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432001 11-07-14

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

nation about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

A F	or the	2014 calendar year, or tax year beginning and ending		
B c	heck if	C Name of organization	D Employer identific	ation number
aj	pplicable			
	Address change	MEMPHIS SPORT SHOOTING ASSOCIATION, INC.		
	Name change	Doing business as	62-0	763396
	Initial return	Number and street (or P O box if mail is not delivered to street address) Room/si		
	Final return/	P O BOX 99	901-	867-8277
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,145,716
	Amende	DRONDWICK, IN 30014	H(a) Is this a group re	
	Application	Final and address of principal officer. This is a second of the second o	for subordinates	
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	
		······································		list. (see instructions)
		n: ► N/A	H(c) Group exemption	
			ear of formation 1986 M	State of legal domicile 1
Pa	ert [	Summary	CADD DACITUM	EC EOD
Activities & Governance	1 E	Briefly describe the organization's mission or most significant activities: PROVIDE PEACHING GUN SAFETY	SAFE FACILITIE	ES FOR
r	2 0	Check this box   If the organization discontinued its operations or disposed of n	nore than 25% of its net as	sets.
o Ve	l '	Number of voting members of the governing body (Part VI, line 1a)	·	1.
Ğ	t .	Number of independent voting members of the governing body (Part VI, line 1b)	. 4	1
Se		otal number of individuals employed in calendar year 2014 (Part V, line 2a)	5 · 2 · 7 · 5	2
Ϋ́	l	otal number of volunteers (estimate if necessary)	. 6	
ĺĊĖ	7a 1	otal unrelated business revenue from Part VIII, column (C), line 12	😽 <mark>7a</mark>	24
<b>Q</b>	1 d	Net unrelated business taxable income from Form 990-T, line 34	7ь	0
			Prior Year	Current Year
<u>o</u>	8 (	Contributions and grants (Part VIII, line 1h)	2,781.	4,265
Revenue	9 F	Program service revenue (Part VIII, line 2g)	642,493.	687,545
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,131.	24
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	197,101.	106,692
	12 ]	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	843,506.	798,526
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	343,216.	316,466
ens		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0
Expenses	i .	Fotal fundraising expenses (Part IX, column (D), line 25)	450 70E	10E 0EE
_	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	450,705.	485,855 802,321
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	793,921.	-3,795
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12	49,585.	
ts of			Beginning of Current Year 2,018,510.	End of Year 2,014,715
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)	2,010,510.	0
# P	21 7	Total liabilities (Part X, line 26)	2,018,510.	2,014,715
뚭	22	Net assets or fund balances. Subtract line 21 from line 20	2/010/310.	2/011//13
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	stements, and to the hest of m	v knowledge and helief it is
		ties of perjury, received that rinave examined this reterm, including accompanying screedies and su the and complete. Declaration of preparer (other than officer) is gased on all information of which prejure.		, kilomoogo alla bollo, k k
1100	, contect	, and complete Declaration of propage (contential officer) a based of an information of which pro		JUN2015
Sig	n	Signature of officer	Date	S AND COLO
Her	- 1	william Hill, TREASURER		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Palo	d {	JAMES A. LENAHAN, III	06/01/15 self-employ	
Pre	parer	Firm's name LENAHAN, SMITH & BARGIACHI, P.C.	Firm's EIN	62-1422748
Use	Only	Firm's address 1080 BROOKFIELD RD.		
		MEMPHIS, TN 38119	Phone no 90	1-684-1100
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)	<u> </u>	. X Yes N
		LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (201

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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	990 (2014) MEMPHIS SPORT SHOOTING ASSOCIATION, INC. 62-0763396 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	MEMPHIS SPORTS SHOOTING ASSOCIATION IS DEVOTED TO THE TRAINING OF ITS
	MEMBERS IN THE SAFE AND PROPER USE OF ALL FIREARMS
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
2	
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$)
	PROVIDE WEAPONS QUALIFICATION TO MARINES STATIONED IN THE AREA. THE
	BASE DOES NOT HAVE WEAPONS FACILITY AND THE CLUB ALLOWS THE MARINES TO
	USE THE FACILITY AT NO CHARGE.
	OSE THE FACILITY AT NO CHARGE.
4b	(Code) (Expenses \$
	LOCAL SHERIFF DEPUTIES AND CITY POLICE QUALIFY ON THEIR WEAPONS AT NO
	CHARGE.
4c	\( \)
40	/t-t /t
	PROVIDES SAFE FACILITIES FOR CLUB MEMBERS AND PUBLIC.
4d	Other program services (Describe in Schedule O.)
-+0	Other program services (Describe in Schedule O.)
	(Expenses \$ Including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ►
	Form <b>990</b> (2014)

