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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

PRICKLY PEAR SPORTSMANS ASSOCIATION

As Filed Data -

DLN: 93492117000171

D Employer identification number

81-6018310

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

Name change

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

Short Form

(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

and ending 12-31-2010

Open to Public Inspection

_	ame ch	-	Number and street (or P O box, if mail is not delivered to street address) F PO BOX 48	Room/suite	E Telephone num	ber	
_	ntial ret		PO BOX 46		(406) 4	42-663	8
_	erminat mender	tea d return	City or town, state or country, and ZIP + 4		F Group Exemption	on	
_		on pending	EAST HELENA, MT 59635		Number ►		
				<u> </u>			
		_	Cash		_		
		N/A		l l	Check ► ✓ required to att		organization is not
J Tax	-Exem	pt status(check	only one)— 501(c)(3) 501(c)(4) 4(insert no) 4947(a)(1) or 5	27	(Form 990, 99		
\$5	0,000	0 A Form 990	anization is not a section 509(a)(3) supporting organization and i -EZ or Form 990 return is not required though Form 990-N (e-po to file a return, be sure to file a complete return				
L Add	l lines 5	5b, 6c, and 7b, to	o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or i d of Form 990-EZ	f total assets	(Part II, line 25, col ► \$	lumn (B) below) are \$500,000 or 44,934
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Ba e organization used Schedule O to respond to any question in thi		(See the instruct	ions fo	or Part I)
	1	Contribution	s, gıfts, grants, and sımılar amounts received			1	
	2	Program serv	vice revenue including government fees and contracts			2	413
	3	Membership	dues and assessments			3	42,111
	4	Investment	ıncome			4	2,410
	5a	Gross amour	nt from sale of assets other than inventory	5a			
흥	ь	Less cost o	rother basis and sales expenses	5b	0		
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c	
œ	6	Gaming and	fundraising events				
	a	Gross income fr	rom gaming (attach Schedule G if greater than \$15,000)	6a			
	ь		e from fundraising events (not including \$ <u>0</u> of contributions from ine 1) (attach Schedule G if the sum of such gross income and co		_		
	c	Less direct	expenses from gaming and fundraising events	6c	0		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6l	and subti	ract line 6c)	6d	0
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b	0		
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	O ther revenu	ue (describe in Schedule O)			8	
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	44,934
	10	Grants and s	ımılar amounts paıd (lıst ın Schedule O)		•	10	500
	11	Benefits paid	l to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
ιΛ Φ ιΛ	13	Professional	fees and other payments to independent contractors			13	275
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	1,700
Ë	15	Printing, pub	lications, postage, and shipping			15	40
	16	Other expen	ses (describe in Schedule O)			16	18,692
	17	Total expens	ses. Add lines 10 through 16			17	21,207
B	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	23,727
ν. Φ	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (n	nust agree	with		
Net.Assets		end-of-year	figure reported on prior year's return)			19	97,119
ž	20	Other chang	es ın net assets or fund balances (explain in Schedule O) .			20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20	<u>.</u>	.	21	120,846

Part II Balance Sheets Check if the organization us	ed Schedule O to respond to	any question in t	:hıs Part 1	II	_	
	ictions for Part II)	, 1		ginning of year		(B) End of year
22 Cash, savings, and investments	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(A) 50	97,119	22	120,846
23 Land and buildings				37,113	23	120,040
_	0)				24	
24 Other assets (describe in Schedule	0)	•		07.110		120.046
25 Total assets	0)			97,119	+	120,846
26 Total liabilities (describe in Schedul	•				26	
27 Net assets or fund balances (line 27				97,119	27	120,846
	out the organization's exemptoer of persons benefited, and	any question in t t purposes In a c other relevant in	clear and formatior	concise manner, n for each	(c) org 49	Expenses quired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
(Grants \$)	hıs amount ıncludes foreıgn ç	grants, check hei	re	. ▶ ┌	28a	
30	his amount includes foreign of			. ► F	29a 30a	
31 O ther program services (describe in S (Grants \$)	Schedule O) his amount includes foreign (grants, check hei	 re	▶ 广	31a	
32 Total program service expenses (add	ınes 28a through 31a) 🔒			▶	32	
	rustees, and Key Employees. ed Schedule O to respond to				struction •	ns for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	d, er	(d) Contribution nployee benefit p leferred compens	lans 8	(e) Expense account and other allowances
See Additional Data Table						

