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SCANNED AUG 3 0 2013,

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

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

2012

Open to Public , inspection ···

A	For the	2012 calenda	r year, or tax year beginning , 201	2, and ending	, 20			
В	Check if a	pplicable	C Name of organization		D Employer identification number			
X	Address c	thange BENTON GUN CLUB			71-0674240			
	Name cha	nge	Number and street (or P.O box, if mail is not delivered to street address)	Room/suite	E Telephoi	ne number		
	Initial retur	m						
	Terminate	d	P O BOX 139	ŀ	(50	1)351-7294		
	Amended	return	City or town, state or country, and ZIP + 4		F Group E	xemption		
	Application	n pending	Benton, AR 72018		Number	•		
G	Accour	nting Method:		F	H Check ►	if the organization is not		
1	Websit	te: > bent	ongunclub.org		required to a	ttach Schedule B		
j '	Tax-exe	empt status (c	heck only one) - ☐ 501(c) (3) 🛛 501(c)(7) ◀ (insert no) ☐ 4947	(a)(1) or 527	(Form 990, 9	90-EZ, or 990-PF).		
K	Check I	■ if the or	ganization is not a section 509(a)(3) supporting organization or sectio	n 527 organization	and its gross r	eceipts are normally		
	not mor	e than \$50,000). A Form 990-EZ or Form 990 return is not required though Form 990)-N (e-postcard) ma	ay be required ((see instructions). But if		
	the orga	inization choos	ses to file a return, be sure to file a complete return.			•		
L	Add line	s 5b, 6c, and	b, to line 9 to determine gross receipts. If gross receipts are \$200,00	0 or more, or if tota	l assets (Part II	,		
ı	ine 25,	column (B) bel	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$ 160,453		
	art I		e, Expenses, and Changes in Net Assets or Fund I					
		Check if th	e organization used Schedule O to respond to any question in this Pa	nt1				
	1		, gifts, grants, and sımılar amounts received			1		
	2	Program sen	rice revenue including government fees and contracts		[2 20,301		
	3	Membership	dues and assessments		[3 135,881		
	4	Investment in	ncome		[4 39		
	5a	Gross amou	nt from sale of assets other than inventory	5a	r			
	Ь	Less: cost or	other basis and sales expenses	5b				
	C	Gain or (loss		5c 1				
	6	Gaming and						
	a	Gross incom						
9		\$ 15,000) .						
Revenue	Ь	Gross incom	e from fundraising events (not including \$	of contribution	ons]		
8			ing events reported on line 1) (attach Schedule G if the		Į,	`#·;.		
			gross income and contributions exceeds \$15,000)	6b	Į s), <i>&</i>		
	c		expenses from gaming and fundraising events	6c		`		
	1		r (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract				
						› 6d		
	7a	Gross sales	of inventory, less returns and allowances	7a	494			
	Ь	Less: cost of	goods sold	7b	495			
	c	Gross profit	or (loss) from sales of inventory (Subtract line 75 from Lac Da)			7c (1)		
	8	O41	a (december to Oak adds O)			8 3,738		
	9	Total revenu	101			9 159,958		
	10	Grants and s	imilar amounts paid (list in Schedule O)			10 4,971		
	11			11				
	12	Salaries, other	to or for members or compensation, and employee benefits DEN, UT		<u> </u>	12		
Expenses	13				-	13 150		
þer	14		rent, utilities, and maintenance		-	14 59,867		
Ä	15	Printing, publ	_	15 11,096				
	16	• • •	ses (describe in Schedule O)		<u> </u>	16 33,317		
	17	-	ses. Add lines 10 through 16			17 109,401		
	18					18 50,557		
ēts	19	-	fund balances at beginning of year (from line 27, column (A)) (must a			30,331		
Ass			gure reported on prior year's return)	=	I	19 292,234		
Net Assets	20	-			<u> </u>	20		
Z	21		find belonger at and after a Country B. 40 B. 100		 	21 342,791		
For	Paperv		on Act Notice, see the separate instructions.			Form 990-EZ (2012)		
EEA	-		• • • • • • • • • • • • • • • • • • • •			·		