Form 990 (2014) MEMPHIS SPOR
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)?	- 1		
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	3		<u>X</u>
4	Section 501(c)(3) organizations. 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	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		<u>X</u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
_	Schedule D, Part III	•		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		Х
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
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		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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	11d	-	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		^
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	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			1
	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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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,	l .	1	,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<del>                                     </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19 20a	<del>                                     </del>	$\frac{\hat{x}}{x}$
20a		20a 20b	<del>                                     </del>	<del>  ^</del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	- 200		

_	990 (2014) MEMPHIS SPORT SHOOTING ASSOCIATION, INC. 62-0763	396	P	<u>age 4</u>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ŀ
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ļ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	23_		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1	}	ŀ
	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	<u> </u>	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		'	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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		ĺ	١
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	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	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1	v
	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	ļ	_^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
	contributions? If "Yes," complete Schedule M	30_	-	<del>  ^</del>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
	If "Yes," complete Schedule N, Part I	31		<del> </del>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	100	Ì	X
00	Schedule N, Part II	32	ļ	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		X
24	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33	+	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	1	X
25-	Part V, line 1		<del>                                     </del>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	+-	<del>  ^</del>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		ļ
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(a)(2) organizations. Did the organization make any transform to an exempt conscharitable related organization?	338	+-	<del>                                     </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		
37	If "Yes," complete Schedule R, Part V, line 2	30	+-	+
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

Note. All Form 990 filers are required to complete Schedule O ...

Form 990 (2014)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			$\Box$	
			Yes	No	
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8[	103		
1a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ō			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7			
C	(gambling) winnings to prize winners?	1c	Х	1	
2a					
	filed for the calendar year ending with or within the year covered by this return  2a 2	3			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	1	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b			
	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-			
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	<u> </u>	Х	
С	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				
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1		
	were not tax deductible?	6b	<u> </u>	ļ	-
7	Organizations that may receive deductible contributions under section 170(c).			1	
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 payo		1	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	ļ	-
С		_	ļ		
	to file Form 8282?	7c	<del> </del>	ļ	
d	• •	一		1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	-		
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		<del> </del>	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<del>  -</del>	<del>                                     </del>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	'   <b>'</b>	<u> </u>	ļ	•
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8			
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	-	-	<del> </del>	,
э э	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1	
b		9b			٠
10	Section 501(c)(7) organizations. Enter:				٠
а	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
b		7.			
11	Section 501(c)(12) organizations. Enter:				
а	and the second s				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	7			
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	ļ	,
	Note. See the instructions for additional information the organization must report on Schedule O.			F	
b	1		1	1.	
	organization is licensed to issue qualified health plans	4		1.	
C	- · · · · · · · · · · · · · · · · · · ·	<u> </u>	. <b></b>	1	
	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		X	
ь	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	1	1	

Earm	വവ	(2014)	
rom	990	(2014)	

MEMPHIS SPORT SHOOTING ASSOCIATION, INC.

62-0763396

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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 or note to any line in this Part VI		<u></u>				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	1a		15			
	If there are material differences in voting rights among members of the governing body, or if the governing					- 1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other		.	1	
	officer, director, trustee, or key employee?	•		İ	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision	Ī			
•	of officers, directors, or trustees, or key employees to a management company or other person?		•		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	Ī	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			Ī	5		X
6	Did the organization have members or stockholders?		••	Ī	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	tnioaa	one or	Ī			
, .	more members of the governing body?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	olders or	İ			
•	persons other than the governing body?	3.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hy th	a following	•			
	The governing body?	ar by an	, rollowing	Ì	8a	Х	
a					8b	X	
Þ	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be really the section of the se	achad s	at the				
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acrieu e	it tile		9		х
500	tion B. Policies (This Section B requests information about policies not required by the Internal R	Pavanus	Code )				
<del>56</del> 6	tion B. Foncies (This deciron b requests information about policies not required by the internal re	CVCIIOC				Yes	No
102	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters	s. affiliates.	.			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		,,		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the foi	m?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	· ·				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?		12b		Х
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")					-	
_	ın Schedule O how this was done	·			12c		Х
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 approv	al by in	dependent		·		
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•		:		
а	The organization's CEO, Executive Director, or top management official		_		15a		X
b	Other officers or key employees of the organization		•		15b	Х	
-	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 arrange	ment w	rith 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	ate its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic						'
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶TN						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s	only) a	vailab	le	-
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	n in Scl	nedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	f interest poli	cy, and	l finan	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records: 🕨				
	LENAHAN, SMITH & BARGIACHI, PC, CPAS - 901-684-1100	)					
	1080 BROOKFIELD ROAD, MEMPHIS, TN 38119						

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FOILL	990	120141	

#### MEMPHIS SPORT SHOOTING ASSOCIATION, INC.

62-0763396

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII
--

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.

