

CitizenAudit.org

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 black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning

and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

THE DUNDEE SPORTSMAN'S CLUB, INC

Number and street (or P.O. box, if mail is not delivered to street address)

2300 PLANK RD

City or town, state or country, and ZIP + 4

DUNDEE, MI 48131

D Employer identification number

38-1945938

E Telephone number

734-587-2129

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) (**7**) ◀ (insert no.) 4947(a)(1) or 527

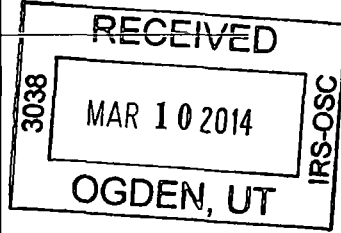
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **116,123.**

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	Contributions, gifts, grants, and similar amounts received	1	3,895.
2	Program service revenue including government fees and contracts	2	43,131.
3	Membership dues and assessments	3	14,967.
4	Investment income	4	18.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
5c	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	36,832.
b	Less: cost of goods sold	7b	34,960.
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,872.
8	Other revenue (describe in Schedule O)	8	17,280.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	81,163.
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	1,800.
14	Occupancy, rent, utilities, and maintenance	14	23,119.
15	Printing, publications, postage, and shipping	15	384.
16	Other expenses (describe in Schedule O)	16	58,210.
17	Total expenses. Add lines 10 through 16	17	83,513.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,350.
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	46,436.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	44,086.



SCANNED MAR 28 2014

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2012)

10

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	22,263.	22	37,790.
23 Land and buildings	7,193.	23	10,251.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	29,315.	24	29,315.
25 Total assets	58,771.	25	77,356.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	12,335.	26	33,270.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,436.	27	44,086.

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? **SEE SCHEDULE O**

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 and section 4947(a)(1) trusts; optional for others.)

28 TO PROVIDE A PLACE FOR PERSONS TO PRACTICE THEIR SHOOTING ABILITIES AND OTHER MEMBERSHIP ACTIVITIES AND TEACH YOUTH REGARDING FIREARM SAFETY.			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		
29			
(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
TED NORRIS				
PRESIDENT	0.00	0.	0.	0.
S MILLER				
SECRETARY	0.00	0.	0.	0.
J BOOK				
VICE PRESIDENT	0.00	0.	0.	0.
W SWEET				
DEPUTY VICE PRESIDENT	0.00	0.	0.	0.
C TOWLER				
BOARD MEMBER	0.00	0.	0.	0.
L LIEDEL				
BOARD MEMBER	0.00	0.	0.	0.
J PARKER				
BOARD MEMBER	0.00	0.	0.	0.
R RAY				
BOARD MEMBER	0.00	0.	0.	0.
M STEPP				
BOARD MEMBER	0.00	0.	0.	0.
C GRAHAM				
BOARD MEMBER	0.00	0.	0.	0.
L GLOBKE				
BOARD MEMBER	0.00	0.	0.	0.
H FUNCHION				
BOARD MEMBER	0.00	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 Sch. O to respond to any question in this Part V [X]

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
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)
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3) and 501(c)(4) 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
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 46 Yes No

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 Sch. C, Part II Yes No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
b If "Yes," was the related organization a section 527 organization? Yes No

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 paid more than \$100,000	(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
N/A				

f Total number of other employees paid over \$100,000 ▶ _____

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." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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 Date 3/5/14
 Signature of officer: Ted Norris
 Type or print name and title: **TED NORRIS, PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name WILLIAM J BACARELLA	Preparer's signature <i>W Bacarella CPA</i>	Date 02/18/14	Check <input type="checkbox"/> if self-employed	PTIN P00889677
Firm's name ▶ MEYER, BACARELLA, & ASSOCIATES, PLLC	Firm's EIN ▶ 27-1287713	Phone no. 734-242-6544		
Firm's address ▶ PO BOX 984 MONROE, MI 48161				

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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE DUNDEE SPORTSMAN'S CLUB, INC

Employer identification number

38-1945938

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

18.

