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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2014**

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.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue ServiceOpen to Public  
Inspection**A** For the 2014 calendar year, or tax year beginning

and ending

**B** Check if applicable

- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization**CHEYENNE TRAP & SKEET CLUB, INC**

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

**P.O. BOX 1065**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**CHEYENNE, WY 82003****D** Employer identification number**83-0248628****E** Telephone number**307-638-3749****F** Group Exemption Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **N/A****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 7 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **148,533.****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

|            |  |  |          |           |
|------------|--|--|----------|-----------|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   | 1        |           |
|            | 2  | Program service revenue including government fees and contracts  | 2        | 32,561.   |
|            | 3  | Membership dues and assessments  | 3        |           |
|            | 4  | Investment income  | 4        | 361.      |
|            | 5a   | Gross amount from sale of assets other than inventory  | 5a       |           |
|            | 5b   | Less: cost or other basis and sales expenses   | 5b       |           |
|            | 5c   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | 5c       |           |
|            | 6  | Gaming and fundraising events  | 6        |           |
|            | 6a   | Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a       |           |
|            | 6b   | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b       |           |
| 6c         | Less: direct expenses from gaming and fundraising events   | 6c   |          |           |
| 6d         | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d   |          |           |
| 7a         | Gross sales of inventory, less returns and allowances  | 7a   | 115,611. |           |
| 7b         | Less: cost of goods sold   | 7b   | 67,848.  |           |
| 7c         | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                     | 7c   | 47,763.  |           |
| 8          | Other revenue (describe in Schedule O)   | 8  |          |           |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                      | 9  | 80,685.  |           |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O)   | 10       |           |
|            | 11   | Benefits paid to or for members  | 11       | 2,875.    |
|            | 12   | Salaries, other compensation, and employee benefits  | 12       | 29,039.   |
|            | 13   | Professional fees and other payments to independent contractors  | 13       | 500.      |
|            | 14   | Occupancy, rent, utilities, and maintenance  | 14       | 21,537.   |
|            | 15   | Printing, publications, postage, and shipping  | 15       | 1,338.    |
|            | 16   | Other expenses (describe in Schedule O)  | 16       | 40,940.   |
|            | 17   | <b>Total expenses.</b> Add lines 10 through 16   | 17       | 96,229.   |
| Net Assets | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18       | <15,544.> |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   | 19       | 193,804.  |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   | 20       | 0.        |
|            | 21   | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20   | 21       | 178,260.  |

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2014)

**Part II Balance Sheets** (see the instructions for Part II)

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

☒

|  | (A) Beginning of year |    | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments  | 106,815.              | 22 | 112,941.        |
| 23 Land and buildings  | 53,339.               | 23 | 50,962.         |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O                        | 34,463.               | 24 | 19,506.         |
| 25 Total assets  | 194,617.              | 25 | 183,409.        |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O                   | 813.                  | 26 | 5,149.          |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 193,804.              | 27 | 178,260.        |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

Expenses  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations; optional for  
others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

|    |   |   |                          |     |         |
|----|---|---|--------------------------|-----|---------|
| 28 | PRACTICE/TRIALS TO BENEFIT THE EDUCATION OF SAFE GUN USE        |   |                          |     |         |
|    | (Grants \$ ) If this amount includes foreign grants, check here | ▶ | <input type="checkbox"/> | 28a | 93,007. |
| 29 |   |   |                          |     |         |
|    | (Grants \$ ) If this amount includes foreign grants, check here | ▶ | <input type="checkbox"/> | 29a |         |
| 30 |   |   |                          |     |         |
|    | (Grants \$ ) If this amount includes foreign grants, check here | ▶ | <input type="checkbox"/> | 30a |         |
| 31 | Other program services (describe in Schedule O)                 |   |                          |     |         |
|    | (Grants \$ ) If this amount includes foreign grants, check here | ▶ | <input type="checkbox"/> | 31a |         |
| 32 | Total program service expenses (add lines 28a through 31a)      | ▶ | <input type="checkbox"/> | 32  | 93,007. |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