(A) Check this box if neither the organization	(B)	<u></u>			<del>)</del>			(D)	(E)	(F)
Name and Title	Average			Pos	ition		!	Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson	than o	n an	compensation	compensation	amount of
	week		er an	dad	recto	or/trus	tee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for	₽ o	8			sated		organization	(W-2/1099-MISC)	from the organization
	related organizations	uster	l trust		88	nedu		(W-2/1099-MISC)		and related
	below	tral	tona	_	ago)	st cor	<u>_</u>			organizations
	line)	Indiwdual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS BRANYAN	0.00									
BOARD OF DIRECTORS		X						0.	0.	0.
(2) DAVID BEESINGER	0.00									_
PRESIDENT OF EC		Х				L.		0.	0.	0.
(3) LYNN JONES	0.00							_		
BOARD OF DIRECTORS		X				<u> </u>		0.	0.	0.
(4) ED HOPE	0.00								_	
BOARD OF DIRECTORS		Х	<u> </u>	<u> </u>		_		0.	0.	0.
(5) GRADY JONES	0.00									
BOARD OF DIRECTORS		X	<u> </u>	L_	<u> </u>	<u> </u>		0.	0.	0.
(6) RICK MAYS	0.00	۱								_
BOARD OF DIRECTORS		X	<u> </u>	_	_			0.	0.	0.
(7) STAN JONES	0.00					ì				
BOARD OF DIRECTORS		Х	_		L.	-	_	0.	0.	0.
(8) LANNY PROVIENCE	0.00									_
BOARD OF DIRECTORS		X	<u> </u>	<u> </u>	<u> </u>	-	<u> </u>	0.	0.	0.
(9) EDDIE WILSON	0.00	,,								_
BOARD OF DIRECTORS	0.00	X	<u> </u>	_	-	┼		0.	0.	0.
(10) EARL BECKHAM	0.00	,						0.	0.	0.
BOARD OF DIRECTORS	0.00	Х	<u> </u>		<del> </del>	┢		<u> </u>	0.	0.
(11) LARRY MURRAY	0.00	x	ļ					0.	0.	0.
BOARD OF DIRECTORS	0.00	^	-		⊢	┾			0.	
(12) ALAN NEWTON	0.00	X						0.	0.	0.
BOARD OF DIRECTORS	0.00	┢	├	-	<del> </del>	+	├			· ·
(13) K. G. COKER	0.00	1		x				0.	0.	0.
BOARD OF DIRECTORS, CHAIRM	0.00	├	├	ı^	$\vdash$	+	├─	·		<u>-</u> -
(14) WILLIAM HILL TREASURER	0.00	1		x	1			0.	0.	0.
(15) ROXANNE HILL	0.00	$\vdash$	-	<del>  ^</del>	t	+	$\dagger =$	<del>                                     </del>		-
SECRETARY		1		x				0.	0.	0.
		†  –	$t^-$	<del> </del>	T	1	†			
		1				1				
	<u> </u>				$\top$	T	T			
		1		1			1			

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2014)

