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Department of the Tressury

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(s)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 890. All other organizations with gross receipts less than \$1,000,000 and total
essets less than \$2,500,000 at the end of the year may use this form.

OMB No. 1545-1150

to Public

IUrciusi Headuris Zelaice	The Organization may have to use a copy of this return to satisfy state report	any recommendation		
	ilendar year, or tax year beginning , 2008, and en	ding		, 20
B Check if applicable:	Piesse C Name of organization	D Emplo	yer identifi	cation number
Address change	label or COAST RIFLE AND PISTOL CLUB INC	64		907927
Name change	change print or Number and street (or P.O. box, if mail is not delivered to street address). Room/suite			87
Termination	hype. P.O. BOX 7122	_ ()	
Amended return	Specific City or town, state or country, and ZIP + 4	F Group	Exemption	<u> </u>
Application pending	tions. BILOXI, MS 39532	Numb		· •
Section 501()(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	G Accounting med Other (specify)	thod: 🛛	Cash Accrual
r Website: ▶ _		H Check ► required to atta	_	
J Organization ty	pe (check only one) - ☑ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	990-EZ, or 990-		- • • • • • • • • • • • • • • • • • • •
K Check ▶☐ If th	e organization is not a section 509(a)(3) supporting organization and its gross receipt the organization chooses to file a return, be sure to file a complete return.	ots are normally not r	nore than \$	25,000. A return is
	and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 inste	and of Form 000-F7	▶ \$	
				Don't I \
	nue, Expenses, and Changes in Net Assets or Fund Balances	See the instruction		ari i.j
	utions, gifts, grants, and similar amounts received		1 -	
2 Progra	m service revenue including government fees and contracts		2	
3 Memb	ership dues and assessments		3	237210.00
4 invest	nent income	<i>.</i> <u>.</u> .	4	
5a Gross	amount from sale of assets other than inventory 5a		100	
b Less:	cost or other basis and sales expenses			
c Gain o	(loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (a	ttach schedule).	5c	
91	vents and activities (complete applicable parts of Schedule G). If any amount is from gaming, ch	6		
a Gross	revenue (not including \$ of contributions			
e reporte	d on line 1)			
	lirect expenses other than fundraising expenses 8b			
	ome or (loss) from special events and activities (Subtract line 6b from lin	0.60)	6c	
c Net ind	t = 1	9 Oa)		
25 1	=			
	octor goods dold		7c	
c Gross	profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .		8	
	evenue (describe > evenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 DECENTE			237210.00
} 		^	9	237210.00
į .	and similar amounts paid (attach schedule)	"	10	
	s paid to or for members		11	
12 Salarie	s, other compensation, and employee benefits . MAR .0.4.201	A . O	12	
13 Profes	ional fees and other payments to independent contractors	L	13	
12 Salarie 13 Profess 14 Occup	ancy, rent, utilities, and maintenance	—را <u>چ</u> را∵ . ⊢	14	ర్మ
15 Printing	publications, postage, and shipping OGDEN, U	.T I L	15	
16 Other	xperises (describe -		16	3 =
17 Total e	xpenses. Add lines 10 through 16		17	200019.08%
g 18 Excess	or (deficit) for the year (Subtract line 17 from line 9)		18	37190.92∕ ∩ №
2 19 Net as	sets or fund balances at beginning of year (from line 27, column (A)) (n			113766.93m
▼ end-of-	year figure reported on prior year's return)		19	113766.93
19 Net as end-of 20 Other of	hanges in net assets or fund balances (attach explanation)		20	
Z1 146(85	ets or fund balances at end of year. Combine lines 18 through 20 .		21	100337.03
Part II Balan	ce Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more	, , , , , , , , , , , , , , , , , , , 		
	(See the Instructions for Part II.)	(A) Beginning of year		End of year
22 Cash, saving	s, and investments	113766.9		150957.85
23 Land and bu	•		23	
	(describe ▶)		24	~
			25	~
26 Total liability	es (describe >		26	
27 Net assets	or fund balances (line 27 of column (B) must agree with line 21)	113766.9		150957.85
For Delivery Art or	Paperwork Reduction Act Notice, see the Instruction for Form 990.	Cat. No. 108421		n 990-EZ (2008)





