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Click on the question-mark icons to display help windows. The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No. 1545-1150

2016

Open to Public Inspection

B c	or the	2016 calend	ar year, or tax year beginning	, 2016,	and ending	3		, 20
	heck if a	oplicable.	C Name of organization 2			D Emp	loyer id	entification number ?
	Address o	change	ASHLAND GUN CLUB				3	6-3238048
□ 凡	Name cha	ınge	Number and street (or P.O. box, if mail is not delivered to street addre	ess) ?	Room/suite	E Telep		
<u> </u>	nıtıal retu	m	%WM CURTIS, 7933 SHADOW LAKE DRIVE		1		40	2-895-2733
╡		n/terminated	City or town, state or province, country, and ZIP or foreign postal cod	de		F Gro		mption
=	Amended	retum n pending	PAPILLION, NE 68046				nber ၨ	
_		ting Method:	✓ Cash Accrual Other (specify) ►					f the organization is not
	/ebsite	•	Moderation Control (Specify)					ach Schedule B
			eck only one) — ☐ 501(c)(3) 🗹 501(c) (7) ◀ (insert no.) ☐	1 40 47(-)(4) -		•		0-EZ, or 990-PF).
				4947(a)(1) o	r527	(, 0,,,,,	30, 33	0 12, 01 330 11).
		_	□ Corporation □ Trust □ Association 7b to line 9 to determine gross receipts. If gross receipts are \$ □		nore or if to	tal accete		
			w) are \$500,000 or more, file Form 990 instead of Form 990-E2					
_							\$	92310
Ρá	art I		e, Expenses, and Changes in Net Assets or Fu		•			• —
_			the organization used Schedule O to respond to any	' - '				<u> U</u>
?	1		ons, gifts, grants, and similar amounts received				1	8
?	2	-	ervice revenue including government fees and contracts				2	
?	3	Membersh	ip dues and assessments				3	1,410
?	4	Investmen	tincome				4	822
	5a	Gross amo	ount from sale of assets other than inventory	. 5a	İ			
	ь	Less: cost	or other basis and sales expenses	. 5b			1 1	
	c		ss) from sale of assets other than inventory (Subtract lin		ne 5a)		5c	
	6		nd fundraising events		ino ou, i			
	a	_	ome from gaming (attach Schedule G if greater	than				
<u>o</u>	a				I			
ב				· 6a		 	1 1	
Kevenue	D		me from fundraising events (not including \$		f contributi	ions	1 1	
ř			aising events reported on line 1) (attach Schedule G		ı		[
			ch gross income and contributions exceeds \$15,000).					
	С		t expenses from gaming and fundraising events		<u> </u>		i i	
	d	Net incom	e or (loss) from gaming and fundraising events (add I	lines 6a and	d 6b and	subtract		
		line 6c)					6d	
	7a	Gross sale	s of inventory, less returns and allowances	. 7a	1	87,331		
	b		of goods sold			53,623	1 I	
	С		it or (loss) from sales of inventory (Subtract line 7b from				7c	33,708
	8	•	nue (describe in Schedule O)	•			8	2,739
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			•	9	38,687
_	10		d similar amounts paid (list in Schedule O)	 	·····	· · · · · ·	10	•
	1						 	1,100
_	11	-	aid to or for members	······································			11	
	12) <u>.</u> .]			12	
ě	13	Protession	al fees and other payments to independent contractors y, rent, utilities, and maintenance . "AY. 1.5	٠ ٠/ۍ			13	
esue es			v rent utilities and maintenance	17:31			14	29,749
xpenses	14			1 1				204
Expenses	14 15	Printing, p	ublications, postage, and shipping	$f \in f$			15	201
Expenses		Printing, po	ublications, postage, and shippingenses (describe in Schedule-O)				15 16	
Expenses	15	Printing, po	ublications, postage, and shippingenses (describe in Schedule-O)					2,521
	15 16	Printing, poor Other experience Total experience	ublications, postage, and shipping			 >	16	2,521 33,571
	15 16 17	Printing, pooling Other experience Total experience Excess or	ublications, postage, and shippingenses (describe in Schedule 0). enses. Add lines 10 through 16				16 17	2,521 33,571
	15 16 17 18	Printing, pool of the experimental experimen	ublications, postage, and shipping enses (describe in Schedule O) enses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27,	column (A)	 (must ag	 ree with	16 17 18	201 2,521 33,571 5,116
	15 16 17 18 19	Printing, proof of the experimental experime	ublications, postage, and shipping enses (describe in Schedule-O) enses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) s or fund balances at beginning of year (from line 27, ar figure reported on prior year's return)	column (A)	 (must ag	ree with	16 17 18	2,521 33,571
Net-Assets Expenses	15 16 17 18	Printing, proof Other experience of Control	ublications, postage, and shipping enses (describe in Schedule O) enses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27,	column (A)	 (must ag	ree with	16 17 18	2,521 33,571 5,116

