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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1 000 000 and total assets less than \$2 500,000 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

For the 2008 calendar year, or tax year beginning APR 1, 2008 and ending MAR 2009 31, Check if applicable C Name of organization D Employer identification number Please use IRS Address Change label or Name change MINOT RIFLE AND PISTOL CLUB 23-7226160 print or . type Initial Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite Specific Termin ation PO BOX 1053 (701)830 - 9347Amended City or town, state or country, and ZIP + 4 F Group Exemption tions Application pending 58702-1053 MINOT, ND Number > G Accounting method X Cash • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Accrual Schedule A (Form 990 or 990-EZ) Other (specify) Website ► WWW.MINOTRIFLEANDPISTOL.COM ____ if the organization is not H Check ▶ Organization type (check only one)— X 501(c) (7) ◀ (insert no) 4947(a)(1) or 527 required to attach Schedule B (Form 990 990-EZ or 990 PF) Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 106,277. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Part I 25,584. Contributions, gifts, grants, and similar amounts received 41,495. Program service revenue including government fees and contracts 38,123. Membership dues and assessments 3 1,075. Investment income 4 Gross amount from sale of assets other than inventory 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) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses 6h Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a b Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe 8 106,277. Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 STMT 3 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 525. 13 Professional fees and other payments to independent contractors 13 25,564. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 1,012. 15 16 Other expenses (describe SEE STATEMENT 1) <u> 29,623</u>. 16 17 Total expenses Add lines 10 through 16 17 56,749. Excess Lienc to the val (Subtract line 17 from line 9) 18 49,528. 18 Net Assets s or tund balances at bedgeing of year (from line 27, column (A)) 19 ust agree with end-of-year figure deported on prior year's return) 530,022. 19 cuper clades in the laster of tupe palances (attach explanation) 20 20 21 Net assets or fund balances at entitor year Combine lines 18 through 20 579,550. Hance Streets, Frotal assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(A) Beginning of year (A) Beginning of year (B) End of year 54,845 74,986. Cash, savings, and investments 22 476,446.23 M23 Land and buildings <u>505,</u>876. **0**24 Other assets (describe 24 580,862. Total assets 531,291. 25 Total habilities (describe SEE STATEMENT 1,269. 26 1,312. 579,5<u>50</u>. Net assets or fund balances (line 27 of column (B) must agree with line 21) 530,022 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Form 990-EZ (2008)

Forn	n 990-EZ (2008) MINOT RIFLE AND PISTOL CL	JUB		23-	-72261	.60 Page 2
Pa	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III)			xpenses
Wha	it is the organization's primary exempt purpose?EDUCATION					for 501(c)(3)
					and (4) or	ganizations and) trusts, optional
	rided, the number of persons benefited, or other relevant information for each pr		,001.00 (110 001 11000		for others	
	OPERATION OF RIFLE AND PISTOL CLUB				1	,
20	OTBICATION OF KITTED AND TIDIOD CHOD					
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	10 -1 0					F0 010
	(Grants \$) If this amount includes foreign of	rants, check here	<u>></u>	لسسا	28a	<u>52,912.</u>
29	DONATIONS TO FIRE DEPARTMENTS				}	
	(Grants \$) If this amount includes foreign c	grants, check here		لِـــا	29a	25.
30						
						