\$100,000 of compensation from the organization

rai	. <b>*</b> #1	Check if Schedule O conta		or note to any line	e in this Part VIII			
	*******	Offect II Scriedule O Conta	allis a response	of flote to any with	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	. 1a					
اة ق	b	Membership dues .	1b					
A,G	c	Fundraising events	1c					
i i	d	d Related organizations	1d					
S,E		Government grants (contribution	ons) 1e					
<u> 등</u> 등	f	All other contributions, gifts, grant						
돌		similar amounts not included above	1 1	4,265.				
Έğ	a	Noncash contributions included in lines	<u></u>	4,265. 1,300.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<b>&gt;</b>	4,265.			
				Business Code				
•	2 a	MEMBERSHIP DUES		713990	687,545.	687,545.		1
ا څ	_ b					•	-	
Ser	c							
ΕŞ	d							
Program Service Revenue								
품	f	All other program service rever	nue	900001				
		Total. Add lines 2a-2f		<b>•</b>	687,545.			
$\neg$	3	Investment income (including	dividends inter	est and				
İ	•	other similar amounts)	dividende, inter	<b>b</b>	24.		24.	
i	4	Income from investment of tax	exempt bond i	oroceeds				
	5	Royalties	rezempt bond p	Droceeds >			-	
	•	Noyalies	(i) Real	(ii) Personal				
	6 a	a Gross rents	(l) Near	(ii) i ersonai				
		b Less: rental expenses						
İ		c Rental income or (loss)						
		d Net rental income or (loss)		<u> </u>		'		
		a Gross amount from sales of	(i) Securities	(ii) Other				
	7 8	assets other than inventory	(i) Securities	(ii) Other				
- 1							*	
	Ľ	b Less: cost or other basis						
	_	and sales expenses						
		c Gain or (loss)		<b>•</b>				1
		d Net gain or (loss)						
Other Revenue	8 a	<ul> <li>Gross income from fundraising including \$</li> </ul>	of					
ě								
윤		contributions reported on line		117,983.				
<u>ğ</u>		Part IV, line 18	. 4	44,966.				
8		b Less: direct expenses		44,700.	73,017.			73,017.
		c Net income or (loss) from fund	-		73,017.			73,017.
	9 a	a Gross income from gaming ac						
- 1		Part IV, line 19	а				`	
	t	b Less: direct expenses	. <b></b>	)			,	ì
1		c Net income or (loss) from gam						
	10 a	a Gross sales of inventory, less		332,249.				
		and allowances		302,249.				,
		b Less: cost of goods sold		302,224.	20,025	30,025.		
}		c Net income or (loss) from sale			30,025.	30,023.		<del>  ,                                   </del>
}		Miscellaneous Revenu		Business Code	1,340.	1,340.	<b>.</b>	· · · ·
- 1	11 a		TED FOR	900099			1	<del>                                     </del>
	t	b MISC		900099	1,285.			
- 1	_	c RV FEES		721210	1,025.	1,025.	<del> </del>	<del>  -</del> -
- 1	•	· —						
	,	d All other revenue			2 (50			
	12	· —			3,650. 798,526.	721,220.	24	73,017.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t	his Part IX (B)	(C)	. (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				······
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	-		·····	······································
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	46,750.			
_	trustees, and key employees	40,730.			<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
~	persons described in section 4958(c)(3)(B)	248,629.			
7	Other salaries and wages .	240/023.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	21,087.			
11	Fees for services (non-employees):				
''	Management				
b	Legal .				
c	Accounting				
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)			<u></u>	
12	Advertising and promotion .				
13	Office expenses	26,561.			
14	Information technology		<u> </u>		
15	Royalties		<del></del>	<u> </u>	
16	Occupancy .				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	701	<del></del>		
19	Conferences, conventions, and meetings	791. 1,236.			
20	Interest	1,230.		<del> </del>	
21	Payments to affiliates	133,602.		<del> </del>	
22	Depreciation, depletion, and amortization	73,956.			
23	Insurance	737330.	<del></del>		
24	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 0)	,			,
а	ODNIEDRI MATRIMENTANCE C D	108,050.			
ь	RANGE OPERATING EXP	42,518.			
c	UTILITIES	39,536.			
d	TAXES & LICENSES	30,591.			
е	All other expenses	29,014.			
25	Total functional expenses. Add lines 1 through 24e	802,321.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X **(B)** (A) End of year Beginning of year 263,065. 288,450. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments ... 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other 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 instr). Complete Part II of Sch L 7 Notes and loans receivable, net 72,083. 61,124. 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 2,954,464 basis. Complete Part VI of Schedule D 1,289,323. 1,683,362. 1,665,141. 10b 10c Less: accumulated depreciation 11 11 Investments · publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 2,018,510. 2,014,715. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses . . . 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 28 Permanently restricted net assets . . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 0 30 30 Capital stock or trust principal, or current funds .... 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 2,018,510. 2,014,715. 32 32 Retained earnings, endowment, accumulated income, or other funds 2,018,510. 2,014,715. 33 33 Total net assets or fund balances ... 2,018,510 2,014,715. Total liabilities and net assets/fund balances

orm	990 (2014) MEMPHIS SPORT SHOOTING ASSOCIATION, INC.	62-07	<u>63396</u>	Pag	ge <b>12</b>
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Щ
1	Total revenue (must equal Part VIII, column (A), line 12)	1			26.
2	Total expenses (must equal Part IX, column (A), line 25)	2			21.
3	Revenue less expenses. Subtract line 2 from line 1	3			95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,01	8,5	<u> 10.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,01	4,7	<u> 15.</u>
Par	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line 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	О.		:	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2ь		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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.	1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	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	ired audit			
	or guidte, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1

Form **990** (2014)

