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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Name of organization

ARIZONA STATE RIFLE & PISTOL ASSOCIATION

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

Room/suite

PO BOX 1136

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

CONGRESS, AZ 853321136

D Employer identification number

86-0212950

E Telephone number

(928) 427-3045

F Group Exemption Number

G Accounting method

Cash

Accrual

Other (specify)

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

I Website:

WWW.ASRPA.COM

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 or a section 527 organization and its gross receipts are normally 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 \$ 36,590

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	3,438
	2	Program service revenue including government fees and contracts	2	9,391
	3	Membership dues and assessments	3	11,034
	4	Investment income	4	313
	5a	Gross amount from sale of assets other than inventory	5c	0
	5b	Less cost or other basis and sales expenses		
	6	Gaming and fundraising events	6d	3,998
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	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 exceeds \$15,000)		
	6c	Less direct expenses from gaming and fundraising events		
Expenses	7a	Gross sales of inventory, less returns and allowances	7c	7,559
	7b	Less cost of goods sold		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	35,733
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	4,897
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	3,191
	15	Printing, publications, postage, and shipping	15	7,966
	16	Other expenses (describe in Schedule O)	16	10,244
	17	Total expenses. Add lines 10 through 16	17	26,298
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,435
	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	222,731
	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	232,166

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

Cat No 10642I

Form 990-EZ (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	189,743	22	199,178
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	32,988	24	32,988
25	Total assets	222,731	25	232,166
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	222,731	27	232,166

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? DEDICATED TO THE PROMOTION OF SHOOTING SPORTS, FIREARM SAFETY TRAINING		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	SEE SCHEDULE O (Grants \$) If this amount includes foreign grants, check here ☐	28a	5,537
29	(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30	(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	5,537

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
37b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
40b	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		No
40c	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		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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		No
41	List the states with which a copy of this return is filed ▶ AZ		
42a	The organization's books are in care of ▶ SHELLEY SANSOM Telephone no ▶ (928) 427-3045 PO BOX 1136 Located at ▶ CONGRESS, AZ ZIP + 4 ▶ 85332		
42b	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)? 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.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		

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.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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.

Sign Here	***** Signature of officer		2012-05-02 Date		
	SHELLEY SANSOM TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	STEVEN DENNEY EA	Date 2012-08-08	Check if self-employed ☒	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	STEVEN DENNEY EA 6245 N 24TH PARKWAY SUITE 201 PHOENIX, AZ 850162030			EIN
					Phone no (602) 956-5515

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization ARIZONA STATE RIFLE & PISTOL ASSOCIATION	Employer identification number 86-0212950
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Identifier	Return Reference	Explanation
		PART III, LINE 28-ORGANIZATION'S PRIMARY EXEMPT PURPOSE
		DEDICATED TO THE PROMOTION OF SHOOTING SPORTS, FIREARMS
		TRAINING AND SAFETY
		PART III, LINE 28-STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
		SPECIALIZED TRAINING FOR INDIVIDUALS IN THE HIGH POWER
		AND SMALL BORE RIFLE DISCIPLINES, RANGE DEVELOPMENT AND
		IMPROVEMENT OF RANGE AMENITIES, CONDUCT A STATE CHAMPION-
		SHIP AND OTHER TOURNAMENTS, AND MEMBER COMMUNICATIONS
		AND INFORMATION ACTIVE PARTNER IN THE BEN AVERY SHOOTING
		RANGE FACILITY
Form 990EZ, Part I, Line 16		ACCOUNTING 1769 ADVERTISING 670 BANK AND CREDIT CARD CHARGES 2221 LICENSES 10 MEALS 540 OFFICE 1065 REPAIRS AND MAINTENANCE 198 SUPPLIES AND MATERIALS 3626 TELEPHONE 9 TRAVEL EXPENSES 136

Additional Data

Software ID:

Software Version:

EIN: 86-0212950

Name: ARIZONA STATE RIFLE & PISTOL ASSOCIATION

Form 990-EZ, Special Condition Description:

Special Condition Description

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
NOBLE HATHAWAY PO BOX 1136 CONGRESS,AZ 85332	PRESIDENT 2 00	0		
ED ROBERTS PO BOX 1136 CONGRESS,AZ 85332	VICE PRESIDENT 2 00	0		
ELBERT BICKNELL PO BOX 1136 CONGRESS,AZ 85332	TREASURER 2 00	0		
MARCI WELTON PO BOX 1136 CONGRESS,AZ 85332	SECRETARY 2 00	0		
RON TALBOT PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		
THOMAS WILDS PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		
MAY WARREN PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		
GERALD BROOKER PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		
GARY CHRISTENSEN PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		
BILL PERKINS PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		
EUGENE NEIGOFF PO BOX CONGRESS,AZ 85332	DIRECTOR 2 00	0		
DON PLANTE PO 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		
GERMAN SALAZAR PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		
MICK WALKER PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		
ROB POTTER PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		

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
TY GRIFFITH PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		
SHELLEY SANSOM PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		
MICHAEL SIMMONS PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		
BRETT SCHOMAKER PO BOX 1136 PHOENIX,AZ 85332	DIRECTOR 2 00	0		
STEPHEN RHOADES PO BOX 1136 PHOENIX,AZ 85332	DIRECTOR 2 00	0		
JOY COX PO BOX 1136 CONGRESS,AZ 85332	DIRECTOR 2 00	0		