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

☒

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|--|--|---|--|
| DAN WERTZ          |  |  |   |  |
| PRESIDENT          | 10.00  | 0.   | 0.  | 0.   |
| STEVE RINEY        |  |  |   |  |
| VICE PRESIDENT     | 5.00   | 0.   | 0.  | 0.   |
| GARY WILSON        |  |  |   |  |
| SECRETARY          | 2.00   | 0.   | 0.  | 0.   |
| PAT STANOSHECK     |  |  |   |  |
| TREASURER          | 2.00   | 0.   | 0.  | 0.   |
| DAVE AYERS         |  |  |   |  |
| DIRECTOR           | 0.00   | 0.   | 0.  | 0.   |
| SAM CALVETTI       |  |  |   |  |
| DIRECTOR           | 0.00   | 0.   | 0.  | 0.   |
| MARK WRIGHT        |  |  |   |  |
| DIRECTOR           | 0.00   | 0.   | 0.  | 0.   |
| JERRY WERTZ        |  |  |   |  |
| DIRECTOR           | 0.00   | 0.   | 0.  | 0.   |
| MIKE CALVETTI      |  |  |   |  |
| DIRECTOR           | 0.00   | 0.   | 0.  | 0.   |
| JED LANE           |  |  |   |  |
| DIRECTOR           | 0.00   | 0.   | 0.  | 0.   |
| SUZANNE WITHERS    |  |  |   |  |
| BOOKKEEPER         | 1.00   | 3,900.   | 0.  | 0.   |
| STEPHAN FOTIADES   |  |  |   |  |
| DIRECTOR           | 0.00   | 0.   | 0.  | 0.   |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒

|  | Yes | No                                  |
|--|-----|-------------------------------------|
| <b>33</b> 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  |     | <input checked="" type="checkbox"/> |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)   |     | <input checked="" type="checkbox"/> |
| <b>35a</b> 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)?  |     | <input checked="" type="checkbox"/> |
| <b>b</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   | N/A |                                     |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  |     | <input checked="" type="checkbox"/> |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  |     | <input checked="" type="checkbox"/> |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions  | 37a | 0.                                  |
| <b>b</b> Did the organization file Form 1120-POL for this year?  | 37b | <input checked="" type="checkbox"/> |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  | 38a | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved  | 38b | N/A                                 |
| <b>39</b> Section 501(c)(7) organizations. Enter:  | 39a | 0.                                  |
| <b>a</b> Initiation fees and capital contributions included on line 9  | 39b | 0.                                  |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities   |     |                                     |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:   |     |                                     |
| section 4911 <input checked="" type="checkbox"/> N/A ; section 4912 <input checked="" type="checkbox"/> N/A ; section 4955 <input checked="" type="checkbox"/> N/A   |     |                                     |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | N/A                                 |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     | N/A                                 |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  |     | N/A                                 |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  | 40e | <input checked="" type="checkbox"/> |
| <b>41</b> List the states with which a copy of this return is filed <input checked="" type="checkbox"/> WY   |     |                                     |
| <b>42a</b> The organization's books are in care of <input checked="" type="checkbox"/> SUZANNE WITHERS Telephone no. <input checked="" type="checkbox"/> 307-632-9362  |     |                                     |
| Located at <input checked="" type="checkbox"/> P.O. BOX 1065, CHEYENNE, WY ZIP + 4 <input checked="" type="checkbox"/> 82003   |     |                                     |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 42b | <input checked="" type="checkbox"/> |
| If "Yes," enter the name of the foreign country: <input type="checkbox"/>  |     |                                     |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |                                     |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?  | 42c | <input checked="" type="checkbox"/> |
| If "Yes," enter the name of the foreign country: <input type="checkbox"/>  |     |                                     |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/>   | 43  | N/A                                 |
| and enter the amount of tax-exempt interest received or accrued during the tax year  |     |                                     |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44a | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44b | <input checked="" type="checkbox"/> |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year?  | 44c | <input checked="" type="checkbox"/> |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 44d |                                     |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  | 45b |                                     |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