### 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

**Employer identification number** Name of the organization MEMPHIS SPORT SHOOTING ASSOCIATION. 62-0763396 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area □ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ... . In Part XIII, 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 organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 .... . .... (ii) Assets included in Form 990, Part X . ... . .. . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		SPORT SHO						62 <u>-07</u>		_	ge <b>2</b>
Par	CIII Organizations Maintaining C	ollections of A	t, Histo	<u>orical Tr</u>	easures, o	r Othe	er Simila	ar Asse	<b>S</b> (continu	ıed)	
3	Using the organization's acquisition, accessed	on, and other record	s, check	any of the	following that	are a s	ignificant i	use of its	collection	items	3
	(check all that apply):										
а	Public exhibition	d	╚	oan or exc	hange progra	ms					
b	Scholarly research	e		ther							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	y further t	he organızatio	n's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	toncal trea	sures, or othe	r sımıla	r assets		_		
	to be sold to raise funds rather than to be ma								Yes		No
Par	Escrow and Custodial Arrange reported an amount on Form 990, Par	-	ete if the	organizatio	on answered "	Yes' to	Form 990	, Part IV, I	ne 9, or		_
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for c	ontribution	ns or other ass	sets not	included				
	on Form 990, Part X?		·						Yes		] No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ıble:							
		·							Amount		
С	Beginning balance					_	1c				
	Additions during the year						1d		•		
	Distributions during the year						1e				
	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or c	ustodial acco	unt liabi	lity?		Yes		No
ь	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	(planatio	n has b <u>een</u>	provided in F	art XIII					
Par	t V Endowment Funds. Complete r	f the organization ar	swered '	Yes" to Fo	orm 990, Part	IV, line	10.				
		(a) Current year	<b>(b)</b> Pr	or year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions .										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
9	End of year balance				<u>]</u>						
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g	ı, column (	a)) held as:						
а	Board designated or quasi-endowment		_%								
þ	Permanent endowment	%									
C	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	and administe	red for t	the organi	zation	г		
	by:									Yes	No
	(i) unrelated organizations	•		•					3a(i)		
	(ii) related organizations		•				•		3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	-			-			••	3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.	<del>-</del>						
Par	t VI Land, Buildings, and Equipn					5					
	Complete if the organization answere							<del> </del>	400 .		
	Description of property	(a) Cost or o			t or other	• •	Accumulat		(d) Book	valu	ө
	<del></del>	basis (invest	ment)		(other)	de	preciation	<u> </u>	24.	<u> </u>	86.
	Land				59,541.		199,1	an			$\frac{50.}{51.}$
Ь	Buildings	•		8.	77,741.		177,1	90.	000	,,3	<u> </u>
C	Leasehold improvements			21	19,702.		264,8	10	F./	1 0	<del>53.</del>
	Equipment				34,135.		825,2				$\frac{53.}{51.}$
	Other		<u> </u>				U L J <sub>L</sub> L	74.			$\frac{31.}{41.}$

Schedu	ıle D (Form 990) 2014	MEMPHIS SPOR	RT SHOOTING	ASSOCIATION,	INC.	62-0763396	Page 3
Part	VII Investments -	Other Securities.					
		anization answered "Yes" t				<del></del>	
	scription of security or cated	JOTY (including name of security)	(b) Book value	(c) Method of val	uation: Cost o	or end-of-year market	value
	ancial derivatives						·
	sely-held equity interests	-	<del> </del>				
(3) Oth	ner						
(A)		-				<del></del>	
(B) (C)		<del></del>	<del></del>				
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(F)	<del>-</del>		· · · · · · · · · · · · · · · · · · ·				
(G)	<del></del>						
(H)							
Total. (C	Col (b) must equal Form 990	), Part X, col (B) line 12 ) ▶					
Part	VIII Investments -	Program Related.					
		anization answered "Yes" t		ne 11c. See Form 990, Pa	art X, line 13.		
	(a) Description of	investment	(b) Book value	(c) Method of val	luation: Cost o	or end-of-year market	value
(1)							
(2)_							
(3)						<del></del> -	
(4)		· · · · · - · · · · · · ·				····	
(5)							
<u>(6)</u> (7)							
(8)					·	· · · · · · · · · · · · · · · · · · ·	
(9)						<del></del> -	
	Col. (b) must equal Form 990	), Part X, col (B) line 13 ) ▶				•	
Part							
	Complete if the org	anization answered "Yes" t	to Form 990, Part IV, I	ine 11d. See Form 990, P	art X, line 15.		
	· · · · · · · · · · · · · · · · · · ·	(a) [	Description			(b) Book	/alue
(1)_							
(2)_	<del></del>						
(3)_							
(4)						<del></del>	
(5)	<del>-</del> -						
(6)			<u> </u>				-
(7) (8)_						<del></del>	
(9)							
	Column (b) must equal F	orm 990, Part X, col. (B) line	9 15.)			. ▶	
Part				·			
	Complete if the org	janization answered "Yes"	to Form 990, Part IV, I	ine 11e or 11f. See Form	990, Part X, lii	ne 25.	
1.	(a) D	escription of liability		(b) Book value		•	
(1)	Federal income taxes				•	:	
(2)	<u> </u>					•	
(3)						ŧ	
(4)						:	
(5)						:	
<u>(6)</u>						· F	
(7)	<del>_</del>					Ţ.	:
(8)						Ų.	
(9)	(Column (b) must smist 5	om 990 Part Y col /P) line	253			: · 3 :	

