).</b> Enter	the hospit	al's nam	ie,	
		city a	nd state						·					
5		An or	ganızatıon ope	erated for the bene	fit of a college or univers	ity owned o	or operated	by a gove	ernmental	unit descri	bed in			
		section	on 170(b)(1)(A)	)(iv). (Complete Pa	rt II )									
6		A fede	eral, state, or l	ocal government o	r governmental unit desc	ribed in <b>se</b>	ction 170(	b)(1)(A)(v).						
7		An or	ganization that	t normally receives	a substantial part of its	support fro	m a goverr	nmental un	it or from	the genera	1 public			
		descr	ibed in <b>sectior</b>	า 170(b)(1)(A)(vi). (	Complete Part II)									
8			•		า <b>170(b)(1)(A)(vi).</b> (Comp		-							
9	X	An or	ganization that	t normally receives	(1) more than 33 1/3%	of its supp	ort from co	ntributions	, member	ship fees, a	and gross			
		receip	ots from activiti	ies related to its ex	empt functions - subject	to certain (	exceptions	, and (2) no	o more tha	an 33 1/3%	of its			
		suppo	ort from gross	investment income	and unrelated business	taxable inc	come (less	section 51	1 tax) from	n business	ses			
		acquii	red by the orga	anization after June	e 30, 1975 See <b>section</b>	509(a)(2). (	Complete	Part III )						
10		An or	ganization org	anized and operate	ed exclusively to test for	public safe	ty See <b>se</b> e	ction 509(a	1)(4).					
11		An or	ganization org	anized and operate	ed exclusively for the ber	nefit of, to p	erform the	functions	of, or to c	arry out the	9			
		purpo	ses of one or i	more publicly supp	orted organizations desc	ribed in se	ction 509(a	a)(1) or se	ction 509(	a)(2) See	section			
		509(a	<b>)(3).</b> Check the	box that describe	s the type of supporting of	organizatio	n and com	plete lines	11e throu	igh 11h				
		a	Type I	,,	e II c	• •		lly integrat		d	Type I	II-Other		
е		-	ŭ	•	organization is not contro		•			•				
		perso	ns other than t	foundation manage	ers and other than one o	r more pub	licly suppo	rted organ	izations d	escribed in	section			
			)(1) or section											
f					etermination from the IR	S that it is	a Type I, T	ype II, or T	ype III sur	porting				
			ization, check										• • •	• •
g				006, has the organi	zation accepted any gift	or contribu	tion from a	iny of the						
			ing persons?											
				-	controls, either alone of	_		is describe	ea in (ii)				Yes	No
				-	ly of the supported organ							11g(i)		
				•	cribed in (i) above? · ·							11g(ii)		
				, .	on described in (i) or (ii) a							11g(iii)	L	
- h					t the supported organiza			1		T				
(		ame of s organiz	supported ation	(a) EIN	(iii) Type of organization (described on lines 1-9	(N) Is the d	_	(v) Did ye the organ	-	(vi) organizati	s the on in col		Amount of upport	ot
					above or IRC section	governing	-	col (i)	of your	(i) organiz	ed in the			
					(see instructions) )	Voc	No	<del>                                     </del>	port?		S?			
						Yes	No	Yes	No	Yes	No			
										,				
				· · · · · · · · · · · · · · · · · · ·		<del> </del>				-				
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							i		}					
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Sched	lule A (Form 990 or 990-EZ) 2009 BENT	ON GUN CLUB				71-067424	Page
Pa	Support Schedule for Org (Complete only if you checked the			ections 170(b	)(1)(A)(iv) and	d 170(b)(1)(A)(v	ri)
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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		1				
	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 In 4						
Sec	tion B. Total Support					- · · · · · · · · · · · · · · · · · · ·	·
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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 ·						
12	Gross receipts from related activities, etc. (s	see instructions)				. 12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here					, , , ,	▶
Sec	tion C. Computation of Public Su	pport Percen	tage				
14	Public support percentage for 2009 (line 6,						%
15	Public support percentage from 2008 Scheo	dule A, Part II, line	: 14 • • • • • •			· 15	%
16a	33 1/3% support test - 2009. If the organization	tion did not check	the box on line 13	, and line 14 is 33	1/3% or more, ch	eck this box	
	and stop here. The organization qualifies as	s a publicly suppo	rted organization				• • • • •
b	33 1/3% support test - 2008. If the organization	tion did not check	a box on line 13 o	r 16a, and line 15	ıs 33 1/3% or moı	e, check this	
	box and stop here. The organization qualifie	es as a publicly su	ipported organizat	ion · · · · ·			• • • • •
17a	10%-facts-and-circumstances test - 2009. I	f the organization	did not check a bo	x on line 13, 16a,	or 16b, and line 1	4 is 10% or	
	more and if the organization meets the "fac	ts-and-circumstar	nces" test, check th	nis box and stop he	ere. Explain in Pa	rt IV how the	
	organization meets the "facts-and-circumsta	ances" test. The o	rganization qualifie	es as a publicly sur	oported organizati	on	• • • • •

