As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492319099219 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization PRICKLY PEAR SPORTSMANS ASSOCIATION ☐ Address change 81-6018310 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 5025 ☐ Final return/terminated (406) 458-6307 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return HELENA, MT 59604 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **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) 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 1 2 Program service revenue including government fees and contracts . . . . . . . . . 2 3 85,875 Membership dues and assessments . . . . . . . 4 137 4 5a Gross amount from sale of assets other than inventory . . . . . 5b h Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 0 Less direct expenses from gaming and fundraising events **6**c 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 . . . b 0 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C **7**c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 9 86,012 10 Grants and similar amounts paid (list in Schedule O) 10 1,000 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13,171 13 490 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 1,341 16 Other expenses (describe in Schedule O) 16 65,559 17 17 Total expenses. Add lines 10 through 16 81,561 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 4,451 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 222,558 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 227,009 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Part I	Balance Sheets (see the instructions Check if the organization used Schedule		wastian in this	Davt II			
	Check if the organization used Schedule	O to respond to any q	uestion in this			• •	✓
22 Ck			1	(A) B	eginning of year	22	(B) End of year
	vings, and investments				60,120	_	78,714
	d buildings				107,305		104,487
	sets (describe in Schedule O)				56,345		44,978
	sets				223,770		228,179
26 Total lia	<b>ibilities</b> (describe in Schedule O)				1,212	$\overline{}$	1,170
27 Net ass	ets or fund balances (line 27 of column	• •	•		222,558	27	227,009
Part Ⅲ	Statement of Program Service	•					Expenses
	Check if the organization used Schedule	O to respond to any o	uestion in this	Part III			equired for section 501(c) ) and 501(c)(4)
	organization's primary exempt purpose? OTING RANGE					org	ganızatıons, optıonal for
Describe the measured by	e organization's program service accompli y expenses. In a clear and concise manne and other relevant information for each pro	er, describe the service				- oth	ners )
	al Data Table						
(C==+= # \	T6 this amount	+			▶ □		
(Grants \$ )	It this amoun	t includes foreign gran	its, check here		. • 🗆	28a	
29						29a	
					_		
(Grants \$ )	If this amoun	t includes foreign gran	its, check here		. ▶ ⊔		
30						30a	
(Grants \$ )	If this amoun	t includes foreign gran	ts sheek here		▶ □		
			its, check here		. • 🗆	1	
<b>31</b> Other pro	ogram services (describe in Schedule O)				<u>.</u> .		
(Grants \$ )	If this amoun	t includes foreign gran	ts, check here		. ▶ ⊔	31a	
32 Total pr	<mark>ogram service expenses</mark> (add lines 28a				•	32	44,060
Part IV	List of Officers, Directors, Trustees,						
	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.		• •	🗆
	(a) Name and title	(b) Average	(c) Report	table	(d) Health bene	efits.	(e) Estimated amount
	(a) hame and tide	hours per week	compensa				ee of other compensation
		devoted to position	(Forms W-2,		benefit plans,		
			MISC) (if no enter -0		deferred compen	sation	)
JUSTIN COV	FY	0	cinci (	0			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Ū			
President							
JESSE COVE	Υ	0		0			
Director							
ANNETTE RI	NEHART	0		0			
				Ū			
Treasurer							
NEIL HORNE		0		0			
President							
ASON SWA	NT	0		0			
3713011 31171	•••			Ū			
Chairman							
ESSE COVE	Υ	0		0			
Secretary							
							F 000 F7 (2010)