62-0763396 Page 3

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Sche	dule D (Form 990) 2014 MEMPHIS SPORT SHOOTING ASS	SOCIATION, INC.	62-0763396 .Page 4
Pai	TXI Reconciliation of Revenue per Audited Financial Statem		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	_
d	Other (Describe in Part XIII.)	2d	<u> </u>
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	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>
b	Other (Describe in Part XIII.)	4b	<b>→</b> 4.
C E	Add lines 4a and 4b  Tatal reviews Add lines 2 and 4a (This review are 15 are 100 Cart I line 12)	• •	. 4c
D <sub>2</sub>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses n	
jr aj	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a		e netam.
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:	•	
a	Donated services and use of facilities	2a	
ь	Prior year adjustments	2b	<b>-</b>
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Ь	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	<u> </u>	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	5
Pa	作XIII Supplemental Information.		
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad  RT X, LINE 2:		
NOI	NE		
			<del> </del>
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### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No 1545-0047

2014

Open to Public Inspection

lame of the organization							ntification number
MEMPHIS	SPORT SHOOTING AS	SOC	IAT	ION, INC.		62-0763	396
Part I Fundraising Activities. required to complete this part	Complete if the organization answert.	ered "Y	es" to	Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais	ed funds through any of the following	ng actr	vities.	Check all that apply.			
a Mail solicitations	e Solicitat	tion of	non-g	overnment grants			
<b>b</b> Internet and email solicitations	f Solicita	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	using (	events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ding of	fficers, directors, trus	stees	or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	onal f	undraising services?	)	Yes	☐ No
b if "Yes," list the ten highest paid indi						undraiser is to	be
compensated at least \$5,000 by the	organization.						
		Gia	Did		(v)	Amount paid	6-D A
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	aiser	(iv) Gross receipts	to (	or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) / louvily	or con	trol of	from activity		fundraiser ted in col. (i)	organization
		Yes	No		0		
		163	-110				
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		-					
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otal			<b>•</b>				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	ution	s or has been notified	d it ıs	exempt from re	egistration
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	,						
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Schedule G (Form 990 or 990-EZ) 2014 MEMPHIS SPORT SHOOTING ASSOCIATION, INC.62-0763396 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events GUN SHOOTING (add col. (a) through 11 TOURNAMENTS col. (c)) (event type) (event type) (total number) Revenue 117,983. 117,983. Gross receipts 2 Less: Contributions 117,983. 117,983. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Rent/facility costs 7 Food and beverages 8 Entertainment 44,966. 44,966. Other direct expenses 44,966. 10 Direct expense summary. Add lines 4 through 9 in column (d) 73,017 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes

b If "Yes," explain:

Sch	edule G (Form 990 or 990 EZ) 2014 MEMPHIS SPORT SHOOTING ASSOCIATION, INC.62-	0763396	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	L No
	Indicate the percentage of gaming activity conducted in:	ا ءمه ا	
	n The organization's facility  o An outside facility	13a 13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[.00]	
	Name		
	Address		<del></del>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name	<del></del> -	
	Gaming manager compensation ▶ \$		
	· · · · · · · · · · · · · · · · · · ·		
	Description of services provided ▶		
			<del>.</del>
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	☐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9, 9b, 10	)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		<del>.</del>
			<del></del> .
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		<u> </u>	

Schedule C	Supplemental Infor	MEMPHIS	SPORT	SHOOTING	ASSOCIATION,	INC.62-0763396	Page 4
Part IV	Supplemental Infor	mation (contin	ued)	<del></del>			<del></del>
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#### 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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization  MEMPHIS SPORT SHOOTING ASSOCIATION, INC.	Employer identification number 62-0763396
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
FACILITIES ARE USED FOR LOCAL SHOOTING CONTESTS FOR THE	BENEFIT OF ST
JUDE CHILDRENS RESEARCH HOSPITAL.	
FORM 990, PART VI, SECTION B, LINE 11: BOARD OF DIRECTORS REVIEW AND DISCUSS TAX RETURN IN MEET	INC DEFODE EILING
BOARD OF DIRECTORS REVIEW AND DISCUSS TAX RETURN IN MEET	ING BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 15B:	
ALL EMPLOYEE COMPENSATION ARE DISCUSSED, REVIEWED AND AP	PROVED BY THE
ORGANIZATION'S BOARD OF DIRECTORS AT LEAST ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINAN	CIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
THE ORGANIZATION HAS A WRITTEN POLICY FOR CONFLICT OF IN	TEREST ,
WHISTLEBLOWER, DOCUMENT RETENTION AND DESTRUCTION POLICI	ES

**Depreciation and Amortization** 

(Including Information on Listed Property)

