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Form 990-EZ

Department of the Treasury

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public Inspection

A F	or the	2009 calenda	ar year,	or tax year beginning , 2009, and ϵ	ending	····		, 20	
Вс	heck if ap	plicable:	Please	C Name of organization	DE	mployer	identification	number	
□ ^	Address c	ine ine				35-1143581			
=	Name cha	print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele				Telephone	lephone number		
=	nıtıal retur Ferminate		type. See	P.O. Box 4102		7	65-497-304	0	
=	Amended		Specific Instruc-	City or town, state or country, and ZIP + 4	F		emption		
=		n pending	tions.	Lafayette, IN 47903-4102		Number	•		
=-	• Sect	ion 501(c)(3)	organiz		G Accountin	a Method	t: 🔽 Cash	Accrua	
			_	pleted Schedule A (Form 990 or 990-EZ).	Other (spe	_			
					H Check ▶	if the	organizatio	n is not	
ı W	Vebsit	a: >	www.v	vvrpc.org			Schedule B		
				aly one) — 2 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	990-EZ, o			(
	heck >			ration is not a section 509(a)(3) supporting organization and its gross rece			· · · · · ·	5 000 A	
			•	um is not required, but if the organization chooses to file a return, be su	•	•	-	0,000. 71	
		•		9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of		<u> </u>	¢		
	art I			enses, and Changes in Net Assets or Fund Balances (truction	ns for Parl	1.)	
	1			s, grants, and similar amounts received			T	2,00	
	2			evenue including government fees and contracts		2		23,88	
	3	_		and assessments		3		45,26	
	4	Investment	•			4	+		
	5a						 	48	
				· · · · · · · · · · · · · · · · · · ·					
	b					⊢			
<u>o</u>	C			sale of assets other than inventory (Subtract line 5b from line 5 vities (complete applicable parts of Schedule G). If any amount is from gaming, c		. <u> 5c</u>	. 		
Revenue	6	=	J						
8	а			t including \$ of contributions					
Œ		reported or							
	b	Less: direc	┦.	1					
	C	Net income	. <u>6c</u>	-					
	7a			entory, less returns and allowances	 	538			
	Ь	Less: cost				461	1		
	С			ss) from sales of inventory (Subtract line 7b from line 7a)		· 7c	 	7	
	8	Other rever	•) 8	 	3	
	9	<u> </u>		dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	/FD···	9		71,74	
	10			amounts paid (attach schedule)	ــــــــــــــــــ ن	10	<u> </u>		
	11	•	Benefits paid to or for members						
8	12			mpensation, and employee benefits 📜 .MAY. 1 1	2010 1우	12			
E I	13	Professiona	al fees	and other payments to independent contractors	<u>.</u>	13	+		
Expenses	14			utilities, and maintenance		14	ļ	., 	
W	15	• • •		ons, postage, and shipping	<u>. U I. </u>	15	ļ., <u></u>	2,29	
	16	Other expe	nses (d	escribe See attached "Other Expenses") <u>16</u>	ļ	39,78	
	17			Add lines 10 through 16				42,08	
Net Assets	18			for the year (Subtract line 17 from line 9)			<u> </u>	29,65	
Se	19			d balances at beginning of year (from line 27, column (A)) (mu					
As		end-of-yea	r figure	reported on prior year's return)		. 19	<u> </u>	327,99	
Net Assets	20	Other chan	ges in	net assets or fund balances (attach explanation)		. 20		4,60	
Z	21	Net assets	or fund	balances at end of year. Combine lines 18 through 20		▶ 21		362,25	
Pa	art II			ts. If Total assets on line 25, column (B) are \$1,250,000 or more		90 inste	ad of Form	n 990-EZ.	
		· · · · · · · · · · · · · · · · · · ·		(See the instructions for Part II.)	(A) Beginnır	ng of year	(B) En	d of year	
22	Ca	sh, savinas.	and in	vestments		211,29	8 22	240,95	
23		_				116,70		121,30	
24				e -			024	121,00	
25	To	tal assets				327,99		362,25	
		tal liabilitie:					d 26	302,23	

Net assets or fund balances (line 27 of column (B) must agree with line 21)

