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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 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.

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-01-2008, and ending 08-31-2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

COEUR DALENE RIFLE & PISTOL CLUB

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

6001 N ATLAS RD

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

COEUR DALENE, ID 83816

D Employer identification number

90-0397835

E Telephone number

(208) 753-2525

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify)

I Website: N/A

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) ☒ 501(c) (7) (insert no) ☐ 4947(a)(1) or ☐ 527

K 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

L 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 \$ 61,959

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	39,621
	3	Membership dues and assessments	3	17,479
	4	Investment income	4	4,257
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6c	0
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe)	8	602
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	61,959
	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	
	13	Professional fees and other payments to independent contractors	13	
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	990
	16	Other expenses (describe)	16	33,533
	17	Total expenses (add lines 10 through 16)	17	34,523
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27,436
	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	160,299
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	187,735
Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ				
(See the instructions for Part II)			(A) Beginning of year	
			(B) End of year	
22	Cash, savings, and investments	103,271	22	105,637
23	Land and buildings		23	
24	Other assets (describe)	57,868	24	83,098
25	Total assets	161,139	25	188,735
26	Total liabilities (describe)	840	26	1,000
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	160,299	27	187,735

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? THE CLUB IS ORGANIZED AS A RECREATIONAL CLUB TO PROMOTE FIREARM SAFETY AND PROVIDE MEMBERS THE OPPORTUNITY TO PARTICIPATE IN THE SHOOTING SPORTS IN A SAFE ENVIRONMENT			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 THE ORGANIZATION PROVIDES A SAFE ENVIRONMENT FOR MEMBERS TO PARTICIPATE IN THE SHOOTING SPORTS AND PROMOTES 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 (attach schedule) (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)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part VOther 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	No
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	No
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 6033(e) notice, reporting, and proxy tax requirements?	35a	No
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	No
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	No
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 unpaid at the start of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
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) 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	
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 ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The books are in care of ▶ WAYNE L SCHOONMAKER Telephone no ▶ (208) 765-9500		
	510 CEDAR ST Located at ▶ WALLACE, ID ZIP + 4 ▶ 83873		
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	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	No
	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 ▶	43	
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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.	45	No

Part VI

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.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	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.			
	***** Signature of officer		2010-04-15 Date	
Paid Preparer's Use Only	CHUCK OAKLAND, President Type or print name and title			
	Preparer's signature Suzanne Sutton Metzger	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Magnuson McHugh & Company PA 2100 Northwest Blvd Suite 400 Coeur d'Alene, ID 83814			EIN Phone no. (208) 765-9500
May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:
Software Version:
EIN: 90-0397835
Name: COEUR DALENE RIFLE & PISTOL CLUB

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TOM PULS 6001 N ATLAS RD COEUR DALENE, ID 83815	Director 1 00	0		
WALT TRACINSKI 6001 N ATLAS RD COEUR DALENE, ID 83815	Director 1 00	0		
LYLE SCOTT 6001 N ATLAS RD COEUR DALENE, ID 83815	Director 1 00	0		
CLARK SCHMIDT 6001 N ATLAS RD COEUR DALENE, ID 83815	Director 1 00	0		
ROGER SWING 6001 N ATLAS RD COEUR DALENE, ID 83815	Director 1 00	0		
DICK COSS 6001 N ATLAS RD COEUR DALENE, ID 83815	Director 1 00	0		
WAYNE SCHOONMAKER 6001 N ATLAS RD COEUR DALENE, ID 83815	Treasurer 1 00	0		
CHRIS BOSTON 6001 N ATLAS RD COEUR DALENE, ID 83815	Secretary 1 00	0		
CHUCK OAKLAND 6001 N ATLAS RD COEUR DALENE, ID 83815	President 1 00	0		

TY 2008 Other Assets Schedule

Name: COEUR DALENE RIFLE & PISTOL CLUB

EIN: 90-0397835

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Miscellaneous	57,868	83,098

TY 2008 Other Expenses Schedule**Name:** COEUR DALENE RIFLE & PISTOL CLUB**EIN:** 90-0397835**Software ID:** 08000091**Software Version:** 2008v2.7

Description	Amount
UTILITIES	3,706
TELEPHONE	525
SALES TAX	60
REPAIRS AND MAINTENANCE	3,907
RANGE SUPERVISION	11,833
RANGE RELATED SALES EXPENSE	1,511
PROPERTY TAXES	291
PROFESSIONAL FEES	2,620
MEETINGS	314
INSURANCE	5,621
DUES & SUBSCRIPTIONS	25
Depreciation	3,120

TY 2008 Other Liabilities Schedule

Name: COEUR DALENE RIFLE & PISTOL CLUB

EIN: 90-0397835

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
OTHER LIABILITY	840	
DEPOSITS		1,000

TY 2008 Other Revenues Schedule

Name: COEUR DALENE RIFLE & PISTOL CLUB

EIN: 90-0397835

Software ID: 08000091

Software Version: 2008v2.7

Description	Amount
INSURANCE CLAIMS	602