Pai	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V	• • •		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33	ı	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)			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)?			No
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	35a 35b		No
С	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			
b	Did the organization file Form 1120-POL for this year?	37ь		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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	1		
а	Initiation fees and capital contributions included on line 9			
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
С	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 sections4912, 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			
	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 42a	List the states with which a copy of this return is filed -			
	e organization's books are in care of ▶ <u>VAN H BARRON ACCOUNTING</u> Telephone no ▶	(406)	442-944	3
	Located at ► 1417 HELENA AVE HELENA , MT ZIP + 4 ►			
	Located at P 1417 HELENA AVE HELENA , MI	33001		
			Yes	No
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)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	<b>42</b> c		No
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here	•	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44-	Did the average team are retained and desired displaying the very 75 "Ver" Form 200 month to assemble displaying		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	44a		No
U	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	44d		No
45=	explanation in Schedule O	44u 45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning			110
730	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 0.44						Yes	No
	he organization engage, directly or indire			of or in opposition to			
Part VI	Section 501(c)(3) organizatio	<u>'</u>			46		No
Part VI	All section 501(c)(3) organization	-	ions 47- 49b and 52	2, and complete the tal	bles for li	nes 50	and
	51. Check if the organization used Schedu	le O to respond to any q	uestion in this Part VI			[	⊐
						Yes	No
	he organization engage in lobbying activ es," complete Schedule C, Part II	ties or have a section 50	01(h) election in effect	during the tax year?	47		
<b>18</b> Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E	48		
<b>19a</b> Dıd ti	he organization make any transfers to ar	n exempt non-charitable	related organization?		49a		
<b>b</b> If "Y∈	es," was the related organization a section	n 527 organization? .			49b		
	plete this table for the organization's five each received more than \$100,000 of co				s and key	employ	ees)
	Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits,		tımated	
		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employ benefit plans, and deferred compensation		er compe	ensatio
IONE							
					<b>I</b>		
	al number of other employees paid over			· · · · •_			
<b>51</b> Comp	al number of other employees paid over plete this table for the organization's five pensation from the organization. If there	highest compensated in			than \$10	0,000 of	 :
<b>51</b> Comp	plete this table for the organization's five	highest compensated ir is none, enter "None "	·		than \$100		
<b>51</b> Comp	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·				_
<b>51</b> Comp	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·				_
<b>51</b> Comp	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·				
<b>51</b> Comp	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·				
<b>51</b> Comp	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·				
<b>51</b> Comp	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·				
<b>51</b> Comp	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·				
<b>51</b> Comp	plete this table for the organization's five pensation from the organization If there	highest compensated ir is none, enter "None "	·				_
51 Comp	plete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None " each independent contr	actor				
51 Comp comp	plete this table for the organization's five pensation from the organization. If there  (a) Name and business address of	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) Type of service			
d Tota	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) Type of service	(c) Compe		
d Tota  total  d Total  d Total  formula to the second sec	al number of other independent contract the organization complete Schedule A? mpleted Schedule A	highest compensated in is none, enter "None " each independent control or seach receiving over NOTE. All section 501(a	\$100,000	(b) Type of service	(c) Compe	s \( \sime\) best of	
d Tota  total  description  des	al number of other independent contract d the organization complete Schedule A? mpleted Schedule A	highest compensated in is none, enter "None " each independent control or seach receiving over NOTE. All section 501(a	\$100,000	(b) Type of service	(c) Compe	s \( \sime\) best of	
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d Tota  52 Dicconnder penanowledge as any knowledge is as any knowledge.	al number of other independent contract d the organization complete Schedule A? mpleted Schedule A	highest compensated in is none, enter "None " each independent control or seach receiving over NOTE. All section 501(a	\$100,000	(b) Type of service	(c) Compe	s \( \sime\) best of	
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Form 990-EZ (2018)

