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Î ANJRPC Form Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009 Open to Public Inspection

A	For the 200	9 calendar ye	ar, or tax year beginning $09/01/09$, and ending $08/$	31/10		
	Check if applica		C Name of organization ASSOCIATION OF NJ RIFLE & PIS	STOL	D Empl	oyer identification number
	Address change	use IRS	CLUBS, INC.			•
\exists	Name change	label or print or	Doing Business As		22-	-1911024
금	-	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		hone number
닏	Initial return	See	203 MAIN STREET	397	90	7-752-3351
\square	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross rec	244 244
	Amended return		FLEMINGTON NJ 08822		<u> </u>	
\sqcap	Application pen	F Name	e and address of principal officer		H(a) is this	a group return for
نــا	Application pen	ning			affiliat	
					H(b) Are al	l affiliates Yes No
	•				If "No.	attach a list. (see instructions)
工	Tax-exempt	status X	501(c) (7) ◀ (insert no) 4947(a)(1) or 527			
J	Website:	WWW.	ANJRPC.ORG		H(c) Group	exemption number
ĸ	Type of organia	ation X Co	poration Trust Association Other	L Year of formation	1936	M State of legal domicite NJ
F	art i	Summa	у			
	1 Brief	ly describe t	ne organization's mission or most significant activities			
Ф	T.	HE ASSO	CIATION IS THE OFFICIAL NRA STATE ASSOCIAT	ION IN NJ. T	HE PURPOS	SE IS
ä	T	O SUPPO	RT & DEFEND THE CONSTITUTIONAL RIGTHS OF P	EOPLE TO KEEP	& BEAR	
Ĕ	A	RMS.				
<u>,</u> ,	2 Che	ck this box 🕨	· [] If the organization discontinued its operations or disposed of more t	han 25% of its net as	sets	
=8	3 Num	ber of voting	members of the governing body (Part VI, line 1a)		3	
_s -	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)		4	38
₹.	5 Tota	I number of e	employees (Part V, line 2a)		5	1
Ş₹	6 Tota		volunteers (estimate if necessary)		6	
Ī	7a Tota	-	ated business revenue from Part VIII, column (C), line 12		7a	37,610
<u>-</u>	b Net	unrelated but	siness taxable income from Form 990-T, line 34	1 5	7b	22,640
Revenue Activities & Covernance	0 000		A create (Part VIII line 1h)	Prior	Year 43,454	<u>Current Year</u> 41,759
Ξş	9 Proc		l grants (Part VIII, line 1h) revenue (Part VIII, line 2g)		44,855	767,822
75	10 Inve		ne (Part VIII, column (A), lines 3, 4, and 7d)		7,031	8,798
38	11 Othe		art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,533	907	
0			and times 8 through 11 (must equal Part VIII) country) (iner 12)		597,873	819,286
	13 Gran	its and simila	ar amounts paid (Part IX, column (A), lines 1-3)		9,550	6,355
	14 Bene	efits paid to d	ir for members (Part IX, column (A), line 4)		3,000	
	15 Sala	nes other co	mpensation, employee benefits (Fall X, column (Å), lines (11b)	1	20,788	164,017
enses			raising fees (Part IX, column (A), line 11e)			201/01/
ped	l.		Principle of the Control of the Cont	-		
EX	17 Othe	r expenses	expenses (Part IX, column (D), line 25) DEN, UT Part IX, column (A), lines 11a-11d, 11f-24GDEN, UT Add lines 13-17 (must equal Part IX, column (A), line 25)	- 4	76,956	506,121
	18 Tota	l expenses .	Add lines 13–17 (must equal Part IX, column (A), line 25)	(07,294	676,493
	19 Rev	enue less ex	penses Subtract line 18 from line 12		90,579	142,793
500	sas			Beginning of		End of Year
Net Assets or	20 Tota	l assets (Par		5	12,458	1,059,404
et A	21 Tota	•	art X, line 26)		1,049	5,202
			d balances Subtract line 21 from line 20		11,409	1,054,202
<u>_</u>	Part II	Signatu		<u> </u>		
		Under penal and belief, it	ties of perjury, I declare that I have examinate it is seturn, including accompanying sch is true, correct, and complete Declaration of perparer (other than officer) is based or	nedules and statements, or all information of which	and to the best o preparer has an	f my knowledge v knowledae
<u>٠</u> :						iz litix
Sig	-		1.17			10/3/10
He	re	> Signatu	re of officer Anthony P Colmono	COANCE!	Date	
		Type or	print name and title	/ PANVICY		
				Data a	ander of	Preparer's identifying number
Pa	id	Preparer's signature		self		(see instructions)
	eparer's	ayılaldir			oloyed 🕨 📘	P00002622
	e Only	Firm's name	(or yours	CO., LLC	EIN D	20-3164128
		if self-emplo		1	Phone	072 221 0000
<u></u>	u the IDO 1		NORTH INTELEBOTY NO 07500 255	4	no	973-221-9990
_	<u> </u>		turn with the preparer shown above? (see instructions) rwork Reduction Act Notice, see the separate instructions.		<u> </u>	X Yes No Form 990 (2009)
DA		ot and rape	THOIR REQUESTION NOT HOUSE, SEE the Separate monucions.		ר מניד	Form 330 (2009)

