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Form 990

Department of the Treasury

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)

➤ The organization may have to use a copy of this return to satisfy state reporting requirements

2011
Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning and	ending		
Bo	heck if pplicable	C Name of organization		D Employer identifi	cation number
Γ	Addres	Cheyenne Municipal Trap & Skeet Club			
F	Name	Doing Business As	83-0	248628	
	_change _lnıtıal _return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe		
F	Termin	P.O. Box 1065	1 '	638-3749	
F	⊸ated]Amend _return			G Gross receipts \$	221,985.
一	Applica			H(a) Is this a group re	
	pendin			for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates inc	cluded? Yes No
II	ax-exe	mpt status 501(c)(3) _X 501(c)(1) ◀ (insert no.) 4947(a)(1)	or 527	7 ' '	list (see instructions)
JV	Vebsit	e: ▶ N/A		H(c) Group exemption	n number
KF	orm of	organization: Corporation X Trust Association Other	L Year	of formation: 1957	A State of legal domicile: WY
Pa	rt I	Summary			
് പ്രവിദ്ര Activities & Governance	1 1	Briefly describe the organization's mission or most significant activities. Educ	ation	for Safe Gu	n ownership
Ę	2	Check this box If the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	ssets.
o Ve	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	0
නු ලැදි 98 & G	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
88 G	5	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
	6	otal number of volunteers (estimate if necessary)		6	0
Act		otal unrelated business revenue from Part VIII, column (C), line 12	7	<u>7a</u>	637.
: —	ы	Net unrelated business taxable income from Form 990 Pine 64 F MED			0.
,				Prior Year	Current Year
e		15.1 HIN 1.5 71117 1	0.	0.	
Revenue	ľ		0.	0.	
æ		nvestment income (Part VIII, column (A), lines 3, 4, ahd Zd)	- 1	483.	637.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 (12) 14 (1)	} }	<u>237,438.</u>	221,348.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		237,921. 0.	221,985.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		22,771.	23,208.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<u>p</u>		Fotal fundraising expenses (Part IX, column (D), line 25)	0.		
Щ	i .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		168,025.	165,964.
	i .	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		190,796.	189,172.
	19 1	Revenue less expenses Subtract line 18 from line 12		47,125.	32,813.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		195,045.	227,858.
₩	21	Total liabilities (Part X, line 26)		0.	0.
컐	22	Net assets or fund balances. Subtract line 21 from line 20		<u> 195,045.</u>	227,858.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	1	
		Signature of officer		Date	12 IZ
Sig	ŀ	·		Date	
Her	e	Kris Kahle, President Type or print name and title			
		i i i i i i i i i i i i i i i i i i i		Date Check	PTIN
Paid	,	Print/Type preparer's name Jonath A Jackson Preparer's sunnature		05/14/12 self-employ	
	arer	Fum's name DAPCPA Pope & Jackson, Inc.	- XI	Firm's EIN	84-1416576
	Only	Firm's address PO Box 1023		1 IIII S EIN	04 T4T07/0
	,	Cheyenne, WY 82003		Phone no. 3	07-638-3170
May	the IF	S discuss this return with the preparer shown above? (see instructions)		i none no.	Ves No.

	1990 (2011) Cneyenne Trill Statement of Program Service	Municipal Trap & Skee ce Accomplishments	et_C1ub63-0	248628 Page 2
	Check if Schedule O contains a respo			
1	Briefly describe the organization's mission:	None	-	
2	Did the organization undertake any significa	ant program services during the year which	n were not listed on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Sci			Yes X No
3	Did the organization cease conducting, or milf "Yes," describe these changes on Schedu	nake significant changes in how it conduct	ts, any program services?	Yes X No
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization others, the total expenses, and revenue, if a	e accomplishments for each of its three lar is and section 4947(a)(1) trusts are require		
4a	(Code) (Expenses \$) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Davenus \$	
	/ (Lyperises 4	moderng grants of \$) (Nevende #	/
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedi	ule O.)		
	(Expenses \$ inc	cluding grants of \$) (Revenue \$	
4e	Total program service expenses			

Form 990 (2011) Cheyenne Municipal Trap & Skeet Club 83-0248628 Page 3 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2	If "Yes," complete Schedule A	1		X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	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	9		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		_A_
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	├		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١.,		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI, XII, and XIII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			İ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
. –	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- T
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	 	X
13	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	The state of the s		990	(2011)
			1	,— · ·/

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			••
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			v
245	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_23_		X
. 7a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Λ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.70		
Ī	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-		v
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer.	ZOD		
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ŀ		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1			v
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35a		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	İ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ 41
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	<mark>990</mark> (2	2011)

