Short Form Return of Organization Exempt From Income Tax

OMB No. 1:545-0047

2019

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.

Open to Public Inspection

Department of the Treasury

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

A For the 2019 calend		2019 calendar year, or tax year beginning January 1 , 2019, and ending De	cember	31 , 20 19			
	Check if applicable: C Name of organization			D Employer identification number			
	Address d	thange Newada State Trapshooting Association	88-0144131				
	Name cha		E Telephone number				
$\overline{}$	Initial retur	19 N ROX 97878	(847) 899-4664				
$\overline{}$	Final retur Amended	City or town, state or province, country, and ZIP or foreign postal code	oup Exe				
=		n pending Las Vegas, NV 89193	mber 🕨	•			
			▶ 🗸	f the organization is not			
	Vebsite			ach Schedule B			
J T	ax-exen	npt status (check only one) — ☐ 501(c)(3) ☐ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Form	990, 990)-EZ, or 990-PF)			
		organization: Octoporation Trust Association Other					
LA	Add lines	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	S				
(Pa	rt II, coli	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	167,522			
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru					
		Check if the organization used Schedule O to respond to any question in this Part I		🗸			
	1	Contributions, gifts, grants, and similar amounts received	1	2,000			
	2	Program service revenue including government fees and contracts	2	162,258			
	3	Membership dues and assessments	3	3,264			
	4	Investment income	4	0			
	5a	Gross amount from sale of assets other than inventory	의				
	b	Less: cost or other basis and sales expenses	의 _				
	6 6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events:	5c	0			
ne	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	0				
Revenue	b	Gross income from fundraising events (not including \$ 0 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	0				
	d	Less: direct expenses from gaming and fundraising events	0 6d	0			
	7a	Gross sales of inventory, less returns and allowances	0				
	b	Less: cost of goods sold	민				
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line RECEIVED	7c	0			
	8	Other revenue (describe in Schedule O)	8	0			
	9		9	167,522			
	10	Grants and similar amounts paid (list in Schedule O)	10	4,320			
48	11	Bottomo para to at the members 1	12	0			
Expenses	12 13	Salaries, other compensation, and employee benefits	13	<u>0</u> 19,211			
	14	Occupancy, rent, utilities, and maintenance	14	19,211			
	15	Printing, publications, postage, and shipping	15	4,007			
_	16	Other expenses (describe in Schedule O)	16	119,468			
	17	Total expenses. Add lines 10 through 16	17	147,006			
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	20,516			
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					
Net Assets		end-of-year figure reported on prior year's return)	19	37,411			
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0			
Ž	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	57,927			
_	- -			Farm 990-E7 (2010)			