	m 990-EZ (2012) BENTON GUN CLUB				71-0	674	240 Page 2
P	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to respond to	any question in this Pa	ırt II				<u></u>
				(A) Beginning	of year		(B) End of year
22	Cash, savings, and investments			7	0,957	22	127,422
23	Land and buildings		[22	1,277	23	215,369
	Other assets (describe in Schedule O)		[0	24	0
	Total assets		Г	29	2,234	25	342,791
					0	26	0
	Net assets or fund balances (line 27 of column (B) must agree w			29	2,234	27	342,791
	Statement of Program Service Accomplis					1	Expenses
*****	Check if the organization used Schedule O to respond to	·			П	(Red	quired for section
\/h	at is the organization's primary exempt purpose? PROMOTE FI				· · · · <u> </u>	- `	(c)(3) and 501(c)(4)
							inizations and section
Des	scribe the organization's program service accomplishments for each	of its three largest pro	ogram service	s,		-	7(a)(1) trusts; optional
	measured by expenses. In a clear and concise manner, describe the		e number of				others.)
	sons benefited, and other relevant information for each program title					lor c	outers.)
28	YOUTH SAFTEY AND SHOOTING PROGRAMS; CONCEA					1	
	AND PERMIT CLASSES COVERING HOME SAFTEY AN	משטח חו				1	
	SECURITY	-badaa farah	haali b				
	<u> </u>	cludes foreign grants, c	neck here .	· · · · <u>· · · · · · · · · · · · · · · </u>	. ▶ ∐	28a	
29	PROVIDE MEMBERS WITH A SHOOTING RANGE						1
							
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here .	<u></u>	. ▶ ⊔	29a	
30							
						}	
						1	
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here .	<u></u>	<u>. ▶ 📙</u>	30a	
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here .		<u>. ▶ 🔲</u>	31a	
32	Total program service expenses (add lines 28a through 31a)	<u></u>	<u>.</u>		🕨	32	
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Employ					1 -	_
		yees List each one eve	n if not comp	ensated (see	the instruc	tions	_
	List of Officers, Directors, Trustees, and Key Employ	yees List each one even o any question in this P	en if not composart IV	ensated (see	the instruction	ctions	for Part IV)
	List of Officers, Directors, Trustees, and Key Employ	yees List each one eve	en if not competer IV	ensated (see	the instruction in the instructi	ctions 	for Part IV)
	List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to	yees List each one events any question in this P	en if not composart IV	ensated (see	the instruction	ctions s, ployee	for Part IV)
	List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to	yees List each one eve o any question in this P (b) Average hours per week	en if not comporant IV (c) Reportation compensation (Form W-2/1099	ensated (see	the instruction in the control of th	ctions s, ployee	for Part IV)
CH	List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title	yees List each one eve o any question in this P (b) Average hours per week	en if not comporant IV (c) Reportation compensation (Form W-2/1099	ensated (see	the instruction in the control of th	ctions s, ployee	for Part IV)
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	990-EZ (2012) BENTON GUN CLUB 71-0674.	240	Р	age 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	:	<u>. 🗆</u>
			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	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	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)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	A44 - 0			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		·	77. 3
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	7]		
а	Initiation fees and capital contributions included on line 9		•	K * *
b	Gross receipts, included on line 9, for public use of club facilities	1,		:
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7~~{		
	section 4911 ▶; section 4912 ▶; section 4955 ▶	\?. !	.:: : ` ` ,]	1.
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1 2 1	3	\$.
	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 l	40b		L
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	1 -6/2		
	organization managers or disqualified persons during the year under sections 4912,	1 1 1	N. W.	. :
	4955, and 4958			e e e e e e e e e e e e e e e e e e e
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			ે′ %
	reimbursed by the organization	F. 5		
9	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		4	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed	_		
42 a	The organization's books are in care of ▶ CHERYL CRAIG Telephone no. ▶ 501-3	351-72	94	
	Located at ▶ P O BOX 139 BENTON, AR ZIP+4 ▶ 72018	<u>;</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		'es	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	/ 4"	X
	If "Yes," enter the name of the foreign country:		° ∤	×, .
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		.]	₹.
_	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
42	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	; · · · ·	. ▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
44 -	Did the association recipies and described for the described for t	, , , , , , , , , , , , , , , , , , , 	Yes	No
44 a			*	
L	completed instead of Form 990-EZ	44a		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1 34		
_	completed instead of Form 990-EZ	44b		X
۲ 0	and the organization of the organization and the organization and the organization of	44c		X
a	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	·		. %
AE -	explanation in Schedule O	44d		
45 a 45 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u></u> ,	X
- U	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	["		19/30
		A == 1	1	;
_	Form 990-EZ (see instructions)	45b		X