327,998 27

12

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Form	990-EZ (2009)					Page 2	
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses	
Wha	What is the organization's primary exempt purpose? Promote shooting sports						
Desc	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						
	ner, describe the services provided, the number o	f persons benefited, and o	other relevant info	rmation for		nizations and section (a)(1) trusts; optional	
each	program title.				for ot	hers.)	
28	Provide a safe and improved facility for handgun, rifle	00 Club					
	members. Approx 100 shooting matches were condu	cted during the year for boti	n member and non-	member	İ		
	participation.						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a		
29	Fourteen matches were conducted for Junior Club yo	outh. The goal was training o	of young shooters i	n the safe	1		
	use of .22 caliber rifles provided by the Club. Matche	s were held to develop their	shooting skills.		l		
		includes foreign grants, ch			29a		
30	The club range was used by the Tippecanoe & White	County 4-H groups a total of	13 times for training	ng in safe &	1		
	accurate use of firearms.				1	ļ	
		includes foreign grants, ch		. ▶ 📙	30a		
31	Other program services (attach schedule)					ļ	
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 📙	31a		
	Total program service expenses (add lines 28a t				32	<u> </u>	
Par	List of Officers, Directors, Trustees, and Key		, 	,		, · · · · · · · · · · · · · · · · · · ·	
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit	plans &		
		devoted to position	enter -0)	deferred comper	nsation	other allowances	
Bob	Garvin						
	East 100 North, Lafayette, IN 47905	President		!		<u> </u>	
	Reinhardt			1			
	Maplewood Drive, Lafayette, IN 47905	Vice President		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	Santini						
<u>116 \</u>	Wheeler Lane, West Lafayette, IN 47906	Treasurer		1			
	k Caldwell		i	1			
275 I	Dayton Road, Dayton, IN 47941	Recording Secretary		1			
	Brown						
2603	S. River Road, West Lafayette, IN 47906	Membership Secretary		<u> </u>			
	Schell		ļ				
4704	Foxmoor Court, Lafayette, IN 47905	Operations Officer			(
	ackson		}				
775 I	North 600 West, Wolcott, IN 47995	Shooting Instructor		1			
	Lindstrom						
	Plains Drive, Lafayette, IN 47905	3-Year Trustee					
	<u>/ DeWitt</u>		}	1			
421 \	N. Camden Washington St., Delphi, IN 46923	2-Year Trustee		1			
	Isley					•	
<u>4800</u>	South 1075 East, Lafayette, IN 47905	1-Year Trustee		<u> </u>			
			Į.	ļ		Į.	
						<u> </u>	
	: All officers are elected for a one-year term,						
	h starts January 1 and ends December 31.						
	tees are elected for 3-year terms, which are		ţ	l			
stag	gered, electing one trustee each year.	<u> </u>		ļ		<u> </u>	
			ļ			_	
			1				
						<u> </u>	
			ļ	 -		ļ	
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			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		<u> </u>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		/
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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		/
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		<u></u>
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 period covered by this return?	38a		_
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
704	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
•	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. 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		
41	List the states with which a copy of this return is filed. ▶ Indiana			
42a	The organization's books are in care of ▶ Bob Santini Telephone no. ▶	765-49	7-304	0
	Located at ► 116 Wheeler Lane, West Lafayette, IN ZIP + 4 ►	479	906	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	N 1 -
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes	No
	account)?	42b	-	<u> </u>
	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	Į.		
	and Financial Accounts.	1		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		/
U	If "Yes," enter the name of the foreign country:		<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ □
.5	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		/
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		V

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	47(a)(1) nonexem	1) nonexem pt charitabl	npt charita e trusts mi	ible trusts only. A ust answer question	II sec ons 46	tion 3-49l	<u> </u>
	Did the organization engage in direct or indirect				• •		Yes	No
	candidates for public office? If "Yes," complete	•				46		<u> </u>
	Did the organization engage in lobbying activitie	•				47		
	Is the organization a school as described in section					48		
	Did the organization make any transfers to an ex	•	ole related org	ganization?		49a		
	If "Yes," was the related organization a section 5			• • • •		49b		L
	Complete this table for the organization's five hi employees) who each received more than \$100,							
	(a) Name and address of each employee paid more than \$100,000	(b) Title and aver hours per wee devoted to posi	sk i i	Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount a allowa	end
	NonE							
				 				
f	Total number of other employees paid over \$100	1 000				l		
	Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and address of each Independent contractor	n. If there is none,	enter "None.	n	Type of service	(c) Cor	···	····
	None			-				
				1				
d	Total number of other independent contractors	each receiving over	r \$100,000	1		····		
	Under penalties of perjury, I declare that I have examine		· · · · · · · · · · · · · · · · · · ·	ahadulaa and a	what amounts a said to the hor	A ad	lenavil	
	and belief, it is true, correct, and complete. Declaration	of preparer (other than	officer) is based	on all informati	on of which preparer has	any kno	wledge	age ∍.
Sign Here	Robert Sontin 05/02/10							
	Signature of officer Date Robert Santini, Treasurer							
Paid	Preparer's signature		Date	Check if self-	Preparer's Identifying nur	nber (Sec	 s instruc	tions)
Prepare Use Onl	Firm's name (or			employed ► [EIN ►			
	address, and ZIP + 4				Phone no. ▶			
May the	e IRS discuss this return with the preparer shown	n above? See instr	uctions .	· · · · ·	▶ [Yes m 99 0		No (2009)

WILDCAT VALLEY RIFLE & PISTOL CLUB, INC.

35-1143581

LAFAYETTE, INDIANA 47903

SUPPLEMENT TO 2009 FEDERAL FORM 990-EZ, Line 16

"OTHER EXPENSES"

Federal, Indiana State, & Property Taxes	\$307
Liability Insurance & Property Insurance	5,860
Range & Facilities Maintenance	5,030
Facilities Improvement	997
Shooting Event Expenses	21,751
Utilities	3,125
Donation to "Friends of NRA", "Fishing w/o Boundaries", & Habitat for Humanity	750
Office Supplies	470
Range Security	729
Misc. Administrative Expenses	769

TOTAL OTHER EXPENSES: \$39,788

J L Sands April 27, 2010

WILDCAT VALLEY RIFLE & PISTOL CLUB, INC.

35-1143581

LAFAYETTE, INDIANA 47903

SUPPLEMENT TO 2009 FEDERAL FORM 990-EZ, Lines 20, 23

"Changes in Net Assets"

Property Value

Assessed Property Value – 2008	\$116,700					
New Assessed Value:						
3 acre parcel of land, no structures (was \$17,500, no change)	\$17,500					
37 acre parcel of land – land value (was \$41,300)	\$42,300					
Improvements & structures (was \$57,900)	\$61,500					
Total assessed value used in 2009:	\$121,300					
Change in assessed valuation	\$4,600					
Checking & Savings						
Account Increase	\$29,659					

NET CHANGE IN ASSET VALUE: \$34,259

J L Sands April 27, 2010