46

| Yes | No |
|-----|----|
|     | X  |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

47

| Yes | No |
|-----|----|
|     |    |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

| Yes | No |
|-----|----|
|     |    |

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

| Yes | No |
|-----|----|
|     |    |

b If "Yes," was the related organization a section 527 organization?

49b

| Yes | No |
|-----|----|
|     |    |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| N/A                                 |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

f Total number of other employees paid over \$100,000

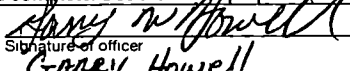
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

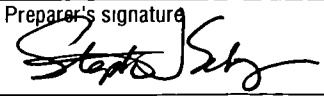
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations must attach a completed Schedule A
☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                  |   |                    |
|------------------|---|--------------------|
| <b>Sign Here</b> |  | Date <b>3-9-15</b> |
|                  | <b>DAN WERTZ, PRESIDENT</b>   |                    |

|                               |   |   |                       |  |                          |
|-------------------------------|---|---|-----------------------|--|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>STEPHEN J. SCHMERGE, CPA</b> | Preparer's signature<br> | Date<br><b>3/2/15</b> | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br><b>P00010536</b> |
|                               | Firm's name <b>SCHREINER WESKAMP &amp; SCHMERGE, LLC</b>      |   |                       | Firm's EIN <b>20-2874955</b>                               |                          |
|                               | Firm's address <b>P.O. BOX 505</b>                            |   |                       | Phone no. <b>(307) 635-2600</b>                            |                          |
|                               | <b>CHEYENNE, WY 82003-0505</b>                                |   |                       |  |                          |

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

☒ Yes ☐ No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

CHEYENNE TRAP & SKEET CLUB, INC

Employer identification number

83-0248628

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

INTEREST

361.

**FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:**

**INCOME:**

1. GROSS RECEIPTS 115,611.

2. RETURNS AND ALLOWANCES 0.

3. LINE 1 LESS LINE 2 115,611.

4. COST OF GOODS SOLD (LINE 13) 67,848.

5. GROSS PROFIT (LINE 3 LESS LINE 4) 47,763.

**COST OF GOODS SOLD:**

6. INVENTORY AT BEGINNING OF YEAR 34,463.

7. MERCHANDISE PURCHASED 49,337.

8. COST OF LABOR 0.

9. MATERIALS AND SUPPLIES 0.

10. OTHER COSTS 2,768.

11. ADD LINES 6 THROUGH 10 86,568.

12. INVENTORY AT END OF YEAR 18,720.

13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) 67,848.

**FORM 990-EZ, PART I, LINE 7B, OTHER COSTS:**

**DESCRIPTION OF OTHER COSTS:**

**AMOUNT:**

SALES TAXES PAID

2,768.

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

CHEYENNE TRAP & SKEET CLUB, INC

Employer identification number  
83-0248628

| DESCRIPTION OF EXPENSES:      | AMOUNT: |
|-------------------------------|---------|
| DEPRECIATION                  | 3,222.  |
| OTHER EXPENSES                | 18,315. |
| TOTAL TO FORM 990-EZ, LINE 14 | 21,537. |

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|--------------------------------|---------|
| ADVERTISING                    | 942.    |
| INSURANCE                      | 5,098.  |
| TRAVEL EXPENSES                | 480.    |
| PAYOUTS, TROPHIES ETC          | 16,092. |
| FOOD AND REFRESHMENTS          | 13,786. |
| FREIGHT                        | 3,795.  |
| OTHER MISC. EXPENSES           | 747.    |
| TOTAL TO FORM 990-EZ, LINE 16  | 40,940. |

