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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, 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.

OMB No. 1545-1150

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning MAY 01, 2010, and ending APRIL 30, 2011

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	C Name of organization Prescott Trap & Skeet Club Inc		D Employer identification number 86-6053839
	Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite		E Telephone number (928) 772-5939
	PO Box 25706		F Group Exemption Number... ▶
	City or town, state or country, and ZIP + 4 Prescott Valley AZ 86312-5706		

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶ \_\_\_\_\_

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

I Website: ▶ N/A

J Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(4) ☐ (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 though 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.

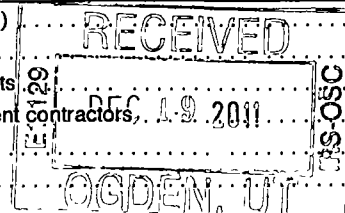
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 128,953

**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. ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	16,200
	2	Program service revenue including government fees and contracts	2	94,625
	3	Membership dues and assessments	3	9,555
	4	Investment income	4	130
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ _____ 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	7,317
6c	Less: direct expenses from gaming and fundraising events	6c	1,855	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,462	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	1,126	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	127,098	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	2,448
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	15,320
	13	Professional fees and other payments to independent contractors	13	690
	14	Occupancy, rent, utilities, and maintenance	14	18,008
	15	Printing, publications, postage, and shipping	15	483
	16	Other expenses (describe in Schedule O)	16	94,006
17	Total expenses. Add lines 10 through 16	17	130,955	
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,857
	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	156,140
	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	152,283

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)





**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 ☐

	Yes	No
<b>33</b> 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		X
<b>34</b> 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)		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 not reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		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		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 Form 1120-POL for this year?		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 tax year covered by this return?		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 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 <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. ▶ AZ		
<b>42a</b> The organization's books are in care of ▶ See attachment #3 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. <b>42c</b>		X
<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 Form 1041 -- Check here ▶ <b>43</b>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>		X
<b>b</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 <b>44b</b>		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>		X

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	X
<b>a</b> 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 must be completed instead of Form 990-EZ (see instructions)	<b>45a</b>	X
<b>46</b> 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	<b>46</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 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
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	<b>47</b>	
<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>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**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

**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

**d** Total number of other independent contractors each 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.

<b>Sign Here</b>	<u>William M. Buck</u> Signature of officer	<u>12/13/11</u> Date
	<u>WILLIAM M. BUCK</u> Type or print name and title	
	Co-Treasurer	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CYNTHIA C. WALLACE	Cynthia Wallace	12/09/11		000288445
	Firm's name ▶ Wallace & Associates Income Tax & Acc	Firm's EIN ▶	32-0057402		
	Firm's address ▶ 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

# **Depreciation and Amortization** **(Including Information on Listed Property)**

OMB No. 1545-0172

**2010**Attachment  
Sequence No. **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

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

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 instructions)	1	
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	
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	500,000
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 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
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 2011. 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 2010	17	3,449
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 <input type="checkbox"/>		

**Section B -- Assets Placed in Service During 2010 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						
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 2010 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	3,449
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 (2010)

## 990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2010 or tax period beginning	05-01-2010, and ending	04-30-2011.
Name of Organization Prescott Trap & Skeet Club Inc			Employer Identification Number 86-6053839

### Part III - Statement of Program Service Accomplishments

Grants and allocations	110,825	Amount includes foreign grants	Program service expenses	94,991
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#### Exempt Purpose Achievements

Membership Trap & Skeet Club. Conducted Scholastic Clay Target Program for Arizona Fish & Game. Conducted shooting events for members.

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2010 or tax period beginning 05-01-2010, and ending 04-30-2011.			
Name of Organization Prescott Trap & Skeet Club Inc			Employer Identification Number 86-6053839	
(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 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
John Hanna 887 Spring Trail Prescott, AZ 86303	Secretary 5.00	0	0	0
Gene Nelson 355 Bloomingdale Drive Prescott, AZ 86301	Director 3.00	0	0	0



990 BOOKS ARE IN CARE OF

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

Open to Public Inspection	For calendar year 2010 or tax period beginning	05-01	, and ending	04-30-2011.
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

## 990 FIVE HIGHEST COMPENSATED EMPLOYEES

Attachment 4: Form 990-EZ Page 4, Part VI, Line 50

Open to Public Inspection	For calendar year 2010 or tax period beginning	05-01-2010, and ending	04-30-2011
Name of Organization			Employer Identification Number
Prescott Trap & Skeet Club Inc			86-6053839

<b>Part VI</b>	<b>Five Highest Compensated Employees Other Than Officers, Directors, and Trustees and Key Employees</b>
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(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 Empl Benefit Plans & Deferred Compensation	(e) Expense Account and Other Allowances
None		0	0	0

# 990 FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

Attachment 5: Form 990-EZ Page 4, Part VI, Line 51

	For calendar year 2010 or tax period beginning	05-01-2010, and ending	04-30-2011.
Name of Organization			Employer Identification Number
Prescott Trap & Skeet Club Inc			86-6053839

Part VII Five Highest Compensated Independent Contractors		
(a) Name and Address of Each Independent Contractor Paid More Than \$100,000	(b) Type of Service	(c) Compensation
None		0

## 2010 DETAIL STATEMENTS

Prescott Trap & Skeet Club Inc  
86-6053839

Page 1

### STATEMENT #1 - Other Revenue (EOEZ Pg 1 Line 8)

Casualth loss reimbursement.....	1,126	
TOTAL CARRIED TO EOEZ Pg 1 Line 8.....		1,126

### STATEMENT #2 - Grants and similar amt paid (990-EZ PG 1 Line 10)

Arizona Fish & Game.....	2,448	
TOTAL CARRIED TO 990-EZ PG 1 Line 10.....		2,448

### STATEMENT #3 - Other expenses (EOEZ Pg 1 Line 16)

Awards.....	164	
Charitable Contributions.....	175	
Dues NRA.....	95	
Equipment Rental.....	254	
Insurance Expense.....	8,884	
Licenses & Permits.....	10	
Membership Holiday Dinner.....	4,568	
Merchant Credit Card Charges.....	11,976	
Office Supplies.....	597	
P. O. Box Rental.....	44	
Parts for equipment repairs.....	451	
Program Supplies Expenses.....	34,928	
Repairs & Maintenance - Equipment.....	13,495	
Scholastic Clay Target Program Expense.....	8,609	
Small Tools.....	178	
Supplies, other.....	1,914	
Taxes - Payroll Tax Expense.....	1,445	
Taxes - Property Taxes.....	792	
Taxes - State Sales Tax.....	4,651	
Travel.....	73	
Workers Compensation.....	703	
TOTAL CARRIED TO EOEZ Pg 1 Line 16.....		94,006

### STATEMENT #4 - Other assets end yr (EOEZ PG 2 Line 24)

Credit card receipts pending.....	3,444	
Inventory.....	16,545	
Equipment net of depreciation.....	9,425	
TOTAL CARRIED TO EOEZ PG 2 Line 24.....		29,414

## 2010 DETAIL STATEMENTS

Prescott Trap & Skeet Club Inc  
86-6053839

Page 2

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STATEMENT #5 - Total liabilities end yr (EOEZ Pg 2 Line 26)

Payroll Liabilities.....	160
Perfect 50"s Fund.....	466
Insurance Reserve.....	10,101

TOTAL CARRIED TO EOEZ Pg 2 Line 26.....	10,727
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**990 - 2010 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

3,449