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

	(Complete only if you checked the	box on line 9 of Pa	rt I )				
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include						
2	Gross receipts from admissions, merchan-	36,423	45,006	43,008	46,366	104,889	275,692
2	dises sold or services performed, or fac- lities furnished in any activity that is related to the organization's tax-exempt purpose	17,819	17,641	21,990	19,268	10,395	87,113
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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 · · · · · ·	54,242	62,647	64,998	65,634	115,284	362,805
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				;		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·	,					362,805
	ction B. Total Support			·			
Cale 9	endar year (or fiscal year beginning in)  Amounts from line 6 · · · · · · · · · · · · · · · · · ·	(a) 2005 54, 242	(b) 2006	(c) 2007 64,998	(d) 2008	(e) 2009	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents royalties and income from similar sources	54,242	62,647	04,550	65,634	115,284	362,805
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		275	3,061	3,177	3,037	9,550
13	Total support. (Add lines 9 10c. 11, and 12) · · · · · · · · · · ·						372,355
14	First five years If the Form 990 is for the orgonganization, check this box and stop here	janization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(	3) • • • • • • • • • • • • • • • • • • •	▶
<u>Se</u> 0	ction C. Computation of Public Su Public support percentage for 2009 (line 8, co			n)		15	97.44 %
16	Public support percentage from 2008 Schedu				,	16	%
	ction D. Computation of Investmen	nt Income Per	centage				
17 18	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc					17	%
	33 1/3% support tests - 2009. If the organization	tion did not check t	he box on line 14,	and line 15 is more	e than 33 1/3%, an	id line	
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2008. If the organizatine 18 is not more than 33 1/3%, check this l	tion did not check a	box on line 14 or	line 19a, and line	16 is more than 33	1/3%, and	· · · · · ▶ X
20	Private Foundation: If the organization did no		-				

#### Form **4562**

# **Depreciation and Amortization**

OMB No	1545-0172
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(Including Information on Listed Property) 2009 Attachment Department of the Treasury Sequence No 67 ▶ See separate instructions. ▶ Attach to your tax return. Integnal Revenue Service Identifying number Business or activity to which this form relates Name(s) shown on return 71-0674240 FORM 990 -BENTON GUN CLUB **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (b) Cost (business use only) (a) Description of property Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · · 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . . . . . . . . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 Other depreciation (including ACRS) ................... 4.915 MACRS Depreciation (Do not include listed property ) (See instructions ) Part III MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (a) Classification of property (g) Depreciation deduction period only-see instructions) service 19a 3-year property b 5-year property 150 7-year property 7 HY S/L 11 10-year property 15-year property 20-year property 25-year property 25 yrs q Residential rental MM h 27 5 yrs S/L ММ property 27 5 yrs S/L Nonresidential real Statement # 50 MM S/L 39 yrs 446 property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L 12-year 12 yrs \$/L c 40-year 40 yrs MM Summary (see instructions) Part IV Listed property Enter amount from line 28 21 68