Form :	990 (2009) ASSOCIATION OF NJ RIFLE & PISTOL 22-1911024	Page 2
Par	t III Statement of Program Service Accomplishments	
TI T(Bneffy describe the organization's mission HE'ASSOCIATION IS THE OFFICIAL NRA STATE ASSOCIATION IN NJ. THE D SUPPORT & DEFEND THE CONSTITUTIONAL RIGTHS OF PEOPLE TO KEEP & RMS. SEE SCHEDULE O FOR ADDITIONAL INFORMATION	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
D.	(Code)(Expenses \$ 77,054 including grants of \$) (Revenue \$ ISSEMINATE NEWSLTTER TO MEMBERS TO PROMOTE MEMBERSHIP CTIVITES AND EDUCATE THE PUBLIC)
ΑI	(Code)(Expenses \$ 85,535 including grants of \$) (Revenue \$ DVISE MEMBERS ON LEGISLATIVE ACTIONS THROUGH PRINT EDIA, NEWSLETTES AND WEB SITE)
	(Code) (Expenses \$ $11,442$ including grants of \$) (Revenue \$ ROVIDE FIREARMS TRAINING TO MEMBERS AND OTHER GUESTS)

6,355) (Revenue \$

Form **990** (2009)

4d Other program services (Describe in Schedule O)

(Expenses \$ 445, 3.
4e Total program service expenses ▶

445,329 including grants of \$
xpenses ► 619,360

Part IV Checklist of Required Schedules

,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			T
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	Х
3	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	3	Ì	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		1	
	Schedule C, Part II	4	1	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		1	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6	ŀ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		1	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	1	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	Ť	 	
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			1
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			1 1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes N			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		Ì	_
	If "Yes," complete Schedule G, Part III	19	ļ	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X

Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	i i	Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			_
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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		1	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27	1	Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		£	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	j	Χ
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	j	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ĺ	Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	_	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	- 1	Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	-		
	Part VI	_37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

	990 (2009) ASSOCIATION OF NJ RIFLE & PISTOL 22-191	<u> 102</u>	1			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
,					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	1 _			
	U.S. Information Returns Enter -0- if not applicable	<u>1a</u>	1 1	4		1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b	<u> </u>	-		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table				ŧ
	gaming (gambling) winnings to prize winners?	ı	I	1c	ļ	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					I
	Statements, filed for the calendar year ending with or within the year covered by this return	2 <u>a</u>	1	4		Ŧ
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	7		2b	X	↓
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					1
	instructions)					Ī
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	у				1
	this return?			3a	X	—
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	├—
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial				١
	account)?			4a	ļ	X
b	If "Yes," enter the name of the foreign country					l
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bai	nk				İ
_	and Financial Accounts					١.,
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactio			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ing		۱_		Ì
c -	Prohibited Tax Shelter Transaction?			5c	<u> </u>	├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					l 🗸
	organization solicit any contributions that were not tax deductible?	0.5		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?	Oī		C.L		
7	Organizations that may receive deductible contributions under section 170(c).			6b		ļ
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	de				l
a	and services provided to the payor?	us		7a	:	f
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		_
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			- 75	_	-
Ů	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 d				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers					ĺ
-	benefit contract?			7e		ĺ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	,		7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h		ł
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					Ė
	organization, have excess business holdings at any time during the year?			8		:
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		<u></u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter		1		1	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	10,780		I	
1	Section 501(c)(12) organizations. Enter	ī	•		I	
а	Gross income from members or shareholders	<u>11</u> a			I	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1	
	amounts due or received from them)	11b			1	