Form 990 (2011) Cheyenne Municipal Trap & Skeet Club 83-0248628 Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1						
	(gambling) winnings to prize winners?	1c								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 0									
b										
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a										
þ										
4a	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)?	4a		X						
b	If "Yes," enter the name of the foreign country ▶									
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			l						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l						
	any contributions that were not tax deductible?	6a		<u>X</u>						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		Ì							
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).			i						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			17						
٨	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X						
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		l						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting									
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		l						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?	9a		L.						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		L						
10	Section 501(c)(7) organizations. Enter:		i	l						
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		İ							
11	Section 501(c)(12) organizations. Enter									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	45								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
L	Note. See the instructions for additional information the organization must report on Schedule O									
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans									
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	1/1-		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b								
		140								

Form 990 (2011) Cheyenne Municipal Trap & Skeet Club 83-0248628 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b												
2	<u> </u>											
	officer, director, trustee, or key employee?											
3												
_	of officers, directors, or trustees, or key employees to a management company or other person?											
4												
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X								
6	Did the organization have members or stockholders?	6		X								
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_										
	more members of the governing body?	7a		x								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/ a		- 41								
-	persons other than the governing body?	7b		x								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		^								
_	The governing body?	0-	х									
	Each committee with authority to act on behalf of the governing body?	8a	X									
	, , , , , , , , , , , , , , , , , , , ,	8b		-								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O											
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X								
360	tion b. Folicies (this Section B requests information about policies not required by the internal Revenue Code.)			.								
40-	Did the eventuation have local chanters, branches, or efflicted?	40.	Yes	No								
	Did the organization have local chapters, branches, or affiliates?	10a		X								
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401										
440	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X									
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			7.5								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c										
13	Did the organization have a written whistleblower policy?	_13		X								
14	Did the organization have a written document retention and destruction policy?	14		Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
	The organization's CEO, Executive Director, or top management official	15a		X								
þ	Other officers or key employees of the organization	15b		X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?	16a		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
<u>Sec</u>	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ▶ None											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le									
	for public inspection. Indicate how you made these available. Check all that apply											
	Own website Another's website X Upon request											
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	ncıal									
	statements available to the public during the tax year.		-									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🖿	•									
	Suzanne Withers - 307-632-9362			-								
	D O Poy 1065 Charanna IIIV 92002											

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Form	990	(201	1)

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Cheyenne Municipal Trap & Skeet Club

83-0248628

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

Check this box if neither the organiza (A)	(C)						(D)	(E)	(F)	
Name and Title	(B) Average	Position						Reportable	Reportable	Estimated
Nume and The	hours per					than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(describe	xtor						the	organizations	compensation
	hours for	Ē	do.			Eg.		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		as	bens		(W-2/1099-MISC)		organization
	organizations	lal fr	onal (ploye	E 8				and related
	ın Schedule O)	Individual trustee or director	institutional trustee	Officer	ey em	Highest compensated employee	Рогтег			organizations
(1) Kris Kahle		=	드	6	Ÿ	エョ	æ			
President								0.	0.	0.
(2) Steve Riney					_					
Vice President								0.	0.	0.
(3) Gary Wilson				П						
Secretary	2.00							0.	0.	0.
(4) Pat Stanosheck										
Treasurer								0.	0.	0.
(5) Derrick Barnhart								-	-	
Director								0.	٥.	0.
(6) Sam Calvetti										
Director								0.	0.	0.
(7) Bill Talmage										
Director		<u> </u>			ļ			0.	. 0.	0.
(8) Vic Morton			l							
Director		<u> </u>				<u> </u>		0.	0.	0.
(9) Thad Sullivan	1									
Director		ļ	_			<u> </u>		0.	0.	0.
(10) Jerry Wertz										
Director		├—	_		_	┝	\vdash	0.	0.	0.
(11) Mike Calvetti										
Director						-		0.	0.	0.
(12) Jed Lane										•
Director		\vdash	_	-	_	├		0.	0.	0.
(13) Suzanne Withers										•
Bookkeper		├-						0.	0.	0.
(14) Jerry Bridges										
Director			-	\vdash		-	\vdash	0.	0.	0.
(15) Larry Norris								0.	^	^
Director	-	\vdash	-	-	-	+	\vdash	· ·	0.	0.
(16) Eric Remillard										^
Director		+-	_	\vdash	\vdash		-	0.	0.	0.
								-		
	ı	1	1		1	1		1	1	