990 Attach to your tax return.

OMB No 1545-0172

Internal Revenue Service Name(s) shown on return

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

Business or activity to which this form relates

23

62-0763396 MEMPHIS SPORT SHOOTING ASSOCIATION, INC. FORM 990 PAGE 10 Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions (c) Elected cost (b) Cost (business use only) (a) Description of property 7 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 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 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.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 15 Property subject to section 168(f)(1) election 8,164. 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 123,820. 17 MACRS deductions for assets placed in service in tax years beginning before 2014 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property year place in service only - see instructions) 3-year property 19a 5,264. 5 YRS. HY 200bB 1,053. b 5-year property 7-year property C d 10-year property 150DB 24,496. 15 YRS. HY 1,224. 15-year property f 20-year property S/L 25 yrs. 9 25-year property S/L 1 27.5 yrs. MM h Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12-year 12 yrs. b 40 yrs. MM S/L 40-year Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 134,261. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

(g) (g) Basis for agreement (g) Basis for a qualified bisses of the basis for agreement (g) Basis for	For	n 4562 (2014)		PHIS SE											396	
Note: For any vehicle for which you are using the standard misage rate or deducting lasse expense, complete only 24a, 24b through (o) of Section A. Depreciation and Other Information (Caution: See the instructions for Imital for passenger automobiles.)  24a. Do you have widened to support the besubassifivorishment usclaimed?  (a)  (b)  (c)  (a)  (b)  (c)  (a)  (b)  (b)  (c)  (c)  (c)  (d)  (b)  (b)  (c)  (d)  (b)  (c)  (d)  (b)  (d)  (d)  (d)  (d)  (d)  (d	Pa			utomobiles, c	ertaın otl	ner vehic	les, c	ertaın airc	raft, ce	ertain com	puters, a	nd prop	erty use	d for ent	tertainme	ent,
Section A. Depreciation and Other Information (Cautonic) See the instructions for limits for passenger automobiles.)  See Joyu have evidece to support the business/investment use claime? Yes No 24h in Yes, is the evidence written? Only 19 (a) 19 (b) 19 (c) 19 (				hich vou are u	sing the	standaro	l mile	age rate o	r dedu	ctina lease	expens	e. comp	lete only	24a, 24	lb, colun	nns (a)
24.0 by out have endence to support the business/investment use chimad?   Yes   No   24b   Yes, te the evidence written?   19   19   19   19   19   19   19   1		through (c) of S	Section A, all	of Section B,	and Sec	tion C if	appli	cable.								
Column   C		Section A	- Depreciation	on and Other	Informa	tion (Ca	ution	: See the	ınstruc	tions for li	mits for p	passeng	er auton	nobiles.)		
Type of property (15st vehicles into) placed in service in september (15st vehicles into) placed in service in september (15st vehicles into) placed in service during the tax year and used more than 50% in a qualified business use 28. Property used more than 50% in a qualified business use 28. Property used more than 50% in a qualified business use:	24a	Do you have evidence to s	support the bu	sıness/investm	ent use cl	aimed?	<u> </u>	Yes	No	24b If 'Y	es," is th	e evider	nce writt	en?	Yes_	No
yes properly (set vehicles) pieced in westment (set vehicles) properly (set ve		(a)			.	(d)	1.			1	0	g)		•	Elec	(i) stad
User usine to the process of the pro			1		· 1										sectio	
used more than 50% in a qualified business use:    1		(list vehicles first)				ner dasis		use on	y)	periou	CONV	ention	4600		CC.	st
27 Property used more than 50% in a qualified business use:	25	Special depreciation all	owance for q	ualified listed	property	placed	ın ser	vice dunn	g the t	ax year an	d					
27 Property used 50% or less in a qualified business use:  28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (iii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (iii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (iii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (iii), lines 25 through 28. Endown and in the section of the sectio		used more than 50% in	a qualified b	usiness use								25	<u> </u>		<u>.</u>	
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees   Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not mowners or related persons.					ess use:											
96 S.L.   96 S.L			Ι		%				_						<u> </u>	
Property used 50% or less in a qualified business use:   96			Ι		%											
96   S.f.     28 Add amounts in column (it), lines 25 through 27. Enter here and on line 21, page 1   28     29 Add amounts in column (it), lines 25 through 27. Enter here and on line 12, page 1   29     29 Add amounts in column (it), lines 25 through 27. Enter here and on line 7, page 1   29     30 Total business/investment miles driven during the year (do not include commuting miles)     30 Total business/investment miles driven during the year (do not include commuting miles)     31 Total commuting miles driven during the year (do not include commuting miles)     31 Total commuting miles driven during the year (Add ines 30 through 32     32 Total other personal (noncommuting) miles driven during the year (Add ines 30 through 32     33 Was the vehicle available for personal use during off-duty hours?     35 Was the vehicle available for personal use (Add wing off-duty hours?     36 Is another vehicle available for personal use (Add wing off-duty hours?     36 Is another vehicle available for personal use (Add wing off-duty hours?     36 Is another vehicle available for personal use (Add wing off-duty hours?     37 Do you maintain a written policy statement that prohibits all personal use of vehicles used by employees who are not movemers or related persons.     37 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners     39 Do you maintain a written policy statement that prohibits personal use of vehicles with requirements concerning qualified automobile demonstration use?					%	-		-								