Form	990-EZ	(2016)
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Page 2

Part II	Balance Sheets (see the instructions					
<i>.</i>	Check if the organization used Schedule	O to respond to a	ny question in this		<u>. </u>	<u> </u>
				(A) Beginning of year	<u> </u>	(B) End of year
	sh, savings, and investments			290,659		289,63
	d and buildings			58,318	_	60,46
	er assets (describe in Schedule O)			10,106	_	15,92
	al assets			359,083		366,02
	al liabilities (describe in Schedule O)			460		2,28
	assets or fund balances (line 27 of column			358,623	27	363,73
Part III	Statement of Program Service Accom			·	l	Ermanaaa
A.D	Check if the organization used Schedule	O to respond to a	ny question in this	Part III	(Re	Expenses equired for section
	e organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
as measur	ne organization's program service accompli- ed by expenses. In a clear and concise menefited, and other relevant information for ea	anner, describe the ach program title.	e services provide	d, the number of		anizations; optional fo
? (Gran		includes foreign gra			28	
29						
					1	-
(Gran	ts \$) If this amount	includes foreign gra	ints, check here .	▶ □	29	a
30						1
					1	
(Gran	ts\$) If this amount	includes foreign gra	ints, check here .	▶ □	30	a
	program services (describe in Schedule O)					
(Gran	ts \$) If this amount	ıncludes foreign gra	ints, check here .	▶ 🔲	31	a
32 Total	program service expenses (add lines 28a				32	<u> </u>
Part IV	List of Officers, Directors, Trustees, and Key			•		·
	Check if the organization used Schedule	O to respond to a			<u>. </u>	<u>.</u>
	? (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-	contributions to employ benefit plans, and	- 1	Estimated amount o other compensation
HUCK SC	HULTE (FATHER)			1		
PRESIDENT	<u> </u>	10		0	0	
RICK HELD						
ICE PRES		5		0	0	· · · · · · · · · · · · · · · · · · ·
	CHULTE (SON)					
SECRETAR		5		0	0	
	URTIS (BROTHER)			_	_	
REASURE		20		0	0	
	CURTIS (BROTHER)					
DIRECTOR	NTENOEN.	20	<u> </u>	0	牛	
RON CHRIS	OIENSEN	-				
DIRECTOR	DAIFC	5		0	0	···
UCAS BAI	KINEO	-	 			
DIRECTOR		5		0	<u> </u>	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	
ر 	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	NO
33	detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	'	1
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	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	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			۰
	during the year? If "Yes," complete applicable parts of Schedule N	36	TO TAKE	
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 137a 0 137a 0 137a 0 137a 0 137a 120-POL for this year?	37b	SEINE	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	21000	77	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1V, 6		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	162 3.a	J. 192
С	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	高級		
	40c reimbursed by the organization			
е	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	23,88.0	il val
41	List the states with which a copy of this return is filed ▶	100	<u></u>	
42a		402-89	5-273	3
	Located at ▶ 7933 SHADOW LAKE DRIVE, PAPILLION, NE ZIP + 4 ▶	68	046	
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)?	[40]	Yes	No
	If "Yes," enter the name of the foreign country:	42b		7
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c	L	•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		1	▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year		T	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	A Paris	Yes	
,	completed instead of Form 990-EZ	44a	12-11-10-11	1450 To
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	145	100	F. 7.
	completed instead of Form 990-EZ	44b		~
C	Did the organization receive any payments for indoor tanning services during the year?	44c	a a a a a a a a a a a a a a a a a a a	1995
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			. ا
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	+	~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	7. 7. 7.	1	NEW Y
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		2	
	Form 990-EZ (see instructions)	45b	İ	1