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) ASSOCIATION OF NJ RIFLE & PISTOL 22-1911024 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Does the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the Χ 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? Χ b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

203 MAIN STREET

NJ 08822

organization -

FLEMINGTON

JUDITH IORIO

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) (C) Average Position (check all that apply)							(D) Reportable	(E) Reportable	(F) Estimated
Name and Tue	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SCOTT L BACH	5 00			,,					0	
PRESIDENT	5.00	ļ.—		X			_	0	0	(
MATT CARMEL				١						
EXECUTIVE VP	5.00	_		X				0	0	(
JUDITH IORIO				١						_
RECORD SEC	5.00	-		X		\vdash		0	0	
JEFFREY DOREMUS	5 00			١					0	,
CORRESP SEC	5.00	-		X				0	0	
VINCENT TROSELLO	- 00			١					_	,
TREASURER	5.00			X				0	0	
FRANK SEVEAN	- OO			١,,					0	_
CUST OFFICER	5.00	_		X				0	0	
DAVID BOLAND	1 00			,,					0	
REGIONAL VP	1.00	┢		X				0	0	
LAWRENCE BRAICO	1.00			X				o	O	C
REGIONAL VP LISA MARIE CASO	1.00	-	-					0	<u>_</u>	
	1.00			Х				o	0	C
REGIONAL VP KATHY CHATTERTON	1.00	\vdash	-	^		\vdash		U		
	1.00			Х				0	0	C
REGIONAL VP MICHAEL CUTERA	1.00	┼	\vdash	Δ		\vdash				
	1.00			Х				ol	0	C
REGIONAL VP ROBERT ESCH	1.00			^		\vdash		0		
REGIONAL VP	1.00			Х				ol	0	
TED GUIS	1.00					\vdash				
REGIONAL VP	1.00			Х				ol	0	C
JOHN HEALEY	1.00	 		1						
REGIONAL VP	1.00			Х				ol	О	C
PETER HEFFERAN	1.00			<u> </u>						
REGIONAL VP	1.00			Х				ol	o	C
ALLAN JOHNSON				 				, , , , , , , , , , , , , , , , , , ,		
REGIONAL VP	1.00			X				ol	o	C
DAVE LANGE	<u></u>	1	t	Ť		П				
REGIONAL VP	1.00	1	1	Х	l	Ι :		ol	o	C