Form 990	0-EZ (2012)	BENTON GUN CLU	JB			71-06	74240	Page
46 F	, Did the organization	on engage, directly or indirectly	in political campaign activi	ties on behalf of or in ood	nosition		<u> </u>	Yes No
	_	oublic office? If "Yes," complet						x
Part	Section All Section 50 and 5	501(c)(3) organization on 501(c)(3) organizatio	s only ns must answer ques	tions 47-49b and 52	, and compl	ete the ta	<u> </u>	
								Yes No
	•	on engage in lobbying activities mplete Schedule C, Part II	or have a section 501(h) el	ection in effect during the	tax		. 47	
48 is	s the organization	a school as described in secti	on 170(b)(1)(A)(li)? If "Yes,	complete Schedule E			. 48	
49a [Did the organization	on make any transfers to an ex	empt non-charitable related	organization?			. 49a	
		elated organization a section 5					. 49b	
		e for the organization's five hig						
e	employees) who e	each received more than \$100,	000 of compensation from the	ne organization. If there i	s none, enter "l	None."		
		nd title of each employee more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, an compensa	employee d defened	(e) Estimate other con	ed amount of mpensation
51 C	Complete this tabl	ther employees paid over \$100 le for the organization's five hig ensation from the organization sech independent contractor paid more t	hest compensated independ . If there is none, enter "No				Compensatio	n
	Total number of at	there is also and set a set as a						
52 [Did the organization	ther independent contractors each on complete Schedule A? Not e	: All section 501(c)(3) organ					
		able trusts must attach a comp		<u></u>			X Yes	☐ No
		clare that I have examined this return, in			of my knowledge and	d belief, it is		
Sign Here	Signatu	poteration of preparer (other than officer) in of officer ERYL CRAIG, SECRETAL	is based on all information of which	preparer has any knowledge	*Date > E	8/12/1	12	
	Туре о	r print name and title						
Paid	"	preparer's name W Coston-McDonald	Preparer's signature	Date 08-06-20	Che	ck X if	PTIN P007989	257
Prepar			i Co		Firm's EIN		F 00 / 303	
Use Or					, iiii a Liiv			
		Benton AR 7201			Phone no	501-7	78-3503	l
May the	e IRS discuss this	s return with the preparer show	n above? See Instructions			>	X Yes	
EEA							Form 99	0-EZ (201:

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name	of the	organi	zation							Employer	identificatio	n number		
-			CLUB								674240			
	ert I				Status (All organi			•	s part.)	See instr	ructions.	•		
The	organ		-		use it is: (For lines 1 thro	-	-	•						
1	\sqcup				ssociation of churches		section 1	70(b)(1)(A))(i).					
2	\sqcup	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3	\sqcup				rvice organization descri									
4	4													
	_	•	tal's name, city	· —										
5		An or	ganization ope	rated for the benef	it of a college or universi	ity owned o	r operated	by a gover	nmental u	nit describe	ed in			
	_			(iv). (Complete Pa	•									
6	\sqcup				r governmental unit desc		-							
7	Ш		-	-	a substantial part of its:	support fron	n a govern	mental unit	or from th	e general _l	public			
_					(Complete Part II.)									
8					n 170(b)(1)(A)(vi). (Com	-	-							
9	X		-	-	: (1) more than 33 1/3%					•	-			
					empt functions - subject		•	` '						
			_		and unrelated business		•		tax) from	businesse	es			
	_		-		30, 1975. See section		·=	•						
10	님		-		d exclusively to test for		_	• •						
11	Ш				d exclusively for the ber					-				
					orted organizations desc						ection			
		_	-	_	s the type of supporting	_		•	. –	<u> </u>				
	П		」Type I	b ∐ Typ	_ ,,	e III-Functio			d ∟		-Non-funtio	onally int	egrate	d
8	ш				organization is not contro									
			ction 509(a)(2).		her than one or more pu	ibliciy suppo	nted organ	iizauoris de	scribea in	section 50)9(a)(1)			
f					etermination from the IR	C that it is a	Tune I Tu	nall as Tu						
•			ization, check		or all mon none man	o iliai il is a	Type I, Ty	pe II, or Ty	pe III supp	porung				_
g		_	' - '		zation accepted any gift	or contribut	· · · · · ·	· · · · ·						· · L
			ing persons?	oo, nao alo organi	cason accopica any giit	or contained	ion nom ai	iy or the						
			• .	directly or indirectly	controls, either alone o	r together w	ith nersons	s described	l in (ii) and	I			Yes	No
					the supported organization	_	-		• •			110(1)	+	NO
										·		11g(i)	1	<u> </u>
					n described in (i) or (ii) a					• •		11g(ii)	-	
h					the supported organization							1.18(111	<u>" </u>	
	(i) Na		upported	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Did yo	u notify	(vi) h	the	(r-21) A		
		organiz	ation		(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,					organization in col.		(vil) Amount of monetal support		
					above or IRC section (see instructions))	governing document?		col (i) o		(i) organiz	ed in the S?			
					(000 11100 000 1110)	Yes	No	Yes	No	Yes	No	1		
(A)					,	+ :		1,00		103				
(B)						·								
(C)			-											
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(D)														_
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(E)														
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_				. May										
Tota	<u></u>				<u>1007 300 (**)</u>	<u> </u>			*.<			1		

Raft II Support S

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						· -
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		<u>.</u>				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by					X	
	each person (other than a	7-74(8-34)	. " " " " " " " " " " " " " " " " " " "	1000		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	governmental unit or publicly	120, 120, 120, 120, 120, 130, 130, 130, 130, 130, 130, 130, 13					
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			<u> </u>	7. 3.4		
6	Public support. Subtract line 5 from line 4	32 %.	*** ,,,	10 10 10 10 10 10 10 10 10 10 10 10 10 1]×-		
	tion B. Total Support				-		-
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	Nac 1 7013	, , , , , , , , ,	1.74.126.4	(m. 384. i	· 3	· · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		<u></u>	n, or fifth tax year a	as a section 501(c)((3)	▶□
	tion C. Computation of Public S						
14	Public support percentage for 2012 (line 6,		-	T))		14	%
15 16a	Public support percentage from 2011 Scheo 33 1/3% support test - 2012. If the organization	•				15	%
ıva	box and stop here . The organization qualifi						
h	33 1/3% support test - 2011. If the organiz						▶ ⊔
	check this box and stop here . The organiza						, n
17a	10%-facts-and-circumstances test - 2012						▶ ⊔
	10% or more, and if the organization meets	_			•		
	Part IV how the organization meets the "fac						
	organization						▶ □
b	10%-facts-and-circumstances test - 2011						· · · • ⊔
	15 is 10% or more, and if the organization in						
	Explain in Part IV how the organization mee					vk	
	supported organization						▶ □
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b.	17a, or 17b. check	this box and see		
	instructions						▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	46 266	104 000	86,297	64,500	135,881	437,933
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities	46,366	104,889	80,297	64,500	135,661	437,333
	furnished in any activity that is related to the organization's tax-exempt purpose	19,268	10,395	13,418	15,604	20,301	78,986
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	65,634	115,284	99,715	80,104	156,182	516,919
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000.						
	or 1% of the amount on line 13 for the year				_		
C	Add lines 7a and 7b				77 78 .		
8	Public support (Subtract line 7c from line 6.)						516,919
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	65,634	115,284	99,715	80,104	156,182	516,919
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		· · · · · · · · · · · · · · · · · · ·		<u> </u>	39	39
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b					39	39
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,177	3,037	2,606	2,800	3,738	15,358
13	Total support. (Add lines 9, 10c, 11, and 12.)	68,811	118,321	102,321	82,904	159,959	532,316
14	First five years. If the Form 990 is for the or	ganization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3	3)	
50	organization, check this box and stop here ction C. Computation of Public St			<u> </u>	· · · · <u>· · · · · · · ·</u>	<u> </u>	<u></u> ▶ ∐
15	Public support percentage for 2012 (line 8, ca)		15	97.11 %
16	Public support percentage from 2011 Schedu		_	· · · · · · · · · · · · · · · · · · ·		16	96.67 %
	ction D. Computation of Investme						20,000
17	Investment income percentage for 2012 (line			umn (f))		17	0.01 %
18	Investment income percentage from 2011 Sc	chedule A, Part III, I	ine 17			18	%
	33 1/3% support tests - 2012. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. The	organization qual	fies as a publicly s	upported organizat	ion	▶ 🏻
b	33 1/3% support tests - 2011. If the organiz line 18 is not more than 33 1/3%, check this	ation did not check box and stop here .	a box on line 14 or The organization	line 19a, and line qualifies as a public	16 is more than 33 bly supported organ	1/3%, and	▶∏
20	Private foundation. If the organization did n					<u>.</u>	▶ 🗖