23

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the

5,440

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

Note. For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

		reciation and Ot	<u>``</u>							congor	automot	ulac )			
2/12	<del></del>					e the ins	Yes	No	24b If "	_ <u>-</u> _			tten?	Yes	. No
	Do you have evidence (a) ype of property (list vehicles first)	(b)  Date placed in service	(c) Business/ investment use	Cost	(d) or other		(e) Basis for depreciation (business/investment		(f) Recovery period	(9)		(h) Depreciation		Ele sectio	(i) ected on 179
			percentage	L			use on	<del></del>	<u></u>						ost
25	Special deprecia		•					•			25				
	tax year and used		<del></del>			see inst	ructions	,		· · ·	· 25				
26	Property used me	T	<del>,</del>						<del>, , , , , , , , , , , , , , , , , , , </del>	200	DB-HY			<del></del>	
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			%							┼─	-			-	
	Property used 50	)%' or loos in a gi		<u> </u>					<u> </u>	1	l				
27	Property used 50	or less in a qu				1			1	S/L-					
		<del>   </del>	%						-	S/L-				$\dashv$	
		<del> </del>	%	ļ						S/L-				$\dashv$	
28	Add amounts in	solumn (h) lines			hara an	d on line	21 02	20.1	J		. 28			$\dashv$	
28	Add amounts in o		-									L	68		
29	Add amounts in o	column (I), line 20	5 Enternere	Section								• • • •	2	<u>'L</u>	<del></del>
Con	anlata this saction	for volucios usor	t by a cala a							ar rolate	d paren	n Hvou	provido	d vobiele	\C
	nplete this section			•	•						•	•	•		5
το γο	our employees firs	st answer the que	estions in Se	Τ	· · · · · · · · · · · · · · · · · · ·			T	· 1		···				
30	Total business/in		driven	1	a)		b)	1	(c)	(6			e)	(1	
	during the year (commuting miles			Vehic	le i	Vehi	cle 2	Veh	vehicle 3 Vehicle 4		ie 4	Vehi	cle 5	Vehic	le 6
31	Total commuting							<del> </del>	-						
32	Total other perso		•					<del> </del>		<del></del>					
JŁ	miles driven · ·		•						-		İ				
33								<del> </del>							
33	Total miles driver								İ						
34	lines 30 through Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
54	use during off-du	•	Suriai	165	140	162	140	162	140	163	140	163	140	163	110
35	Was the vehicle	•						<del> </del>	-			<del></del>			
33	more than 5% ov	, , ,													
36	Is another vehicle	•					<b></b>	<del> </del>	+-+						
30	use? · · · · ·	•													
	user		Questions	for Empl	OVOTO M	ho Prov	ido Vob	icles for	Lleo by T	hair En	nlovees		l		
Anc	wer these question			-	-				-				re not		
	e than 5% owners		-	-	011 10 00	mbienni	y Sectio	11 & 101 V	enicies us	eu by e	inployee	S WIIO C	ii e iiot		
37	Do you maintain		<del>`</del>		te all no	eonal u	se of vel	hicles in	eludina co	mmutu	na hy		-	Yes	No
٠.	your employees?				is all per	Soliai u								103	
38	Do you maintain		tatement tha	ıt probibi	te naren	ر موں احم	of vehicl	as ave	ent commi	itina hi	VOU				<u> </u>
-	employees? See	· ·									-				
39	Do you treat all u														<u> </u>
40	Do you provide n									es abo	ut the				
-	use of the vehicle		-												
41	Do you meet the					demon	stration	use? (S	ee instruc	tions )					<u> </u>
• •	Note: If your answ														
Do	1	tization	, 10, 01 11 13	100, 4		- Inpicto (	50011011	<u> </u>	0010100	01110100		_		L	
[ F.d	ir <u>CVI</u> AIIIOI	uzauon				_									
	(a) Description o	of costs	Date amo	b) ortization gins		) Amortizabl	c) e amount		(d) Code sec	tion	(e) Amortiza penod percenta	ation or	(f) Amortization fo		year
42	Amortization of co	osts that begins i	during your 2	2009 tax	year (se	e instru	ctions)		· · · ·			<u>- 1</u>			
			3,2		1 ,= ,=		-,								
					T			$\dashv$							
43	Amortization of co	osts that began h	pefore vour 2	2009 tax	vear ·							43		-	
44	Total. Add amou	=	=				ort ·					44			
EEA		(1)				Р							F	orm 4562	(2009)

#### **Federal Supporting Statements** 2009 PG 01 Name(s) as shown on return Employer Identification Number 71-0674240 BENTON GUN CLUB Statement #122 Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule Relationship NONE Activity ARK SHERIFFS YOUTH RANCHES ARK SHERIFFS YOUTH RANCHES Grantee Address P O BOX 3964 AR 72503 Batesville Total

	Federal Supporting Statements	2009 PG 01
Name(s) as shown on return		Employer Identification Number
BENTON GUN (	CLUB	71-0674240

Form 990EZ, Part I, Line 16 Other Expenses Schedule 2 Statement #130

Description	Amount
DUES REFUND	163
INSURANCE AND BOND	9,071
DUES	50
MISCELLANEOUS	76
MEETINGS	1,001
OFFICE SUPPLIES	251
REAL ESTATE TAXES	318
WEB SITE	155
DEPRECIATION	5,440
Total	16,525

	Federal Supporting Statements	2009 PG 01
Name(s) as shown on return		Employer Identification Number
BENTON GUN C	LUB	71-0674240

Form 990EZ, Part I, Line 8 Other Revenues Schedule 2 Statement #141

Description	Amount
NRA COMMISSIONS	2,800
INSURANCE REFUND	237
Total	3,037

**Federal Supporting Statements** 2009 PG01 Employer Identification Number Name(s) as shown on return Statement # 50 FORM 4562 - LINE 19I <u>COST</u> 34,373 DEDUCTION DATE 200907 404 200907 3,560 <u>42</u> TOTAL 446

## Form **8868**

(Rev April 2009)

Internal Revenue Service

# Application for Extension of Time to File an **Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury

► File a separate application for each return.

If you are fill	ing for an Automatic 3-Month Extension, complete only Part I and check this box		· · · · · <b>▶</b> X	
If you are fit	ing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form	)		
	te Part II unless you have already been granted an automatic 3-month extension on a previously filed F	orm 8868		
Part I	art I Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete  Part I only · · · · · · · · · · · · · · · · · · ·				
•	rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e ome tax returns	extension o	of	
one of the retu electronically returns or a co	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension or rns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 80 pmposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 and electronic filing of this form, visit www.irs.gov/efile.and.click.on.e-file.for.Charities & None (1) was a submit the file of the content of t	n 8868 870, group (Part II) of	)	
Type or	Name of Exempt Organization En	Employer identification number		
print	BENTON GUN CLUB 73	71-0674240		
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions			
filing your return See	P 0 BOX 139  City, town or post office, state, and ZIP code For a foreign address, see instructions			
instructions	BENTON, AR 72015			
Check type of	return to be filed (file a separate application for each return)			
		form 4720		
		Form 5227		
X Form 990-EZ Form 990-T (trust other than above)		form 6069		
			orm 8870	
If the organ If this is for If the whole of a list with the r  I reques  until for the o  X or	aroup, check this box · ▶ If it is for part of the group, check this box ▶ and attach largest and EINs of all members the extension will cover to an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 08-16   , 20   10, to file the exempt organization return for the organization named above The organization's return for alendar year 20   09 or		▶	
<b>▶</b> ta	ax year beginning, 20, and ending	, 20		
2 If this ta	2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period			
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
less any	nonrefundable credits See instructions	3a	\$	
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax			
<u> </u>	s made Include any prior year overpayment allowed as a credit	3b	\$	
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,			
	with FTD coupon or if required, by using EFTPS (Electronic Federal Tax Payment		_	
	See instructions	3c	\$	
Caution. If you for payment in	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 88 structions	379-EO		
2 2 2			0000 /Day 4 0000\	