Form 990-EZ (2008)					Page 2
Part III Statement of Program Service Accord What is the organization's primary exempt purpose?	GUN CLUB PROMOTES	GUN SAFETY		(Re	Expenses quired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organic describe the services provided, the number of persons be	zation's exempt purposes. I enefited, or other relevant int	n a clear and con formation for each	cise manner, program title.	and	4947(a)(1) trusts; onal for others.)
28					
(Grants \$) If this amount inc	ludes foreign grants, check	(here	. • 🗓	28a	
29					
(Grants \$) If this amount inc				29a	
30					

31 Other program services (attach schedule)				30a	
(Grants \$) If this amount incl 32 Total program service expenses (add lines 28a th	ludes foreign grants, check hrough 31a)	here	. • □	31a 32	
Part IV List of Officers, Directors, Trustees, and Key			xd. (See the ins		ns for Part IV.)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contribution employee benefit deterred compen	plans &	(e) Expense account and other allowances
RANDY BROWNLEE	PRESIDENT	0		0	0
TOM WILTZ	VICE PRESIDENT	0		0	0
TERESA WILLIAMS	SECRETARY	0		0	0
ANDRE CHAMPAGNE	TREASURER	0		0	0
JOE NEWMAN	RSO	0		0	0
				1	
				_	
			····	-	

26	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction 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		✓
	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 unpaid at the start of the period covered by this return?	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	- 888		
39	Section 501(c)(7) organizations. Enter:			1. 4. 4
	The determinant of the control of th	-	A. 2.	
	Cross recorpts, reduced on min o, for passes and or one reconded			1. The second
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
ь	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40ь		✓
C	Enter amount of tax Imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Enter amount of tax on line 40c reimbursed by the organization			1
9	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. ▶	——		
42a	The books are in care of ▶ Telephone no. ▶ (
	Located at > ZIP + 4 >	·		
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	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>√</u>
	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			
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	es l	√ No
	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		₩

Form 990	-EZ (2008)					Page
Part V	Section 501(c)(3) organizations on and complete the tables for lines 50	lly. All section 501(c)(3) or and 51.	rganizations mu	st answer quest	ions 46	⊢49
46 Di	d the organization engage in direct or indirect	political campaign activities	on behalf of or I	n opposition to		Yes No
	ndidates for public office? If "Yes," complete				48	
	the organization engage in lobbying activities				47	
	the organization operating a school as descri			ete Schedule E .	48	
	d the organization make any transfers to an e	*	organization?	• • • • • •	49a 49b	- *
50 Co	Yes," was the related organization(s) a section implete this table for the five highest compension in received more than \$100,000 of compensions.	sated employees (other than	officers, director	s, trustees and key		/ees) wh
	or received that the transfer of compense	(b) Title and average	(c) Compensation	(d) Contributions to	(e) E	фелье
(i	a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	acco.	int and lowences
•••••		-			<u> </u>	
		-	· -			
						
otal nur	nber of other employees paid over \$100,000	-				
	riplete this table for the five highest compens npensation from the organization. If there is n		s who each rece	ived more than \$1	00,000 c	of
	(a) Name and address of each independent contractor	paid more than \$100,000	(ъ) Тур	e of service	(c) Comp	ensation
		~~~~				
					<del></del>	
						_ <del></del> -
otal nun	nber of other independent contractors each n		<b>&gt;</b>			
	Under penalties of perjury, I declare that I have examined belief, it is true, corpect, and complete. Declarat	ined this return, including accompantion of preparer (other than officer) is	emoini la no beesd a	ation of which preparer	has any k -	nowledge nowledge
ign ere	Signature of officer	www		5-12-15		
	Type or print name and title.	YAST P	resident			
eid .	Preparer's algnature	Date	Check if self-	Preparer's Identifying N	umber (See	instructions
reparer's se Only	Firm's name (or yours )		Eli	N _ <b>→</b> .:_		
R Olly	if self-employed), address, and ZIP + 4		Ph	one no. ► ( )		
lay the l	RS discuss this return with the preparer show	ил above? See instructions		<u>.</u>	☐ Yes	□ No
			-	For	ա <b>990-</b> E	<b>Z</b> (2008)