Par	t II	Balance Sheets (see the instructions for					
		Check if the organization used Schedule	O to respond to ar	y question in this			<u>.</u>
]_	(A) Beginning of year		(B) End of year
22		h, savings, and investments			44,859		65,986
23		d and buildings				23 24	0
24		er assets (describe in Schedule O)			44,859	_	0
25		al assets			7,448		65,986
26 27		assets or fund balances (line 27 of column			7,448 37,411		8,059 57,927
Par		Statement of Program Service Accomp				~ 1	31,321
· car		Check if the organization used Schedule					Expenses
What	is the	<u> </u>	Promote trapshootin				quired for section
		ne organization's program service accomplis	· · · · · · · · · · · · · · · · · · ·				(c)(3) and 501(c)(4) anizations, optional for
as m	easure	ed by expenses. In a clear and concise ma	anner, describe the			oth	ers)
perso	ons be	nefited, and other relevant information for ea	ch program title.				
		izing, promoting and operating the Nevada Stat		ial State Shoot held			
	Octob	er 22-27, 2019. Over 300 shooters participated.		******			
	(Grant		includes foreign gra			28	3
		izing, promoting and operating the Las Vegas T					
	throug	hout the year. Over 100 shooter participated.					1
	(Grant	to \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign gra	nte check here	► [7]	20:	<u>.</u> }
30	Gram	· · · · · · · · · · · · · · · · · · ·				230	
50							
							1
	(Grant	ts\$) If this amount	includes foreign gra	nts, check here .	▶ □	30:	a
31		program services (describe in Schedule O)) If this amount includes foreign grants, check here 29a				
	(Grant	ts\$) If this amount	includes foreign gra			31	a]
32	Total						
Par	: IV						_
		Check if the organization used Schedule	O to respond to an			•	<u> Ц</u>
		(-)		compensation	contributions to employ		
		(a) Name and title					other compensation
	Di-	l. Desident		(in the paragrams)	Total our parious	+	
Greg	ory Pin	k, President	4	C		0	0
1 4	n Run	n, Secretary	~			*	<u>_</u>
LUAII	iii buiii	i, Secietaly	3	C	,	اه	0
linda	Hand	Director		-		Ť	
)	2	C		0	0
Tony	Del Fa	nte, Vice President				T	
			2		<u></u>	0	0
Mike	Kuepp	er, Vice President					
			2		<u> </u>	0	0
Dean	Shepa	irdson, Director					_
			1		<u> </u>	0	0
Jerry	Harms	s, Director	_				•
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Type No 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. 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 Schodule O. See instructions of Schodule O. See instru	Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
33		instructions for Part V.) Check it the organization used schedule of to respond to any question in this	Tart		` Nto
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions on Schedule O. See instructions on Schedule O. See instructions of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others?). b If "Yes" to line 35a, has the organization fled a Form 990-T for the year? If "No." provide an explanation in Schedule O. Part III. 55b 17	33		33		√
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)? 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 Was the organization a section \$01(c)(4), \$01(c)(6), or \$01(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . 35b Justines of the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III . 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete policial expenditures, direct or indirect, as described in the instructions ▶ 37a Inter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a D of 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? b If "Yes," complete Schedule L, Part II, and enter the total amount Involved 38b D of 16 Gross receipts, included on line 9, for public use of club facilities a linitation fees and capital contributions included on line 9 33a 0 33a 0 33b 0 33b 0 0 33	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		
b If "Yes" to line 35a, has the organization fled a Form 990-T for the year /If "No," provide an explanation in Schedule O o Was the organization a section 501(c)(4), 501(c)(6), 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 . 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete policial expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 0 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 37b Did the organization borrow from, or make any loans to, any officer, director, frustee, 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? 37b J Bid the organization borrow from, or make any loans to, any officer, director, frustee, 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? 37c J Bid the organization borrow from, or make any loans to, any officer, director, frustee, or key employee; or were any such loans made in a prior year data. Section 501(c)(7) organizations. Enter: 38a J J Bid	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	250		
c. Was the organization a section 501(c)(4), 501(c)(6), 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. 366	, L	·	$\overline{}$		
during the year? If "Yes," complete applicable parts of Schedule N 73		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			✓
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any boans 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? b if "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 39a 0 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 organization fees and capital contributions included on line 9 organization section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; 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 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 imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," end for organization at the transaction of tax imposed on organization at party to a prohibited tax shelter transaction? If "Yes," end for organization at a signature or other financial account and the organization have an interest in or a signature or other financial account)? [440	36		36		1
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any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4915 ▶ 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 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 Altorembursed by the organization Altorembursed by the organization Exit the states with which a copy of this return is filed ▶ Located at ▶ 2317 Carinth Way, Henderson, NV 1 Is the organization's 10 forms		Did the organization file Form 1120-POL for this year?	37b		✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 39 39 39 30 39 39 30 39 30 39 30 39 30 39 30 39 30 39 30 39 30 30	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			لرسا
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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 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax in line 40c reimbursed by the organization 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization a party to a prohibited tax shelter transaction? If "Yes," complete Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If "Yes," complete Section 501(c)(3), 501(c)(4), and 501(c)(29) organization aparty to a prohibited tax shelter transaction? If "Yes," complete Section 501(c)(4), and 501(c)(29) organization aparty to a prohibited tax shelter transaction? If "Yes," enter the name of the foreign country New 2IP + 4 New 38074 42a Telephone no. (847) 899-4664 42a Telephone no. (847) 899-4664 42a Telephone no. (847) 899-4664 42b V Section 4947(a)(1) reimbursed organization mainterest in or a signature or other authonty over a financial Accounts (FBAR). 42b V Section 4947(a)(1) nonexempt charitable trusts filling requirements for FinCEN Form 1041—Check here and enter the name of the foreign country New 3Pose		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 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 List the states with which a copy of this return is filled Located at 2317 Carinth Way, Henderson, NV 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)? 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 United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization and 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 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 Instead of Ins	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
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	b	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		-

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	Did the organization engage, directly or in		_		• •		Yes	No
Part V	to candidates for public office? If "Yes," of Section 501(c)(3) Organization	:	, Part I		•	46		
	All section 501(c)(3) organization 50 and 51.		stions 47-49b and	52, and cor	nplete the ta	ables f	or lin	es
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	Yes	No
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio			47		
48	Is the organization a school as described i	n section 170(b)(1)(A)(ı	i)? If "Yes," complete	Schedule E		48		
	Did the organization make any transfers t	·		zation?		49a		
	If "Yes," was the related organization a se Complete this table for the organization's			or than office		49b		d ka
	employees) who each received more than							
	(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 to contributions to benefit plans, a compens	penefits, p employee (e) nd deferred (c	Estimate other com	d amoi	unt of
		<u> </u>						
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compe		contractors	who each re	ceived	more	thar
	(a) Name and business address of each independ		(b) Type of serv	rice	(c) Cor	npensatio	on	
None		***************************************						
						_		
			<u></u>			_		
52	Total number of other independent contra Did the organization complete Schedu			► nizations mu				
	completed Schedule		voa cobadula- a-d stat		···	Yes		
		office is based on all info	ying schedules and stateme irmation of which preparer h	ents, and to the that any knowled	ge 🥖 Knowli	eage ana	Dellet,	IT IS
Sign	Sumature of other	12		Date	12/3	202	0	
Here	Gregory A Pink Type or print name and title		· —					
<u> </u>	Print/Type preparer's name	Preparer's signature	Da	te		PTIN		
Paid					Check L if self-employed			
Prepa Use C				Firm'	s EIN ▶			
	Firm's address ▶			Phon			_	
May the	e IRS discuss this return with the prepare	r shown above? See i	nstructions		P [_ [ما

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2019

Open to Public Inspection

Employer identification number

Nevada State Trapshooting Association	88-0144131
Part I, Question 10	
Grants - Nevada Hall Of Fame - \$ 1,200 & Nevada Junior Trapshooters - \$ 3,120 = Tot	al 8 4,320
Part I, Question 16	
National Association dues / Fees - 8 3,264	
Target Fees - 8 46,871	
Office Supplies - \$ 300	
RV Space Rental - 8 1,875	
Trap & Field Mag Advertising - \$ 1,200	
Purses / Prize Money - 8 44,715	
Trophies / Awards - 8 19,243	
Total Expenses - \$ 119,468	
Part II, Question 26	
Carry Over of State-wide perpetual purses - As of 1/1/2019 - \$7,448 As of 1/31/2019	
	······