		ne Municir	<u>oa]</u>	_ 7	<u> Pra</u>	p	&	<u>S</u>]	keet Club	83-02	248	<u>628</u>	P	age 8		
Par	t VII Section A. Officers, Directors,	Trustees, Key Er	npk	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)						
	(A) Name and title	(B) Average hours per week	box	not c unle	ss pe	rtion more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	rtable Estima nsation amoui elated othe eations compen		tion			
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS			pensa om th anızat i relat	e ion ed		
									•				•			
												·				
	Sub-total								0.		0.			0.		
С	Total from continuation sheets to Pa Total (add lines 1b and 1c)	rt VII, Section A					>		0.		0.			0.		
2	Total number of individuals (including becompensation from the organization		nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportabl	e 			0		
3	Did the organization list any former off			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	[Yes	No		
4	line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the and related organizations greater than	ne sum of reportab	le co	-					•	the organization		4		X		
5	Did any person listed on line 1a receive rendered to the organization? If "Yes,"	e or accrue compe	nsat	ion	from	any	y uni			idual for services	-	5		х		
Sec 1	ction B. Independent Contractors Complete this table for your five highes	st compensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensa	ation f	rom			
	the organization Report compensation (A)	n for the calendar y									•	(0				
	Name and busin		N	ON	E				Description of	services	С	ompe		n		
										,						
2	Total number of independent contractors \$100,000 of compensation from the or		not li	mite	ed to		se li 0	stec	d above) who received r	nore than						
												Form	990 (2011)		

221,985.

221,348.

d All other revenue
e Total. Add lines 11a-11d

Total revenue. See instructions.

637

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in		_						
	the United States See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	900.		-					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)			,					
7	Other salaries and wages	18,832.							
8	Pension plan accruals and contributions (include								
	section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	2 476							
10	Payroll taxes	3,476.							
11	Fees for services (non-employees)								
a	Management		·						
b	Legal	2 000							
C	Accounting	3,900.							
d	Lobbying Professional fundrausing converse. See Part IV line 17	··							
•	Professional fundraising services. See Part IV, line 17 Investment management fees								
f	Other	640.		 					
g 12	Advertising and promotion	592.	·						
13	Office expenses	3,134.							
14	Information technology	5/2521	* *-						
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates		1 To						
22	Depreciation, depletion, and amortization	4,183.							
23	Insurance			W. Z.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а	Supplies	79,944.							
b	Food and Refreshments	18,902.							
С	Repairs	14,431.							
d	Payouts	12,598.							
е	All other expenses See Sch O	27,640.							
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	189,172.							
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>					

(A) (B) Beginning of year End of year 30,727. 33,550. Cash - non-interest-bearing 1 1 68,412. 99,674. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 29,731. 38,288. 8 R Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 192,676. 10a 133,507. 63,352. 59,169. 10b 10c b Less: accumulated depreciation Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 195,045 227,858 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

X and complete lines 30 through 34. 0. 30 30 Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 0. 195,045. 32 227,858. Retained earnings, endowment, accumulated income, or other funds 32 195,045. 33 227,858. 33 Total net assets or fund balances 195,045 227,858. Total liabilities and net assets/fund balances

Form 990 (2011)

Form	990 (2011) Cheyenne Municipal Trap & Skeet Club	83-	0248628	Pac	je 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	221	, 9	85.
2	Total expenses (must equal Part IX, column (A), line 25)	2	189	7,1	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	32	2,8	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>45.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	227	7,8	58.
Pai	rt XII Financial Statements and Reporting		, <u> </u>		
	Check if Schedule O contains a response to any question in this Part XII				
			,	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,		Ĭ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Au	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red aud	int		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3h		

Form **990** (2011)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

	<u> </u>	Trap & Skeet Club		83-0248628			
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Acco				
	organization answered "Yes" to Form 990, Part IV, lin	e 6					
		(a) Donor advised funds	(b) Fu	nds and other accounts			
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year		,				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds				
	are the organization's property, subject to the organization's			Yes No			
6	Did the organization inform all grantees, donors, and donor a	S .	sed only				
	for charitable purposes and not for the benefit of the donor of		-				
	impermissible private benefit?	, pp	.	Yes No			
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	rt IV, line 7				
1	Purpose(s) of conservation easements held by the organizat						
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histo	rically imp	ortant land area			
	Protection of natural habitat	Preservation of a certifie	-				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conserv	vation easement on the last			
	day of the tax year.						
				Held at the End of the Tax Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	e				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	rganizatio	n during the tax			
	year ▶						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements	rt holds?		└─ Yes			
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, and		-	\$			
8	Does each conservation easement reported on line 2(d) abor-	ve satisfy the requirements of section 170(h)	(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?			└─ Yes └─ No			
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	e organiza	tion's accounting for			
D	conservation easements	(4.11)					
Pai	t III Organizations Maintaining Collections o		ier Simi	iar Assets.			
	Complete if the organization answered "Yes" to Form						
та	If the organization elected, as permitted under SFAS 116 (As						
	historical treasures, or other similar assets held for public ex		e of public	service, provide, in Part XIV,			
	the text of the footnote to its financial statements that descr						
D	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, hist treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am						
	relating to these items		_	•			
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$ \$			
_	(ii) Assets included in Form 990, Part X			\$			
2	If the organization received or held works of art, historical tre		ain, provid	10			
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:		•			
a	Revenues included in Form 990, Part VIII, line 1			\$ \$			
b	Assets included in Form 990, Part X			\$			