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:

1. GROSS RECEIPTS

36,832.

2. RETURNS AND ALLOWANCES

0.

3. LINE 1 LESS LINE 2

36,832.

4. COST OF GOODS SOLD (LINE 13)

34,960.

5. GROSS PROFIT (LINE 3 LESS LINE 4)

1,872.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR

0.

7. MERCHANDISE PURCHASED

34,960.

8. COST OF LABOR

0.

9. MATERIALS AND SUPPLIES

0.

10. OTHER COSTS

0.

11. ADD LINES 6 THROUGH 10

34,960.

12. INVENTORY AT END OF YEAR

0.

13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)

34,960.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

MISCELLANEOUS INCOME

12,484.

SPECIAL SERVICES REVENUE

700.

SPECIAL EVENTS REVENUE

4,071.

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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE DUNDEE SPORTSMAN'S CLUB, INC

Employer identification number

38-1945938

SPECIAL OLYMPICS 25.

TOTAL TO FORM 990-EZ, LINE 8 17,280.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

ARCHERY SUPPLIES 2,363.

SPECIAL EVENTS EXPENSE 4,657.

RIFLE PISTOL 616.

TRAP SUPPLIES 14,265.

SPECIAL SERVICES EXPENSE 200.

TRAP FEES 2,141.

LICENSES & FEES 2,523.

AWARDS & TROPHIES 823.

OFFICE EXPENSE 1,044.

BANK SERVICE CHARGES 379.

TELEPHONE 928.

REPAIRS EQUIPMENT 2,569.

EQUIPMENT RENTAL 2,830.

INSURANCE 5,353.

PROPERTY TAXES 3,735.

OTHER TAXES 120.

DONATIONS 416.

GIFTS & MEMORIALS 721.

MISCELLANEOUS 1,244.

MEMBERSHIP DUES EXPENSE 47.

NRA ILA FEES 100.

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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE DUNDEE SPORTSMAN'S CLUB, INC

Employer identification number

38-1945938

RENTAL REFUND	245.
SUPPLIES	1,738.
MEMBERS EXPENSE	1,111.
ENTERTAINMENT	400.
DEPRECIATION	7,642.
TOTAL TO FORM 990-EZ, LINE 16	58,210.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NEW BUILDING	29,315.	29,315.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTE PAYABLE FOUNDATION	12,335.	26,470.
LOAN PAYABLE MONROE BANK & TRUST	0.	6,800.
TOTAL TO FORM 990-EZ, LINE 26	12,335.	33,270.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - DUNDEE SPORTSMAN'S CLUB

EDUCATES MEMBERS AND YOUTH'S OF THE COMMUNITY REGARDING GUN AND ARCHERY

SAFTEY AND SUPPORTS A LOCAL BOY SCOUT TROOP

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.**

**THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) FORM 990-T

2013

(Keep for your records Do not send to the Internal Revenue Service)

1	Unrelated business taxable income expected in the tax year	1
2	Tax on the amount on line 1. See instructions for tax computation	2
3	Alternative minimum tax (see instructions)	3
4	Total. Add lines 2 and 3	4
5	Estimated tax credits (see instructions)	5
6	Subtract line 5 from line 4	6
7	Other taxes (see instructions)	7
8	Total. Add lines 6 and 7	8
9	Credit for federal tax paid on fuels (see instructions)	9
10a	Subtract line 9 from line 8. Note If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a
b	Enter the tax shown on the 2012 return (see instructions) Caution If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b
c	2013 Estimated Tax Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c
ADJUSTED TO		4,080.

		(a)	(b)	(c)	(d)	
11	Installment due dates (see instructions)	11	04/15/13	06/17/13	09/16/13	12/16/13
12	Required installments Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12	1,020.	1,020.	1,020.	1,020.
13	2012 Overpayment (see instructions)	13				
14	Payment due (Subtract line 13 from line 12.)	14	1,020.	1,020.	1,020.	1,020.

LHA For Paperwork Reduction Act Notice, see instructions

Form **990-W** (2013)