

Form 990EZ

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.

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CAPITAL AREA SPORTSMEN LEAGUE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
7534 OLD RIVER TRAIL

City or town, state or province, country, and ZIP or foreign postal code
LANSING, MI 48917

D Employer identification number
38-1618102
E Telephone number
(517) 627-8645
F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ☐

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

I Website: ☐ N/A

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

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 \$ 161,925

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	99,254
	3	Membership dues and assessments	3	62,454
	4	Investment income	4	67
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	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	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	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	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
Expenses	8	Other revenue (describe in Schedule O)	8	150
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	161,925
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	4,213
	14	Occupancy, rent, utilities, and maintenance	14	44,321
Net Assets	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	81,351
	17	Total expenses. Add lines 10 through 16	17	129,885
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32,040
	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	252,060
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-2,197
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	281,903

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	38,767	22	76,529
23 Land and buildings	170,089	23	166,441
24 Other assets (describe in Schedule O)	52,671	24	44,191
25 Total assets	261,527	25	287,161
26 Total liabilities (describe in Schedule O).	9,467	26	5,258
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	252,060	27	281,903

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 ☒
 What is the organization's primary exempt purpose?
 PROVIDE SPORT SERVICES
 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

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29 See Additional Data Table	29a	
(Grants \$) If this amount includes foreign grants, check here ☐		
30 See Additional Data Table	30a	
(Grants \$) If this amount includes foreign grants, check here ☐		
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a) 32		76,069

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
GEORGE ALLEN	2 00	0		
PRESIDENT				
JAMES SCHOENHERR	1 00	0		
VICE PRES				
DAVID SCHROEDER	1 00	0		
SECRETARY				
SHANNON HILBRECHT	2 00	0		
TREASURER				
CHRIS ELLIOTT	1 00	0		
DIRECTOR				
BRYAN MARTIN	1 00	0		
DIRECTOR				
ERNIE ROMPH	1 00	0		
DIRECTOR				
CHRIS HILBRECHT	1 00	0		
DIRECTOR				
GREGG HICKS	1 00	0		
DIRECTOR				
JUDD DOYLE	1 00	0		
DIRECTOR				

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 Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a Yes	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b Yes	
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	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
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	No
c 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 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ DONALD PAGE Telephone no ▶ (517) 627-8645		
Located at ▶ 7534 OLD RIVER TRAIL LANSING , MI ZIP + 4 ▶ 48917		
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	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

46

No

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

☐

No

47

100

48

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49a

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49b

100

(a) Name and title of each employee

(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	
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▶ **What is the difference between a *case* and a *case study*?**

(a) Name and business address of each independent contractor

(b) Type of service

(c) Compensation

▶

☐ Yes ☐ No

**Sign
Here**

2019-05-08
Date

**Paid
Preparer
Use Only**

PTIN	P00238160
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Firm's EIN ► 38-1961213

Phone no	(517) 627-4008
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☐ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 38-1618102
Name: CAPITAL AREA SPORTSMEN LEAGUE

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 TRAP AND SKEET CLUB - PROVIDES RECREATIONAL TARGET SHOOTING FACILITIES FOR CLUB MEMEBERS AND THE PUBLIC (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	4,870

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29 ARCHERY CLUB PROVIDES OUTDOOR AND INDOOR ARCHERY FACILITIES FOR MEMBERS AND PUBLIC USE (Grants \$) If this amount includes foreign grants, check here ☐	29a	3,318

Form 990EZ, Part III - Statement of Program Service Accomplishments		
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30 SPORTING CLAYS CLUB PROVIDES TARGET SHOOTING FOR MEMBERS AND PUBLIC (Grants \$) If this amount includes foreign grants, check here ☐	30a	55,763

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
RIFLE AND PISTOL CLUB PROVIDES AN OUTDOOR RANGE FOR MEMBERSHIP USE AND CONDUCTS HUNTER SAFETY AND PERSONAL PROTECTION CLASSES FOR THE PUBLIC (Grants \$) If this amount includes foreign grants, check here . . . ☐	12,118

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

CAPITAL AREA SPORTSMEN LEAGUE

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

38-1618102

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	POP MACHINE 150 TOTAL 150

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES TELEPHONE 899 POSTAGE AND DELIVERY 123 ANNUAL MEETING EXPENSE 326 INTEREST 123 RIFLE RANGE EXPENSE 52 ARCHERY SHOOTING EXPENSE 106 ARCHERY TARGETS 287 ARCHERY - INSIDE 445 ARCHERY - OUTSIDE 2,480 ASSOC DUES-SHOTGUN-NAT'L 706 BANK CHARGES 1,547 LICENSES & PERMITS 40 MAINTENANCE- EQUIPMENT 2,482 MEMBERSHIP EXPENSE 70 MYHEC SHOOT EXPENSE 644 RIFLE RANGE KEY EXPENSE 1,415 SHOTGUN CLAY TARGETS 30,884 SHOTGUN SHELLS 13,287 SHOTGUN EXPENSE 10,834 SUPPLIES - MAINT RENTAL 259 SUPPLIES - OFFICE 135 TAXES - FEDERAL 1,817 UTILITIES - TRASH REMOVAL 1,178 WEBSITE 4,035 ARCHERY KEY EXPENSE 150 MERCHANDISE PURCHASES 107 NON-INVESTMENT DEPRECIATION 6,920 TOTAL 81,351

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 20	BOOK / TAX DEPRECIATION DIFFERENCE -2,197

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 1,072 1,072 MACHINERY AND EQUIPMENT 160,805 160,805 LESS ACCUMULATED DEPRECIATION 117,746 125,708 POLARIS 11,917 11,917 LESS ACCUMULATED DEPRECIATION 3,674 4,866 FURNITURE AND FIXTURES 4,189 4,919 LESS ACCUMULATED DEPRECIATION 3,892 3,948 TOTAL 52,671 44,191

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 672 520 PNC LOAN-POLARIS RANGER 2,707 0 JOHN DEERE MOWER 6,088 4,738

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 31	RIFLE AND PISTOL CLUB PROVIDES AN OUTDOOR RANGE FOR MEMBERSHIP USE AND CONDUCTS HUNTER SAFETY AND PERSONAL PROTECTION CLASSES FOR THE PUBLIC