		<u>Municipal</u>					248628 Page 2		
Par	t III Organizations Maintaining C	ollections of Art,	Historical T	reasures, o	r Other	Similar Ass	sets (continued)		
3	Using the organization's acquisition, accession	on, and other records,	check any of th	e following that	t are a sign	ficant use of r	ts collection items		
	(check all that apply)								
а	Public exhibition	d	Loan or ex	change progra	ıms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain h	ow they further	the organization	on's exemp	t purpose in P	Part XIV		
5	During the year, did the organization solicit or	receive donations of	art, historical tre	asures, or other	er sımılar as	sets			
	to be sold to raise funds rather than to be ma	untained as part of the	organization's	collection?		[Yes No		
Par	t IV Escrow and Custodial Arrang	gements. Complete	if the organizat	on answered "	'Yes" to Fo	rm 990, Part I	V, line 9, or		
	reported an amount on Form 990, Part								
	Is the organization an agent, trustee, custodia	an or other intermedial	ry for contribution	ons or other as:	sets not inc	luded			
	on Form 990, Part X?		•			[Yes No		
b	If "Yes," explain the arrangement in Part XIV a	and complete the follo	wing table			_			
_	, , , , , , , , , , , , , , , , , , ,		9				Amount		
С	Beginning balance					1c			
	Additions during the year	•				1d			
_	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line 21	12				Yes No		
	If "Yes," explain the arrangement in Part XIV.	000,,	•			_			
Par		the organization answ	vered "Yes" to F	orm 990. Part	IV. line 10.	•			
		(a) Current year	(b) Prior year			Three years bad	ck (e) Four years back		
1a	Beginning of year balance	(6) 5 5 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	127	(6)	<u> </u>		<u> </u>		
b	Contributions								
_	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities			1					
·	and programs								
f	Administrative expenses			·					
g g	End of year balance								
2	Provide the estimated percentage of the curr	ent vear end balance	line 1a column	(a)) held as					
_	Board designated or quasi-endowment		/iii.ic 19, ceiuiiii %	(a)) Hold do					
	Permanent endowment		.0						
	Temporarily restricted endowment	% %							
·	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses		on that are held	and administe	red for the	organization			
Qu	by	oolon or the organization	511 tillat al 5 115.a			0.ga2a	Yes No		
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	listed as required on:	Schedule R?				3b		
4	Describe in Part XIV the intended uses of the	-							
Pai	t VI Land, Buildings, and Equipm						,		
	Description of property	(a) Cost or oth		st or other	(c) Accı	umulated	(d) Book value		
	t bb	basis (investme	1 , ,	s (other)		ciation	(/		
1a	Land				ner.				
	Buildings			79,839.	2	4,111.	55,728.		
	Leasehold improvements					,			
	Equipment			1					
	Other		1	12,837.	10	9,396.	3,441.		
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part Y					59 169		