	(Grants \$) If this amount includes foreign of	grants, check here			30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign of	grants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)			•	32	52,937.
	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the		for Part IV)
				,	ontributions	
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	account and
		position	-0-)		leferred ipensation	other allowances
СП	DEVIE VILVOWCYT	DDECTDENM		00111	Perisation	
		PRESIDENT	0		•	
	10 COUNTY ROAD 12W, MINOT, ND 58701		0.	ļ	0.	0.
	ORGE MCLAUGHIN	VICE PRESIDEN			•	
	10 6TH AVENUE NE, MINOT, ND 58703	1.00	0.	ļ	0.	0.
		REC. SECRETAR				
	O SOURIS DRIVE, MINOT, ND 58701	2.00	0.	<u> </u>	0.	0.
	M CARRAHER JR	TREASURER				
<u>60</u>	30 16TH AVE SW, MINOT, ND 58701	4.00	0.		0.	0.
TC	BEN TAFT	MEMBER SECRET	ARY			
21	15 CRESCENT DRIVE, MINOT, ND 58703	4.00	0.		0.	0.
LC	REN HEADRICK	DIRECTOR				
	4 8TH STREET NW, MINOT, ND 58703	1.00	0.		0.	0.
		DIRECTOR	· · · · · · · · · · · · · · · · · · ·			<u></u>
	RIVER ROAD , BURLINGTON, ND 58722	1.00	0.		0.	0.
		DIRECTOR				- 0.
	21 69TH STREET NW, MINOT, ND 58703	1.00	0.		0.	_
		DIRECTOR	<u> </u>			0.
			0		^	
62		1.00	0.		0.	0.
		DIRECTOR			_	
	5 HILLCREST DRIVE, MINOT, ND 58703	1.00	<u> </u>		0.	0.
		DIRECTOR				
13	310 6TH AVENUE NE, MINOT, ND 58703	1.00	0.		0.	0.
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12 1	172 7-08				Form	990-EZ (2008)

			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				
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				
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				
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy				
	tax requirements?	35a	_X_		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X	
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions				
b	Did the organization file Form 1120-POL for this year?	37b		X	
38 a	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		Х	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A] '			
39	Section 501(c)(7) organizations Enter				
а					
b	Gross receipts, included on line 9, for public use of club facilities 3, 188.]]		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under				
	section 4911 \blacktriangleright N/A , section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A				
b	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	40b	N/	A	
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under				
	sections 4912, 4955, and 4958				
d	Enter amount of tax on line 40c reimbursed by the organization				
е	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		X	
41	List the states with which a copy of this return is filed NONE				
42 a	The books are in care of \triangleright <u>J M CARRAHER JR</u> Telephone no \triangleright <u>701–24</u>				
	Located at \triangleright 6030 16TH AVE SW, MINOT, ND	<u>870</u>	1		
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		Yes	No	
	account)?	42b		X	
	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		X	
	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			Ш	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	_		
		r			
			Yes	No	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ	44		X	
45	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	1 45	- 1	X	

Form 990-EZ (2008) MINOT RIFLE AND PISTOL CLUB 23-7226160 Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51 Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public 46 office? If "Yes," complete Schedule C, Part I 46 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the 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" (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances N/A compensation Total number of other employees paid over \$100,000 Complete this table for the 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 Total number of other ind pende**n**t **f**ontract ch receiving-over \$100,000 ng accompanying schedules and statements, and to the best of my knowledge and belief, it is true in all information of which preparer has any knowledge. Sign Here CARRAHER TREASURE Paid Preparer's signature Date Check if self-Preparer's Identifying Number (See instr.) employed > Preparer's 8-15-10 Use Only

(701)852-0196

X Yes L

EIN >

no

Phone >

BRADY.

May the IRS discuss this return with the preparer shown above? See instructions

P.O. BOX 848

Firm's name (or yours it sell employed)

address and ZIP + 4

MARTZ

MINOT, ND 58702-0848

ASSOCIATES,

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1	
DESCRIPTION			AMOUNT	
INSURANCE			3,287.	
REAL ESTATE TAXES			2,444.	
MARKETING AND ADVERTISING			3,451.	
TARGET AND HOLDERS			1,563.	
MISCELLANEOUS			1,419.	
MATCH EXPENSE			3,553.	
JUNIORS' EXPENSE			1,630.	
SHOW EXPENSE			11,649.	
TAXES			627.	
TOTAL TO FORM 990-EZ, LINE 16			29,623.	
FORM 990-EZ	OTHER LIABILITIES		STATEMENT 2	
DESCRIPTION		BEG. OF YEAR	END OF YEAR	
SALES TAXES DUE TO STATE		1,269.	1,192.	
FUNDS COLLECTED DUE OTHERS		0.	1,192.	
TOTAL TO FORM 990-EZ, LINE 26		1,269.	1,312.	
				

FORM 990-EZ CASH GRANTS AND ALLOC	ATIONS	STATEMENT
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
FIRE DEPARTMENTS	NONE	25
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		25

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS STATEMENT 4 ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	1
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	
В)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO	