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Form 990-EZ

# 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)

OMB No. 1545-1150

2009

Department of the Treasury  
Internal Revenue Service

► 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

Open to Public  
Inspection

A For 2009 calendar year, or tax year beginning MAY 01, 2009, and ending APRIL 30, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	<b>C Name of organization</b> Prescott Trap & Skeet Club Inc		<b>D Employer identification number</b> 86-6053839
		Number & street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		PO Box 25706		(928) 772-5939
		City or town, state or country, and ZIP + 4 Prescott Valley AZ 86312-5706		<b>F Group Exemption Number</b> ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method:** ☒ Cash ☐ Accrual  
Other (specify) ►

**I Website:** ► N/A

**J Tax-exempt status** (check only one) -- ☒ 501(c)(4) (insert no.) 4947(a)(1) or 527

**H Check** ☒ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ► \$ 144,496

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

SCANNED OCT 22 2010 OCT 22 2010 RECEIVED OCT 10 2010 OPEN, UT IRS	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	118,975
	<b>3</b> Membership dues and assessments	<b>3</b>	11,076
	<b>4</b> Investment income	<b>4</b>	127
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	11,197
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	9,925
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	1,272
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe ► See attachment #1)	<b>8</b>	3,121
	<b>9 Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	134,571
	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
<b>11</b> Benefits paid to or for members	<b>11</b>		
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	14,620	
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	1,574	
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	20,660	
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	767	
<b>16</b> Other expenses (describe ► See attachment #2)	<b>16</b>	60,673	
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	98,294	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	36,277	
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	119,863	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	156,140	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments		114,089	<b>22</b> 137,537
<b>23</b> Land and buildings			<b>23</b>
<b>24</b> Other assets (describe ► See attachment #3)		16,545	<b>24</b> 29,438
<b>25 Total assets</b>		130,634	<b>25</b> 166,975
<b>26 Total liabilities</b> (describe ► See attachment #4)		10,771	<b>26</b> 10,835
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		119,863	<b>27</b> 156,140

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)



**Part V Other Information** (Note the statement requirements in the instructions for Part V)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> 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?	<b>35a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>	X
<b>36</b> 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	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
<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 person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>40b</b>	X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed. <b>AZ</b>		
<b>42a</b> The organization's books are in care of <b>See attachment #7</b> Telephone no		
Located at ZIP + 4		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>42b</b>	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S?	<b>42c</b>	X
If "Yes," enter the name of the foreign country:		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<b>43</b>	
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	X
<b>45</b> 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	<b>45</b>	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 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.

	Yes	No
<b>46</b> 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	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	X
<b>49b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	X

**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."

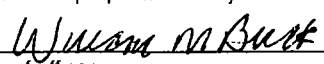
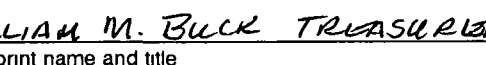

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000 ▶

**51** 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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	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 belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		9-28-10 Date	
<b>Paid Preparer's Use Only</b>	 Type or print name and title			
	Preparer's signature	 Date 9/9/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Wallace & Assoc Income Tax & Acct		EIN ▶
	302 W Willis St Ste 105 Prescott, AZ 86301		Phone no ▶ 928-445-6581	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

**Department of the Treasury**  
**Internal Revenue Service**

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

OMB No 1545-0047

2009

**Open to Public Inspection**

Employer identification number

86 : 6053839

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 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 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  

a ☐ Type I

b ☐ Type II

c ☐ Type III—Functionally integrated

d ☐ Type III—Other

- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .

(ii) A family member of a person described in (i) above? . . . . .

(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- h Provide the following information about the supported organization(s).

[illegible]

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6207	17079	34924	10481	11076	79767
<b>2</b> 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	167363	78452	87619	84275	118975	536684
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	173570	95531	122543	94756	130051	616451
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						616451

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	173570	95531	122543	94756	130051	616451
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1199	2856	5557	310	127	10049
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1199	2856	5557	310	127	10049
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	174769	98387	127010	95066	130178	626500
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.4 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	98.4 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.6 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.6 %

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Depreciation and Amortization**  
**(Including Information on Listed Property)****2009**Attachment  
Sequence No. **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Prescott Trap &amp; Skeet Club Inc FOR FORM 990-EZ LINE 14

Identifying number

86-6053839

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
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	250,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	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**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property	See Statement					2,013
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	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	22	2,013
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)



Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

<b>Name of Organization</b> Prescott Trap & Skeet Club Inc	<b>Employer Identification Number</b> 86-6053839
---------------------------------------------------------------	-----------------------------------------------------

Description of Other Revenue	Amount
Casualty Loss Insurance Reimbursement	3,121
- - - - -	- - - - -
Total	3,121

# SCHEDULE OF OTHER ASSETS

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2009 or tax period beginning 05-01-2009, and ending 04-30-2010.
Name of Organization Prescott Trap & Skeet Club Inc	Employer Identification Number 86-6053839

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Program Supplies	16,545	15,355	
Machinery & equipment net of depreciation		14,083	
Totals	16,545	29,438	

# SCHEDULE OF OTHER LIABILITIES

Attachment 4: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2009 or tax period beginning 05-01-2009, and ending 04-30-2010.
Name of Organization Prescott Trap & Skeet Club Inc	Employer Identification Number 86-6053839

Description of Liability	Beginning of Year	End of Year
Payroll liabilities	204	268
Perfect 50 fund	466	466
Insurance Reserves	10,101	10,101
Totals	10,771	10,835

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

<b>Name of Organization</b> Prescott Trap & Skeet Club Inc	<b>Employer Identification Number</b> 86-6053839
---------------------------------------------------------------	-----------------------------------------------------

Description of Other Expenses	Amount
Targets	22,722
Payroll Tax Expense	1,295
State Use Tax Expense	3,543
Website Expense	191
Equipment Repair & Maintenance	15,444
Office Expenses	929
Merchant Fees	503
Other Program Expenses	16,016
Licenses & Permits	30
Total	60,673

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 05-01-2009, and ending 04-30-2010.
---------------------------	-----------------------------------------------------------------------------------

Name of Organization Prescott Trap & Skeet Club Inc	Employer Identification Number 86-6053839
--------------------------------------------------------	----------------------------------------------

Part III - Statement of Program Service Accomplishments

Grants and allocations	118,975	Amount includes foreign grants	Program service expenses	98,294
Exempt Purpose Achievements				

Membership trap and skeet club.

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 05-01-2009, and ending 04-30-2010.
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Name of Organization Prescott Trap & Skeet Club Inc	Employer Identification Number 86-6053839
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(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
Ed Tomasino 640 N. Apache Dr. Dewey, AZ 86327	Co-Treasurer 5.00	0	0	0
Bill Buck PO Box 11132 Prescott, AZ 86304	Co-Treasurer 5.00	0	0	0
Bill Goodwin 1664 Eagle Point Drive Prescott, AZ 86301	Secretary 3.00	0	0	0
Bill Branson 2535 Bard Ranch Rd Prescott, AZ 86305	Vice President 5.00	0	0	0
Tim Nolan 8630 Live Oak Drive Prescott, AZ 86305	President 3.00	0	0	0
Harry Hufford 1147 Buena Vista East Dewey, AZ 86327	Director 3.00	0	0	0
Gerald Albers 4500 N. Stagway Lane Prescott Valley, AZ 86314	Director 3.00	0	0	0
Don Leech 4956 S Deer Trail Prescott, AZ 86303	Director 3.00	0	0	0
Bob McGahey 7964 E Crooked Creek Prescott Valley, AZ 86314	Director 3.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 05-01, and ending 04-30-2010.
Name of Organization Prescott Trap & Skeet Club Inc	Employer Identification Number 86-6053839
Part V - Line 42a	

Individual Name .....  
or  
Business Name  
Wallace & Associates Income Tax & Acct Service LLC

Street Address .. 302 W. Willis St., #105

U.S. Address:

Zip code 86301 City Prescott State AZ  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (928) 445-6581

Fax Number ..... (928) 445-1830

## ELECTION NOT TO DEDUCT 50% SPECIAL DEPRECIATION ALLOWANCE

Prescott Trap & Skeet Club Inc

86-6053839

Taxpayer elects under IRC Sec 168(k)(2)(C)(iii) to not claim the additional 50% first-year special depreciation allowance for the following classes of property placed in service during the tax year ended April 30, 2010

3-Year Property

5-Year Property

7-Year Property

10-Year Property

15-Year Property

20-Year Property

Water Utility Property

Depreciable Computer Software

Qualified Leasehold Improvement Property



**2009 ADDITIONAL DETAIL STATEMENTS**

Prescott Trap & Skeet Club Inc  
86-6053839

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FORM 990-EZ PG 1 LINE 14 DETAIL STATEMENT

FORM 4562

2,013

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**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part 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 ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>Prescott Trap &amp; Skeet Club Inc</b>	<b>Employer identification number</b> <b>86-6053839</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. <b>PO Box 25706</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Prescott Valley AZ 86312-5706</b>	

**Check type of return to be filed** (file a separate application for each return)

- |                                                 |                                                                  |                                    |
|-------------------------------------------------|------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► See attachment #7

Telephone No ► \_\_\_\_\_ FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until DECEMBER 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year 20 \_\_\_\_ or  
► ☒ tax year beginning MAY 01, 20 09, and ending APRIL 30, 20 10

**2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2009)