Schedule D (Form 990) 2011

Sche	t XI Reconciliation of Change in Net Assets from Form 990 to				248628	Page 4
	Total revenue (Form 990, Part VIII, column (A), line 12)	Addited 1 ma	T . T	ement		005
1			1	_		<u>, 985 </u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			<u>,172.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		34	<u>,813.</u>
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6	_		
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9			040
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		32	<u>,813.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts with Reve	enue per l			
1	Total revenue, gains, and other support per audited financial statements			1 1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains on investments	2a		4		
b	Donated services and use of facilities	2b		4 1		
C	Recoveries of prior year grants	2c		4		
d	Other (Describe in Part XIV.)	2d		⊣ ∣		
е	Add lines 2a through 2d			2e		_
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
b	Other (Describe in Part XIV)	4b		」		
С	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses pe	r Retui	<u>rn</u>	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b	-	4		
С	Other losses	2c		-		
d	Other (Describe in Part XIV.)	_2d		4		
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV)	4b		⊣ ∣		
C	Add lines 4a and 4b			4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	<u>-</u>	
_	t XIV Supplemental Information					
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp					4, Part
	, z, i at Ai, iiie o, i at Aii, iiies za aid 45, aid i at Aii, iiies za aid 45 Aso comp	mote this part to p	————			
Do.	ct XI, Line 8 - Other Adjustments:					
Pal	ct XI, Line 8 - Other Adjustments:					
Tn	come Tax Expense					
<u> </u>	Ome Tax Expense				-	
						_
		<u> </u>				
				-		
						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization Employer identification number Cheyenne Municipal Trap & Skeet Club 83-0248628 Form 990, Part VI, Section B, line 11: Tax return was review to insure accuracy prior to filing. Form 990, Part VI, Section C, Line 19: The Organization makes it's form available upon request. Form 990, Part IX, Line 24f, All Other Functional Expenses: Utilities: Total expenses 9,514. Club Insurance: Total expenses 5,728. Sales Tax: Total expenses 3,540. Fees & Dues: Total expenses 2,716. Gift Certificates: Total expenses 2,608. Fuel and other: 1,155. Total expenses Lease:

Form **8868** (Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2012)

							
• If yo	ou are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		•	X	
lf yc	ou are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).			
	t complete Part II unless you have already been granted a				rm 8868		
	onic filing (e-file). You can electronically file Form 8868 if y			-		oration	
	ed to file Form 990-T), or an additional (not automatic) 3-mor						
	to file any of the forms listed in Part I or Part II with the exc						
	nal Benefit Contracts, which must be sent to the IRS in pap						
	ww rs.gov/efile and click on e-file for Charities & Nonprofits		(300 matractions) To more details t	on the elec	aronic iiii ig or ans i	Oiii,	
Parl			submit original (no copies ne	eded).			
	oration required to file Form 990-T and requesting an auton						
Part I				00111p1010	•		
	er corporations (including 1120-C filers), partnerships, REM	ICs and to	nists must use Form 7004 to reques	st an eyten	sion of time		
	ncome tax returns.	roo, una ti	add mad add roim roo4 to reques	st arr exterr	sion or ame		
Туре	or Name of exempt organization or other filer, see instruc	ctions		Employer	dentification number	ner (FIN) or	
print	Traine or exempt organization of exhall hier, and motivation	3110110		Linployer	mployer identification number (EIN) o		
pi ii i	Cheyenne Municipal Trap & S	Skeet	Club	X	83-024862	2.8	
File by ti due date	Number street and ream arguite no. If a D.O. have a				Social security number (SSN)		
filing you	" P.O. Box 1065				ounty number (our	,	
eturn S nstructi	ee	reign add	ress see instructions				
	Cheyenne, WY 82003	o.g., auu	. TTT OCC I CAROLICA				
	Janes direction of the control of th						
Enter t	the Return code for the return that this application is for (file	a senara	te application for each return)			0 1	
	the recent edge for the recent that the application is for the	и оориги	to application for cachinetarily			<u> </u>	
Applic	eation	Return	Application		 -	Return	
ls For		Code	Is For			Code	
Form 9		01	Form 990-T (corporation)				
-		02	Form 1041-A				
Form 990-BL			Form 4720				
Form 990-EZ Form 990-PF			Form 5227				
	990-T (sec. 401(a) or 408(a) trust)	04 05			10		
			Form 6069				
-orm :	990-T (trust other than above) Suzanne Withers	06	Form 8870			12	
• TL.							
	books are in the care of \triangleright P. O. Box 1065	- CII	eyenne, WY 82003	_			
	ephone No ► 307-632-9362		FAX No			[]	
	ne organization does not have an office or place of business			lf 4laur fra	• • • • • • • • • • • • • • • • • • •		
	nis is for a Group Return, enter the organization's four digit				= :		
DOX D			ch a list with the names and EINs o		ers the extension is	tor	
1	I request an automatic 3-month (6 months for a corporation		· · · · · · · · · · · · · · · · · · ·				
		t organiza	tion return for the organization name	ed above.	The extension		
	is for the organization's return for						
	X calendar year 2011 or						
	tax year beginning	, an	d ending		_		
2	If the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
	Change in accounting period						
	_						
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	nonrefundable credits See instructions	3a	\$	0.			
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.	
C	Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,						
	by using EFTPS (Electronic Federal Tax Payment System)	See instru	ctions.	3c	\$	0.	
Caurti	on. If you are going to make an electronic fund withdrawal v	with this E	orm 8868, see Form 8453.EO and E	orm 9970.	EO for pourmont uno		

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