96   S.f.     28 Add amounts in column (it), lines 25 through 27. Enter here and on line 21, page 1   28     29 Add amounts in column (it), lines 25 through 27. Enter here and on line 12, page 1   29     29 Add amounts in column (it), lines 25 through 27. Enter here and on line 7, page 1   29     30 Total business/investment miles driven during the year (do not include commuting miles)     30 Total business/investment miles driven during the year (do not include commuting miles)     31 Total commuting miles driven during the year (do not include commuting miles)     31 Total commuting miles driven during the year (Add ines 30 through 32     32 Total other personal (noncommuting) miles driven during the year (Add ines 30 through 32     33 Was the vehicle available for personal use during off-duty hours?     35 Was the vehicle available for personal use (Add wing off-duty hours?     36 Is another vehicle available for personal use (Add wing off-duty hours?     36 Is another vehicle available for personal use (Add wing off-duty hours?     36 Is another vehicle available for personal use (Add wing off-duty hours?     37 Do you maintain a written policy statement that prohibits all personal use of vehicles used by employees who are not movemers or related persons.     37 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners     39 Do you maintain a written policy statement that prohibits personal use of vehicles with requirements concerning qualified automobile demonstration use?	27	Property used 50% or I	ess in a quali	fied business	use:					•						_
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (a) not include commuting miles driven during the year (do not include commuting miles driven during the year at 2 Total other personal (noncommuting) miles driven during the year.  31 Total commuting miles driven during the year.  32 Total miles driven during the year.  33 Total miles driven during the year.  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle available for personal use during off-duty hours?  36 Is another vehicle available for personal use yes no yes n		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 .		1			-		Ī	S/L·					***************************************
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## Form **8868** (Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, complete	e only Pa	rt i and check this box		•	(42)
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of	this form).		
Do not	complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	sly filed For	m 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a corp	oration
requirec	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	ile Form 88	68 to request an e	extension
of time t	to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	Transfers A	ssociated With Co	ertain
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format (	(see instructions). For more details o	on the elec	tronic filing of this	form,
	w irs.gov/efile and click on e-file for Charities & Nonprofits					
Part	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies ne	eded).		
A corpo	ration required to file Form 990-T and requesting an auton					
Part I or	nly				•	<b></b>
All other	r corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an extens	sion of time	
to file ın	come tax returns			Enter file	r's identifying nu	mber
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification num	nber (EIN) or
print						
	MEMPHIS SPORT SHOOTING ASSO	CIAT	ION, INC.		62-07633	96
File by the due date f	or Number, street, and room or suite no. If a P.O. box, so	ee instruct	tions.	Social sec	cunty number (SS	N)
filing your return Sec	, I o bon 33					
instruction	S City, town or post office, state, and ZIP code. For a for BRUNSWICK, TN 38014	reign add	ress, see instructions.			
· · ·	Bronding in Court					_
Enter th	e Return code for the return that this application is for (file	a separat	te application for each return)			0 1
	o riotani oodo for tilo rotani tilat tillo application io for tillo	, и обрани	,	•		
Applica	ition	Return	Application			Return
ls For		Code	Is For			Code
	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	· " · · · · · · · · · · · · · · · · · ·	04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	•		11
	90-T (trust other than above)	06	Form 8870			12
		& BAI	RGIACHI, PC, CPAS			
• The	books are in the care of ▶ 1080 BROOKFIELI	) ROAI	D - MEMPHIS, TN 38	119		
	phone No. ► 901-684-1100		Fax No. ▶			
	e organization does not have an office or place of business	s in the Ur	nited States, check this box			<b>▶</b> □
	s is for a Group Return, enter the organization's four digit			If this is fo	r the whole group,	check this
box 🕨	. If it is for part of the group, check this box	1				
1 1	request an automatic 3-month (6 months for a corporation		-			
_	AUGUST 15, 2015 , to file the exemp	t organiza	tion return for the organization nam	ed above.	The extension	
is	for the organization's return for:					
•	► X calendar year 2014 or					
•	tax year beginning	, an	d ending		<u> </u>	
		•				
2 If	the tax year entered in line 1 is for less than 12 months, of	heck reas	on: Initial return I	Final retur	n	
[	Change in accounting period					
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			•
_	onrefundable credits. See instructions.			3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					^
<u>e</u>	stimated tax payments made. Include any prior year over	payment a	llowed as a credit.	Зь	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					^
	y using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Cautio	n. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form	8453-EO ai	nd Form 8879-EO	for payment

instructions.