Note Part	. (A)	(B)						(D)	(F)		
CARL LEISINGER III REGIONAL VP	Name and Title	hours per	hours per							compensation	Estimated amount of other
CARL LEISINGER III		1,000	direct	stitutio	ficer	y em	phest	mer	the	organizations	compensation
CARL LEISINGER III			19 1	nal tr		oloye	e comp			(** 2 **** ****************************	organization
CARL LEISINGER III		ļ	tee	ustee	ļ	(4)	ensati				organizations
REGIONAL VP	CADI IEICINCED II	т	_	_		ļ	8				
ROBERT MADDOX		!	l	 	x				l n	0	(
TAMMIE MADDOX		1.00			1						
REGIONAL VP	REGIONAL VP	1.00		L	Х				0	0	
JERRY MARTIN REGIONAL VP 1.00 X 0 0 EVAN NAPPEN REGIONAL VP 1.00 X 0 0 MANDY OTERO REGIONAL VP 1.00 X 0 0 JOHN PATERSON REGIONAL VP 1.00 X 0 0 STEPHEN POTTS REGIONAL VP 1.00 X 0 0 STEPHEN POTTS REGIONAL VP 1.00 X 0 0 CHRIS QUINN REGIONAL VP 1.00 X 0 0 CHRIS QUINN REGIONAL VP 1.00 X 0 0 PAUL RAYNOLDS REGIONAL VP 1.00 X 0 0 GEORGE SHIVERY JR REGIONAL VP 1.00 X 0 0 GEORGE SHIVERY JR REGIONAL VP 1.00 X 0 0 HENRY UIGA REGIONAL VP 1.00 X 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization For services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization from generation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		}									
REGIONAL VP		1.00			X.				0	0	
EVAN NAPPEN REGIONAL VP		1 00			,				_		
REGIONAL VP		1.00	-	-	 ^-	 			0	0	C
MANDY OTERO RECIONAL VP 1.00 X 0 0 JOHN PATERSON REGIONAL VP 1.00 X 0 0 STEPHEN POTTS REGIONAL VP 1.00 X 0 0 CHRIS QUINN REGIONAL VP 1.00 X 0 0 0 PAUL RAYNOLDS REGIONAL VP 1.00 X 0 0 0 PAUL RAYNOLDS REGIONAL VP 1.00 X 0 0 0 GEORGE SHIVERY JF REGIONAL VP 1.00 X 0 0 0 HENRY UIGA REGIONAL VP 1.00 X 0 0 0 HENRY UIGA REGIONAL VP 1.00 X 0 0 0 TO Total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1.00			x				0	0.	C
JOHN PATERSON REGIONAL VP 1.00 X 0 0 STEPHEN POTTS REGIONAL VP 1.00 X 0 0 CHRIS QUINN REGIONAL VP 1.00 X 0 0 PAUL RAYNOLDS REGIONAL VP 1.00 X 0 0 GEORGE SHIVERY JF REGIONAL VP 1.00 X 0 0 GEORGE SHIVERY JF REGIONAL VP 1.00 X 0 0 HENRY UIGA REGIONAL VP 1.00 X 0 0 HENRY UIGA REGIONAL VP 1.00 X 0 0 Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a² if "Yes," complete Schedule J for such individual 1 in the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 ind											
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CHRIS QUINN REGIONAL VP 1.00 X 0 0 PAUL RAYNOLDS REGIONAL VP 1.00 X 0 0 GEORGE SHIVERY JR REGIONAL VP 1.00 X 0 0 HENRY UIGA REGIONAL VP 1.00 X 0 0 ROBERT VIDEN JR REGIONAL VP 1.00 X 0 0 ROBERT VIDEN JR REGIONAL VP 1.00 X 0 0 Total		1 00			v				0	0	
REGIONAL VP 1.00 X 0 0 PAUL RAYNOLDS REGIONAL VP 1.00 X 0 0 GEORGE SHIVERY JR REGIONAL VP 1.00 X 0 0 HENRY UIGA REGIONAL VP 1.00 X 0 0 HENRY UIGA REGIONAL VP 1.00 X 0 0 0 ROBERT VIDEN JR REGIONAL VP 1.00 X 0 0 0 Total 0 0 0 0 0 0 1b Total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1.00					-		0	U	O
PAUL RAYNOLDS REGIONAL VP 1.00 X 0 0 GEORGE SHIVERY JR REGIONAL VP 1.00 X 0 0 HENRY UIGA REGIONAL VP 1.00 X 0 0 ROBERT VIDEN JR REGIONAL VP 1.00 X 0 0 ROBERT VIDEN JR REGIONAL VP 1.00 X 0 0 Total 0 0 0 1b Total		1.00			X.				0	0	0
GEORGE SHIVERY JR REGIONAL VP 1.00 X 0 0 HENRY UIGA REGIONAL VP 1.00 X 0 0 ROBERT VIDEN JR REGIONAL VP 1.00 X 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 5 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization?											
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HENRY UIGA REGIONAL VP 1.00 X 0 0 ROBERT VIDEN JR REGIONAL VP 1.00 X 0 0 1b Total											_
REGIONAL VP 1.00 X 0 0 ROBERT VIDEN JR REGIONAL VP 1.00 X 0 0 1b Total		1.00			X				0	0	0
ROBERT VIDEN JR REGIONAL VP 1.00 X 0 0 1b Total		1 00			v				0	0	0
REGIONAL VP 1.00 X 0 0 1b Total		1.00			Λ				U		0
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Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization											
services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization	-	gariizations great	er un	ап ф	150,0	,000	11 1	es,	complete Schedule 3 for Su	CH	4 X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization											
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			comp	olete	Sch	edule	J fo	rsuc	ch person	· · · · · · · · · · · · · · · · · · ·	5 X
	-		sate	d ınc	deper	nden	t con	tract	ors that received more than	\$100,000 of	
Name and business address Description of services Compen										(B)	(C)
	Name and business address								Descripti	on of services	(C) Compensation
		-									
	· · · · · · · · · · · · · · · · · · ·	.									
2 Total number of independent contractors (including but not limited to those listed above) who received			_			ited	to the	ose li	sted above) who received		
more than \$100,000 in compensation from the organization ▶ 0 DAA Form 99		sation from the o	rgani	izatio	on ►						0 Form 990 (2009)

