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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

2010

Department of the Treasury  
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

C Name of organization

GRAND ISLAND SKEET &amp; SPORTING CLAY CLUB INC.

DBA HEARTLAND PUBLIC SHOOTING PARK

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

PO BOX 5952

City or town, state or country, and ZIP + 4

GRAND ISLAND, NE 68802

D Employer identification number

36-3696893

E Telephone number

308-381-2303

F Group Exemption  
Number ►G Accounting Method.  Cash  Accrual Other (specify) ►H Check ►  if the organization is not

required to attach Schedule B

(Form 990, 990-EZ, or 990-PF).

I Website: ►

Tax-exempt status

(check only one) -

 501(c)(3) 501(c) ( )

◀ (insert no.)

4947(a)(1) or

527

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 37,553

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I. □

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	20,185
2	Program service revenue including government fees and contracts . . . . .	2	14,092
3	Membership dues and assessments . . . . .	3	
4	Investment income . . . . .	4	57
5 a	Gross amount from sale of assets other than inventory . . . . .	5a	
b	Less: cost or other basis and sales expenses . . . . .	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .		
6	Gaming and fundraising events . . . . .	5c	0
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . .	6b	3,219
c	Less: direct expenses gaming and fundraising events . . . . .	6c	2,162
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	1,057
7 a	Gross sales of inventory, less returns and allowances . . . . .	7a	
b	Less: cost of goods sold . . . . .	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0
8	Other revenue (describe in Schedule O) . . . . .	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ►	9	35,391
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	250
11	Benefits paid to or for members . . . . .	11	
12	Salaries, other compensation, and employee benefits . . . . .	12	174
13	Professional fees and other payments to independent contractors . . . . .	13	
14	Occupancy, rent, utilities, and maintenance . . . . .	14	
15	Printing, publications, postage, and shipping . . . . .	15	394
16	Other expenses (describe in Schedule O) . . . . .	16	19,831
17	Total expenses. Add lines 10 through 16 . . . . . ►	17	20,649
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	14,742
19	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) . . . . .	19	77,869
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21	92,611

JUN 11 2011

Expenses

Net Assets

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

2

9.9

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II . . . . . 

	(A) Beginning of year	(B) End of year	
		22	31,616
22 Cash, savings, and investments	22,722	22	31,616
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	76,029	24	76,029
25 Total assets	98,751	25	107,645
26 Total liabilities (describe in Schedule O)	20,882	26	15,034
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	77,869	27	92,611

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III . . . . . What is the organization's primary exempt purpose? **SKEET & SPORTING CLAY COMPETITION**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 PROMOTE SKEET AND SPORTING CLAY SHOOTING COMPETITION, APPROX. 1000

PEOPLE PARTICIPATE ANNUALLY IN PARTICIPATION WITH CITY OWNED HEARTLAND

PUBLIC SHOOTING PARK

(Grants \$

) If this amount includes foreign grants, check here . . . . . 

28a

29

(Grants \$

) If this amount includes foreign grants, check here . . . . . 

29a

30

(Grants \$

) If this amount includes foreign grants, check here . . . . . 

30a

31 Other program services (describe on Schedule O)

(Grants \$

) If this amount includes foreign grants, check here . . . . . 

31a

32 Total program service expenses (add lines 28a through 31a)

32

0

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV . . . . . 

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans &amp; deferred compensation

(e) Expense account and other allowances

KENT COEN

GRAND ISLAND, NE 68802

PRESIDENT

0

0

0

LETA MCCLASLIN

GRAND ISLAND, NE 68802

SEC-TREAS

174

0

0

**Part V Other Information (Note the statement requirements in the instructions for Part V.)**  
 Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.  33  X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).  34  X

35 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, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  35a  X

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?  35b

36 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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a  37b  X

b Did the organization file Form 1120-POL for this year?  37b  X

38a 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 tax year covered by this return?  38a  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved.  38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9.  39a  39b

b Gross receipts, included on line 9, for public use of club facilities.  39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_  40b  X

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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.  40b  X

c 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.  40e  X

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  40e  X

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  X

41 List the states with which a copy of this return is filed. ► NEBRASKA

42a The organization's books are in care of ► LETA MCCASLIN Telephone no. ► 308-381-2303

Located at ► 2536 NORTH DIERS AVE ZIP + 4 ► 68803

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)?  42b  X

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  42c  X

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.  43

and enter the amount of tax-exempt interest received or accrued during the tax year ►  43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44a  X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44b  X

c Did the organization receive any payments for indoor tanning services during the year?  44c  X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  44d

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this part VI

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

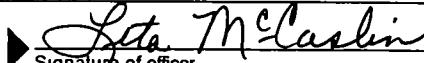
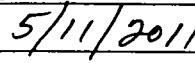
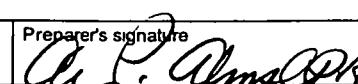
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
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f 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
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d Total number of other independent contractors receiving over \$100,000. ►   
 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ►  Yes  No

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

Sign Here	 Signature of officer	 Date			
	► <i>Alvin P. Alms</i> Secretary				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>ALVIN P. ALMS</b>	Preparer's signature 	Date <b>MAY 10 2011</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01226197</b>
	Firm's name ► <b>ALVIN P. ALMS &amp; COMPANY, CPA'S</b>		Firm's EIN ► <b>47-0625865</b>		
	Firm's address ► <b>PO BOX 1393 GRAND ISLAND, NE 68802</b>		Phone no <b>308-382-6070</b>		

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

**Department of the Treasury  
Internal Revenue Service**

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**Name of the organization**

## **HEARTLAND PUBLIC SHOOTING PARK**

**Employer identification number**

36-3696893

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 <b>Total.</b> Add lines 1 through 3. . . . .	0	0	0	0	0	0
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 <b>Public support.</b> Subtract line 5 from line 4. . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						0
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0.0000 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 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 . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test - 2009.</b> 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 . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	217,500	93,725	8,500	2,000	20,185	341,910
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 . . . . .	62,327	5,080	4,100	4,595	14,092	90,194
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 Total. Add lines 1 through 5 . . . . .	279,827	98,805	12,600	6,595	34,277	432,104
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
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 . . . . .	62,327	5,080	4,100	4,595	14,092	90,194
c Add lines 7a and 7b. . . . .	62,327	5,080	4,100	4,595	14,092	90,194
8 Public support (Subtract line 7c from line 6) . . . . .						341,910

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6. . . . .	279,827	98,805	12,600	6,595	34,277	432,104
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	327	1,011	1,297	151	57	2,843
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	327	1,011	1,297	151	57	2,843
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	280,154	99,816	13,897	6,746	34,334	434,947
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	78.6096 %
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	16	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.6536 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	%
19a 331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 331/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions.)