Ра	rt v	Other Information (Note the statement requirements in the insti		· —			
		Check if the organization used Schedule O to respond to any question in this	s Part	V)		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Yotion of each activity in Schedule O			33		No
34	of the a	ny significant changes made to the organizing or governing documents? If "Y amended documents if they reflect a change to the organization's name Othe ule O (see instructions)	rwise,	explain the change on	34		No
35	others	organization had income from business activities, such as those reported on l), but not reported on Form 990-T, explain in Schedule O why the organization in Schedule O why the organization is a substitution of the contract of the cont	n dıd n	ot report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p		· / · //	35a		No
b	If "Yes	," has it filed a tax return on Form 990-T for this year? (see instructions) .			35b		
36		e organization undergo a liquidation, dissolution, termination, or significant di ar? If "Yes," complete applicable parts of Schedule N	-	=	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a				
b	Did the	e organization file Form 1120-POL for this year?			37b		No
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee	, or ke	y employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year o	covere	d by this return?	38a		Νο
b	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38b				
39	Section	501(c)(7) organizations. Enter					
а	Initiati	on fees and capital contributions included on line 9	39a	0)		
b	Gross	receipts, included on line 9, for public use of club facilities	39b	0)		
40a	Section	501(c)(3) organizations. Enter amount of tax imposed on the organization duri	ing the	year under			
	section 4	4911 ▶, section 4912 ▶, section 4955	▶				
b	transa	501(c)(3) and $501(c)(4)$ organizations. Did the organization engage in any secction during the year or did it engage in an excess benefit transaction in a pried on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	or year	r that has not been	40b		N. a.
c		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958		ion managers or	400		No
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reli zation	mburs e	ed by the			
е		anizations. At any time during the tax year, was the organization a party to a p ction? If "Yes," complete Form 8886-T			40e		No
41	List the	states with which a copy of this return is filed 🕨					
42a	The or	rganization's books are in care of 🏲 JIM MANNING		Telephone no	<u>(40</u>	6)442	-0299
	Locate	36 BIG DIPPER DR ed at ► CLANCY, MT		ZIP + 4	▶ 5	9634	
		time during the calendar year, did the organization have an interest in or a si					
D		financial account in a foreign country (such as a bank account, securities ac				Yes	No
	accour	nt)?			42b		Νo
		," enter the name of the foreign country 🕒					
		e instructions for exceptions and filing requirements for Form TD F 90-22.1, R o ial Accounts.	eport o	of Foreign Bank and			
c	Atany	time during the calendar year, did the organization maintain an office outside	ofthe	US?	42c		Νo
	If "Yes	," enter the name of the foreign country 🕨					
43		n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form : er the amount of tax-exempt interest received or accrued during the tax year		1 1	• •		▶Γ
						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T
44a		e organization maintain any donor advised funds? If "Yes", Form 990 must be c	omplet	ed instead of		Yes	No
	Form 9:				44a		No
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i> If of Form990-EZ	Form 9	990 must be completed	44b		No
C	Did the	e organization receive any payments for indoor tanning services during the ye	ar?		44c		No
d	If'Yes ın Sche	' to line 44c, has the organization filed a Form 720 to report these payments Idule O	? If 'No	o,' provide an explanation	44d		No