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

Employer Identification number

2012

Open to Public Inspection

BENTON GUN CLUB	71-0674240
01. Description	n of other revenue (Part I, line 8)
Description	Amount
NRA COMMISSIONS	3,738
02. List of gr	ants and similar amounts paid (Part I, line 10)
Activity	ALL GRANTS LESS THAN \$5000
Relationship	NONE
Amount	4,971
03. Description	n of other expenses (Part I, line 16)
Description	Amount
DUES REFUND	125
INSURANCE AND BOND	11,121
DUES AND FEES	4,560
MATCH EXPENSES	6., 014
MEETINGS	997
OFFICE SUPPLIES	4,177
REAL ESTATE TAXES	415
DEPRECIATION	5,908

Form 4562

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172 2012

Attachment

Sequence No. 179 ▶ See separate instructions. Internal Revenue Service Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990 - 1 71-0674240 BENTON GUN CLUB **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 g Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2013. 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service Property subject to section 168(f)(1) election 15 15 5,908 Other depreciation (including ACRS) 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 2012 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction penod service only-see instructions) 3-year property 5-year property b C 7-year property 10-year property 6000 15-year property

b 12-year 12 yrs. c 40-year 40 yrs.

Part IV Summary (See instructions.)

20-year property g 25-year property

Residential rental

Nonresidential real

property

property

20a Class life

Listed property. Enter amount from line 28

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

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

22

S/I

S/L

S/L

S/L

S/I

S/L

S/L

S/L

21

25 yrs.

27 5 yrs.

27.5 yrs.

39 yrs.

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

MM

MM

MM

MM

MM

5,908

For Paperwork Reduction Act Notice, see separate instructions.

Form (Rev January 2013)

Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury

Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print BENTON GUN CLUB 71-0674240 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for P O BOX 139 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return See instructions Benton, AR 72018 0 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 ● The books are in the care of
▶ CHERYL CRAIG P O BOX 139 BENTON, AR 72018 Telephone No. ▶ 501-351-7294 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is . . . ▶ 🔲 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 08-15 , 20 13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ 🗓 calendar year 20 12 or ▶ ☐ tax year beginning , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

estimated tax payments made. Include any prior year overpayment allowed as a credit.

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 instructions.

3b

3с