Pa	rt V	III Staten	nent of Reve	nue				·		
`		•				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
st s	1a	Federated can	npaigns	1a						
rant	b	Membership d		1b						
Contributions, gifts, grants and other similar amounts	C	Fundraising ev		1c						
	d	Related organi		1d		40,057				
s, c	е	Government grants		1e						
tion r si	f	All other contribution								
ibu(and similar amounts		1f		1,702				
ntri	g	Noncash contribution	ns included in lines 1a-1	 If	\$					
So	h	Total. Add line				▶	41,759			
						Busn. Code				
Program Service Revenue	2a	ANNUAL	& LIFE MEMBER	RSHIP			466,985	466,985		
Re	b		& LIFE MEMBEF		ĺ		254,071	254,071		
ice	С		TER ADVERTISI		ĺ	511110	18,032	. ,	18,032	
èrv	d	TRAINING					17,212			17,212
E	е	GUEST F				713990	10,780		10,780	
ogra	f	All other progra	am service reven	iue			742			742
Pro		Total. Add line				>	767,822			
	3	Investment inc	come (including d	ıvıdend	ls, interest	, and				
		other similar a	mounts)			▶	8,798		8,798	
	4	Income from in	vestment of tax-	exemp	t bond pro	ceeds 🕨				
	5	Royalties				•				
			(ı) Real		(II) P	ersonal				
	6a	Gross Rents							1	
	b	Less rental exps								
	С	Rental inc or (loss)							!	
	_d	Net rental inco	me or (loss)			•				·····
	7a	Gross amount from sales of assets	(ı) Secunties	3	(H)	Other				
		other than inventory							1	
	b	Less cost or other							1	
		basis & sales exps							1	
	C	Gain or (loss)								
	d	Net gain or (lo	ss)			•				······
en ne	8a		om fundraising even	its					I	
nue		(not including \$							1	
ě			reported on line 1c)						I	
Other Reven		See Part IV, line		а					1	
끍		Less direct ex		b [•		1	
			(loss) from fundr	- 1	events	▶				
	9a		om gaming activities	1					1	
		See Part IV, line		a			1			
		Less direct ex	•	b∤						
			(loss) from gamı	ng acti	vities					
	10a		f inventory, less				1		I	
		returns and all		a					Ī	
		Less cost of g		þ∤			1		ŧ	
	C		(loss) from sales		entory					
	44	· · · · · ·	cellaneous Revenue			Busn. Code	7.7	•	1	7.7
	11a	COMPETITI		0.4E	1		767 140	140		767
	b	NRA MISCE	CLLANEOUS INC	OME	;		140	140		· · · · · · · · · · · · · · · · · · ·
	0 1	All ather			-					
	d	All other reven			1		907			
	42	Total. Add line					819,286	721,196	37,610	10 721
	12	iotai Kevenu	e. See instruction	15			019,280	141,190	31,010	18,721