-orm 990	O-EZ (2010)							Page 4
							Yes	No
	any related organization a controlle s,' Form 990 and Schedule R must be		_	fsection 51	2(b)(13)? <i>If</i>	45		No
	the organization receive any payn aning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		No
	the organization engage, directly onditional thread	• • • •	. •	ehalf of or in	opposition to	46		No
Part V	I Section 501(c)(3) orga	nizations and section	on 4947(a)(1) non	exempt c	haritable tri		only.	1 110
	All section 501(c)(3) orgar 47-49b and 52.	nizations and section 4	1947(a)(1) nonexem	pt charitabl	le trusts must	answ	er que	stions
	Check if the organization used	Schedule O to respond t	to any question in this P	art VI .			V	. <u> </u>
						47	Yes	No
	d the organization engage in lobbyir					47		
	the organization a school described					49a		
	d the organization make any transfe	·	_	tion?		49b		
	'Yes," was the related organization mplete this table for the organization			+h				
	ployees) who each received more t		. , .		, ,			
	ne and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee l	tributions to benefit plans & compensation	a	e) Expe ecount a er allowa	and
ONE								
				_				
50(f) ⊤	otal number of other employees pa	ıd over \$100,000 .				•		
6 1 Cor	otal number of other employees pa mplete this table for the organization compensation from the organization Name and address of each indeper	on's five highest compens 1 If there is none, enter "	None "		each received m		an \$10 Compen	
51 Cor of c (a)	mplete this table for the organization	on's five highest compens 1 If there is none, enter "	None "				•	
61 Cor of c (a)	mplete this table for the organization	on's five highest compens 1 If there is none, enter "	None "				•	
of (a)	mplete this table for the organization	on's five highest compens 1 If there is none, enter "	None "				•	
61 Cor of c (a)	mplete this table for the organization	on's five highest compens 1 If there is none, enter "	None "				•	
61 Cor of c (a)	mplete this table for the organization	on's five highest compens 1 If there is none, enter "	None "				•	
51 Cor of c (a)	mplete this table for the organization	on's five highest compens 1 If there is none, enter "	None "				•	
61 Cor of c (a)	mplete this table for the organization	on's five highest compens If there is none, enter " Indent contractor paid mo	None " re than \$100,000				•	
51 Con of control (a) ONE	mplete this table for the organization compensation from the organization Name and address of each indeper	on's five highest compens If there is none, enter " Indent contractor paid mo ontractors each receiving	None " re than \$100,000 g over \$100,000	(b) Type	e of service	(c) C	ompen	sation
ONE i1 Con of co (a) ONE	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization otal number of other independent of the organization complete. Schemust attach a completed Schedule in alties of perjury, I declare that I have the and belief, it is true, correct, and corrects.	on's five highest compens If there is none, enter " Indent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	none " re than \$100,000 g over \$100,000 n 501(c)(3) organization duding accompanying sch	(b) Type	c of service (a)(1) nonexen	npt cha	aritable (es	trusts No
ONE Calculate the second of t	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization otal number of other independent of the organization complete. Schemust attach a completed Schedule in alties of perjury, I declare that I have the and belief, it is true, correct, and corrects.	on's five highest compens If there is none, enter " Indent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	none " re than \$100,000 g over \$100,000 n 501(c)(3) organization duding accompanying sch	(b) Type	(a)(1) nonexen	npt cha	aritable (es	trusts No
of (a) ONE one one one one one one one on	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization of the organization complete. otal number of other independent of the organization complete. Schemust attach a completed Schedule in the organization complete of the organization complete of the organization complete.	on's five highest compens If there is none, enter " Indent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	none " re than \$100,000 g over \$100,000 n 501(c)(3) organization duding accompanying sch	(b) Type	a of service (a)(1) nonexen (a)(1) information of	npt cha	aritable (es	trusts No
of (a) ONE one one one one one one one on	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete schemust attach a completed Schedule and belief, it is true, correct, and complete schemust. ****** Signature of officer JIM MANNING Treasurer Type or print name and title Preparer's	on's five highest compens If there is none, enter " Indent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	g over \$100,000 In 501(c)(3) organization Juding accompanying sch parer (other than officer)		of service (a)(1) nonexen atements, and to ill information of	npt chapt ch	aritable (es st of my prepare	trusts No r has ar
of (a) ONE 51(d) T 52 In Inder per nowledge ign lere aid	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete. Old the organization complete Schemust attach a completed Schedule malties of perjury, I declare that I have the and belief, it is true, correct, and complete schemust. ****** Signature of officer JIM MANNING Treasurer Type or print name and title Preparer's signature.	on's five highest compens If there is none, enter " Indent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	g over \$100,000 g over \$100,000 n 501(c)(3) organization duding accompanying sch parer (other than officer)		a of service (a)(1) nonexen (a)(1) information of	npt chapt ch	aritable (es st of my prepare	trusts No r has ar
51 Color of	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete schemust attach a completed Schedule and belief, it is true, correct, and complete schemust attach as completed. ******* Signature of officer JIM MANNING Treasurer Type or print name and title Preparer's signature Van H Barron ** Firm's name (or yours Van H Barron	on's five highest compensation of present the contractor of paid model to the contractor paid model to the contractors each receiving dule A? NOTE: All Section A	g over \$100,000 g over \$100,000 n 501(c)(3) organization duding accompanying sch parer (other than officer)	(b) Type Instand 4947 Ledules and st is based on a	of service (a)(1) nonexen atements, and to ill information of	npt chapt ch	aritable (es st of my prepare	trusts No r has an

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As Filed Data -

DLN: 93492117000171

OMB No 1545-0047

2010
Open to Public

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Inspection

Name of the organization
PRICKLY PEAR SPORTSMANS ASSOCIATION

81-6018310

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	SECRETARY OF STATE \$15

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	NATL BENCH REST ASSOC \$55

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	FUN SHOOT \$280

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	MEETING EXPENSE \$1501

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	MEMBERSHIP SUPPLIES \$2227

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	RANGE MAINTANANCE \$2235

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	RANGE KEYS \$2505

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	CONTRACT LABOR \$8973

ldentifier	Return Reference	Explanation	
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$408	

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$143

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1001 Other Expenses 1001		Advertising and Promotion \$350

Additional Data

Software ID: 10000105 Software Version: 2010v3.2

EIN: 81-6018310

Name: PRICKLY PEAR SPORTSMANS ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
JIM MANNING 36 BIG DIPPER DR CLANCY,MT 59634	Treasurer O	0		
BILL COVEY 2850 VALLEY DR EAST HELENA, MT 59635	Vice President 0	0		
BRUNA BIZZOTTO 4340 CANYON FERRY ROAD EAST HELENA, MT 59635	Secretary 0	0		
JASON MAGERA 630 MILL ROAD HELENA, MT 59602	President 0	0		
MIKE O'CONNOR 3312 TERRACE HELENA,MT 59602	Director 0	0		
TERRY MAIER 410 CALIFORNIA HELENA,MT 59601	Director 0	0		
LARRY WISMER PO BOX 658 EAST HELENA, MT 59635	Past President 0	0		
TOM YURK 2745 BANDERA EAST HELENA, MT 59635	Past President 0	0		
TIMOTHY SOWA 2665 COLT DRIVE EAST HELENA, MT 59635	Director 0	0		