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |
|-------------------------------|--------------|-------------|
| INVENTORIES                   | 34,463.      | 18,720.     |
| OTHER DEPRECIABLE ASSETS      | 0.           | 786.        |
| TOTAL TO FORM 990-EZ, LINE 24 | 34,463.      | 19,506.     |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

| DESCRIPTION       | BEG. OF YEAR | END OF YEAR |
|-------------------|--------------|-------------|
| OTHER LIABILITIES | 813.         | 5,149.      |

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

CHEYENNE TRAP & SKEET CLUB, INC

Employer identification number

83-0248628

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE EDUCATION FOR  
SAFE GUN OWNERSHIP

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



83-0248628

(a) Name and title

(b) Average hours per week devoted to position

**(c)** Reportable compensation (Forms W-2/1099-MISC)  
(If not paid, enter -0-)

**(d) Health benefits, contributions to employee benefit plans, and deferred compensation**

|  |  |
|--|--|
| (e) Estimated amount of other compensation |  |
|--|--|

GARY HOWELL  
DIRECTOR

0.00

0.

0.

0.



Wyoming Secretary of State  
State Capitol Building, Room 110  
200 West 24<sup>th</sup> Street  
Cheyenne, WY 82002-0020  
Ph. 307.777.7311  
Fax 307.777.5339  
Email: business@state.wy.us

Max Maxfield, WY Secretary of State  
FILED: 03/09/2010 04:30 PM  
Original ID: 1980-000072532  
Amendment ID: 2010-000841941

## Nonprofit Corporation Articles of Amendment

1. Corporation name:

Cheyenne Municipal Trap and Skeet Club, Inc

2. Article(s) I - 1 is amended as follows:  
(Attach a separate sheet if more room is needed)

Change name by omitting 'Municipal'  
'Cheyenne Trap and Skeet Club, Inc.'  
New name

3. The amendment was adopted on 03/01/2010 by the board of directors.  
(Date - mm/dd/yyyy)

OR

The amendment was adopted on                      by the directors and members.  
(Date - mm/dd/yyyy)

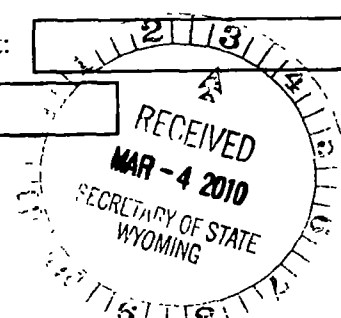
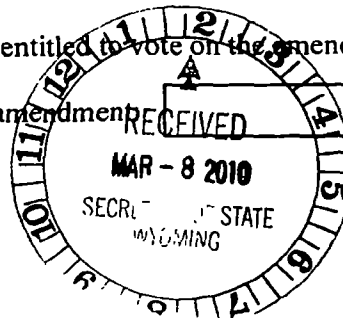
4. If approval by the members was not required, or if the corporation has no members, make that statement in this section and state that approval was obtained by a sufficient vote of the board of directors or incorporators:

Approved by Board of Directors. By-laws do not  
provide for membership approval

5. If approval by the members was required, complete this section.

a. The number of memberships outstanding and entitled to vote on the amendment:                     

b. The number of votes cast for and against the amendment:                     



6. If approval of the amendment was required by some person or persons other than the members, the board of directors, or the incorporators, make a statement in this section that approval was obtained.

Date: 03/04/2010  
(mm/dd/yyyy)

Signature: Bill Talmage  
(May be executed by the Chairman of the Board, President or another of its officers)

Print Name: Bill Talmage

Title: President

Contact Person: Bill Talmage

Daytime Phone Number: 307-638-4523

Checklist

- ☐ **Filing Fee: \$3.00** Make check or money order payable to Wyoming Secretary of State.  
☐ Please submit one **originally signed** document and one exact photocopy of the filing.