## **Additional Data**

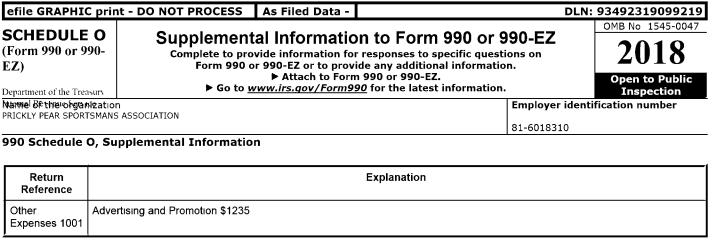
**Software ID:** 18007218

**Software Version:** 2018v3.1 **EIN:** 81-6018310

Name: PRICKLY PEAR SPORTSMANS ASSOCIATION

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

Describe the organization's pr services, as measured by expo number of persons benefited,	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 PROVIDES A PUBLIC SHOOTING PUBLIC FOR THE PURCHASE OF A	RANGE IN LEWIS AND CLARK COUNTY MONTANA RANGE IS OPEN TO THE A RANGE KEY	28a	
(Grants \$ 44,060)	If this amount includes foreign grants, check here $\ . \ . \ . \  ightharpoonup \Box$		



990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses 1002

Office Expenses \$197

990 Schedule O, Supplemental Information Return Explanation Reference Interest \$5

Other Expenses 1008

990 Schedule O, Supplemental Information Return Explanation Reference

Other Depreciation \$26185 Expenses 1009

990 Schedule O, Supplemental Information Return Explanation Reference Other Insurance \$4607 Expenses 1012

990 Schedule O, Supplemental Information Return Explanation Reference

Other RANGE REPAIRS AND MAINTANANCE \$6431
Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other VEHICLE EXPENSE \$5767
Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference Other RANGE SUPPLIES \$4762

990 Schedule O, Supplemental Information Return Explanation Reference Other RANGE KEYS \$4560 Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference Other CHRISTMAS PARTY \$2862

990 Schedule O, Supplemental Information Return Explanation Reference Other **EQUIPMENT RENTAL \$2261** Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference Other FUEL \$1996 Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference Other RENT \$1566 Expenses 8

990 Schedule O, Supplemental Information Return Explanation Reference

Other WORKER COMPESATION INS \$761

990 Schedule O, Supplemental Information Return Explanation Reference Other OPEN HOUSE \$550

990 Schedule O, Supplemental Information Return Explanation Reference

Other TRAINING \$483
Expenses 12

990 Schedule O, Supplemental Information Return Explanation Reference

Other WEBSITE \$467

990 Schedule O, Supplemental Information Return Explanation Reference

Other MEETING EXPENSE \$404

990 Schedule O, Supplemental Information Return Explanation Reference

Other MEALS AND ENTERTAINMENT \$134
Expenses 15

990 Schedule O, Supplemental Information Return Explanation Reference

Other PO BOX RENTAL \$120 Expenses 16

990 Schedule O, Supplemental Information Return Explanation Reference

Other GARBAGE \$73 Expenses 17

990 Schedule O, Supplemental Information Return Explanation Reference

Other SMALL TOOLS \$69
Expenses 18

990 Schedule O, Supplemental Information Return Explanation Reference Other SAFE DEPOSIT BOX \$30

990 Schedule O, Supplemental Information Return Explanation Reference

Other SECRETARY OF STATE \$20 Expenses 20

990 Schedule O, Supplemental Information Return Explanation Reference

Other SHIPPING \$14 Expenses 22

990 Schedule O, Supplemental Information

Return Explanation

Reference
Other Automobiles - Beginning \$4608 Automobiles - Ending \$2305
Assets 1001

Return Explanation

990 Schedule O, Supplemental Information

Assets 1002

Reference
Other Furniture and Fixtures - Beginning \$424 Furniture and Fixtures - Ending \$303

990 Schedule O, Supplemental Information

Return Explanation

Reference	Explaination
Other	Machinery and Equipment - Beginning \$51313 Machinery and Equipment - Ending \$42370

Assets 1003

Return Explanation

990 Schedule O, Supplemental Information

Reference Total

PAYROLL LIABILITES - Beginning \$650 PAYROLL LIABILITES - Ending \$650 Liabilities 1

Return Explanation

990 Schedule O, Supplemental Information

Liabilities 2

Reference

Total FIRST BANK CARD - Beginning \$562 FIRST BANK CARD - Ending \$520