to candidates for public office? If "Yes," complete Schedule C, Part I	orin 990-l	EZ (201	6)						F	age 4
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. Chock if the organization used Schedule O to respond to any question in this Part VI The characteristic organization as a section 501 (n) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E If "Yes," complete Schedule C, Part II Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E If "Yes," was the related organization as section 527 organization? Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees, and key organization) (a) Name and title of each employee (b) Name and title of each employees paid over \$100,000 for compensation from the organization. If there is none, enter "None." (b) Name school of compensation from the organization is five highest compensated independent contractors who each received more than 5100,000 for complete this table for the organization is five highest compensated independent contractors who each received more than 5100,000 for mile organization or employees placed amount of other employees paid over \$100,000 for mile organization from the organization fr	46 E	Did the	organization engage, directly or inc	directly, in political ca	ampaign activities	on behalf of	or in opposition	n 🐼	12.00	
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 7 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 8 Is the organization as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 9 Did the organization make any transfers to an exempt non-charitable related organization? 9 Did the organization make any transfers to an exempt non-charitable related organization? 9 Did the organization section 570 reganization? 9 Did the organization as excellent 527 organization? 9 Did the organization is section 527 organization? 9 Did the organization is section 500,000 of complete stoke for the organization is five highest compensation from the organization. If there is none, enter "None." 9 Did Name and bits of each angloyee and over \$100,000 10 Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None." 11 Total number of other employees paid over \$100,000 12 Did the organization ormplete Schedule A? Note: All section 501(c)(3) organizations must attach a complete schedule or propagation ormplete schedule and statements, and to the best of my knowledge and brief, it is complete by the organization ormplete schedule or organization or of which prepare the area by knowledge and brief, it is complete by the organization ormplete Schedule A? Note: All section 501(c)(3) organizations must attach a complete by the organization ormplete schedule or organization or of which prepare the area of the propagation or organization or of the propagation or of the organization or organization and the literature of the organization or organization or organization or organization and the literature or organization or organ	to	o can	didates for public office? If "Yes," co	mplete Schedule C,	Part I					~
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To but 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 is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 48 48 48 48 48 48 48 48 48 48 48		C	check if the organization used School	edule O to respond	to any question in	this Part	<u>/l</u>	<u> </u>	<u>,</u>	<u>. </u>
year? If "Yes," complete Schedule C, Part II Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," was the related organization a section 527 organization? Yes," was the related organization a section 527 organization? Complete this table for the organization is 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." If Total number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." If Total number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." If Total number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." If Total number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." If Total number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." If Total number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." If Total number of other independent contractors each receiving over \$100,000 organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A complete Schedule A comple									Yes	No
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O Complete this table for the organization's five highest compensated employees (other than officers, directors, furstees, 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 by the week device to possible of the possib	9a [Did the	e organization make any transfers to	an exempt non-cha	ntable related orga	nization? .		49a	<u> </u>	
O Complete this table for the organization's five highest compensated employees (other than officers, directors, furstees, 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 deviced to position (c) Reportable components continued to compensation. (c) Reportable components continued to compensation. (c) Reportable components continued to compensation. (c) Reportable compensation. (c) Reportable compensation. (c) Reportable compensation. (c) Reportable compensation. (c) Reportable compensation. (c) Reportable compensation. (c) Reportable compensation. (c) Reportable compensation. (c) Reportable compensation. (c) Reportable compensation. (c) Reportable compensation. (c) Reportable compensation. (c) Reportable compensation. (c) Reportable compensation. (d) Reportable compensation. (e) Reportable	b I1	f "Yes	," was the related organization a sec	ction 527 organization	on?					<u> </u>
(a) Name and title of each employee (a) Name and title of each employee (b) Reportable compensation (contributions to employee benefit plans, and deferred compensation (Forms W-2/1099-MISC) (c) Estimated amount of other employees paid over \$100,000 ▶	io (Compl	lete this table for the organization's f	ive highest compens	sated employees (d	ther than o	fficers, director	s, truste	es, ar	id key
(a) Name and title of each employee bours per week compensation compensatio	e	emplo	yees) who each received more than	\$100,000 of comper	nsation from the org	ganization. I	f there is none,	enter "N	lone.	,
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None." (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▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule	•	(a) N	lame and title of each employee	hours per week	compensation	contribute benefit pla	ons to employee (
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der 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 let, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date	52 [Did th	ne organization complete Schedul	-	ection 501(c)(3) or					No.
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Form **990-EZ** (2016)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

36-3238048 **ASHLAND GUN CLUB** PART I, LINE 8 INSURANCE PROCEEDS \$2,739 PART I, LINE 10 DONATION TO NEBRASKA GAME AND PARKS FOUNDATION \$500 DONATION TO OMAHA ZOO FOUNDATION \$100 DONATION TO ASHLAND HISTORICAL SOCIETY \$500 PART I, LINE 16 MEMBERSHIP DINNER \$2,000; MEETINGS \$449; INCOME TAX \$7; MISC \$65 PART II, LINE 24 SHELLS \$6,165, TARGETS \$9,744; TROPHIES \$15 PART V, LINE 35 FEES RECEIVED AS COMPENSATION FOR PROVIDING TRAPSHOOTING AS A RECREATIONAL SPORT FOR ITS MEMBERS DEPOSITS \$2281