

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 will need 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. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.	OMB No 1545-0047 2020 Open to Public Inspection
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A For the 2020 calendar year, or tax year beginning January 1, 2020, and ending December 31, 2020							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ? Nevada State Trapshooting Association</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address) ? P O. Box 97878</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Las Vegas, NV 89193</td> </tr> </table>	C Name of organization ? Nevada State Trapshooting Association		Number and street (or P O box if mail is not delivered to street address) ? P O. Box 97878	Room/suite	City or town, state or province, country, and ZIP or foreign postal code Las Vegas, NV 89193	
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> D Employer identification number ? 88-0144131 </td> <td style="width: 40%;"> E Telephone number (847) 899-4664 </td> </tr> <tr> <td colspan="2"> F Group Exemption Number ? </td> </tr> </table>		D Employer identification number ? 88-0144131	E Telephone number (847) 899-4664	F Group Exemption Number ?			
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G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶ _____							
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B ?							
I Website: ▶ www.nvtrap.com							
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 151,741							

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 <input checked="" type="checkbox"/>																																			
Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1 Contributions, gifts, grants, and similar amounts received</td><td>1 750</td></tr> <tr><td>2 Program service revenue including government fees and contracts</td><td>2 147,964</td></tr> <tr><td>3 Membership dues and assessments</td><td>3 3,027</td></tr> <tr><td>4 Investment income</td><td>4 0</td></tr> <tr><td>5a Gross amount from sale of assets other than inventory</td><td>5a</td></tr> <tr><td>b Less: cost or other basis and sales expenses</td><td>5b</td></tr> <tr><td>c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)</td><td>5c 0</td></tr> <tr><td>6 Gaming and fundraising events:</td><td></td></tr> <tr><td>a Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td></tr> <tr><td>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)</td><td>6b</td></tr> <tr><td>c Less: direct expenses from gaming and fundraising events</td><td>6c</td></tr> <tr><td>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d 0</td></tr> <tr><td>7a Gross sales of inventory, less returns and allowances</td><td>7a</td></tr> <tr><td>b Less: cost of goods sold</td><td>7b</td></tr> <tr><td>c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)</td><td>7c 0</td></tr> <tr><td>8 Other revenue (describe in Schedule O)</td><td>8 0</td></tr> <tr><td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>9 151,741</td></tr> </table>	1 Contributions, gifts, grants, and similar amounts received	1 750	2 Program service revenue including government fees and contracts	2 147,964	3 Membership dues and assessments	3 3,027	4 Investment income	4 0	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 0	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 0	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 0	8 Other revenue (describe in Schedule O)	8 0	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 151,741
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2020)

SCANNED FEB 04 2022

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	65,986	22 65,984
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	65,986	25 65,984
26 Total liabilities (describe in Schedule O)	8,059	26 6,066
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	57,927	27 59,918

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? Promote Trapshooting in the state of Nevada

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 Organizing, promoting and operating the Nevada State Trapshooting Annual State Shoot held October 20-25, 2020 Over 250 shooters participated		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 Organizing, promoting and operating the Las Vegas Trapshooting League held once per week throughout the year Over 125 shooters participated		
(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)	32	

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
Gregory Pink, President	4	0	0	0
LuAnn Bunn, Secretary	3	0	0	0
Linda Hand, Director	2	0	0	0
Tony Del Fante, Vice President	2	0	0	0
Mike Kuepper, Director	1	0	0	0
Jerry Harms, Director	1	0	0	0
Howard Hughes, Director	1	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 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	✓
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 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	✓
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	
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 during the year? If "Yes," complete applicable parts of Schedule N	36	✓
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?	37b	✓
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	✓
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	
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	✓
41 List the states with which a copy of this return is filed	Nevada	
42a The organization's books are in care of	Gregory Pink	Telephone no. (847) 899-4664
Located at	339 W Sherwood Drive, Henderson, NV	ZIP + 4 89015
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)? If "Yes," enter the name of the foreign country	42b	✓
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	42c	✓
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	<input type="checkbox"/>
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
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

	Yes	No
46		<input checked="" type="checkbox"/>

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 Schedule C, Part II

	Yes	No
47		

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

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 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

f Total number of other employees paid over \$100,000 **0**

- 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."

(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 **0**

- 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.

Sign Here 

Signature of officer

Date

Gregory A. Pink, President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

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.

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

OMB No 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Nevada State Trapshooting Association

Employer identification number

88-0144131

Part I, Question 10

Grants - Nevada Hall Of Fame - \$ 2,890 & NYSSA - \$ 1,750 = Total \$ 4,640

Part I, Question 16

National Association dues / Fees - \$ 3,027

Target Fees - \$ 41,708

Office Supplies - \$ 200

RV Space Rental - \$ 13,030

Trap & Field Mag Advertising - \$ 800

Purses / Prize Money - \$ 44,970

Trophies / Awards - \$ 19,478

Total Expenses - \$ 123,213

Part II, Question 26

Carry Over of State-wide perpetual purses - As of 1/1/2020 - \$ 8,052 As of 1/31/2020 - \$ 6,066