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			g	5Apo.1303
•	organizations in the U.S. See Part IV, line 21	2,050	2,050	I .	
•		2,030	2,030		
2	Grants and other assistance to individuals in	4,305	4,305		
•	the U.S. See Part IV, line 22	4,303	4,303		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				·······
7	Other salaries and wages	114,488	114,488		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	14,997	14,997		
10	Payroll taxes	34,532	34,532		
11	Fees for services (non-employees)				·
а	Management				
b	Legal	49,285	40,535	8,750	
c	Accounting	7,300	1,100	6,200	
d	Lobbying	45,000	45,000		
e	Professional fundraising services See Part IV, line 17				· .
f	Investment management fees				
g	Other	6,000	6,000		
9 12	Advertising and promotion	51,959	51,959		
		28,193	16,001	12,192	
13	Office expenses	996	10,001	996	
14	Information technology	750			
15	Royalties	40,463	40,463		
16	Occupancy	677	40,405	677	
17	Travel	077	-	011	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 /11	10 411		
19	Conferences, conventions, and meetings	18,411	18,411		·· · · · · · · · · · · · · · · · · · ·
20	Interest		· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates	26 450	26 450		
22	Depreciation, depletion, and amortization	26,458	26,458		
23	Insurance	38,183	31,916	6,267	
		1			
24	Other expenses Itemize expenses not	1		‡	
	covered above (Expenses grouped together	1		!	
	and labeled miscellaneous may not exceed	1		1	
	5% of total expenses shown on line 25 below)	61 000			
а	EUIP RENTAL & MAINTENANCE	61,323	55,275	6,048	
þ	ELECTION POSTAGE	18,899	18,899		
C	SUPPLIES	18,041	18,041		
d	PERRY NATIONALS	14,921	14,921		
е	NEWSLETTER EDITING	13,215	13,215		
f	All other expenses	66,797	50,794	16,003	
25	Total functional expenses.Add lines 1 through 24f	676,493	619,360	57,133	
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

	rt X	Balance Sheet		(A) Beginning of year		(B) End of year					
		Cook manufacture the cook		49,096	1	150,844					
	1	Cash—non-interest bearing		446,806		510,259					
	2	Savings and temporary cash investments	-	440,000							
	3	Pledges and grants receivable, net	-		3						
	4	Accounts receivable, net	<u>-</u>		4						
	5	Receivables from current and former officers, directors, tr	·		1						
-		employees, and highest compensated employees Comp	lete Part II of	Ì	_						
		Schedule L	<u> </u>		5						
	6	Receivables from other disqualified persons (as defined u	t t		I						
		4958(f)(1)) and persons described in section 4958(c)(3)(E	B) Complete		. #						
ທຸ		Part II of Schedule L	ļ.		6	·					
Assets	7	Notes and loans receivable, net			7						
š	8	Inventories for sale or use	L		8						
۱,	9	Prepaid expenses and deferred charges	, ,	1,730	9	3,190					
	10a	Land, buildings, and equipment cost or			1						
		other basis Complete Part VI of Schedule D	10a 1,274,923		- 1						
- [þ	Less accumulated depreciation	10b 879,812	414,826	10c	<u>395,111</u>					
	11	Investments—publicly traded securities			11						
	12	Investments—other securities See Part IV, line 11	• •								
- [13	Investments—program-related See Part IV, line 11			13						
	14	Intangible assets			14						
	15	Other assets See Part IV, line 11			15						
	16	Total assets. Add lines 1 through 15 (must equal line 34)		912,458	16	1,059,404					
	17	Accounts payable and accrued expenses	1,049	17	5,202						
	18	Grants payable		18							
	19	Deferred revenue			19						
ĺ	20	Tax-exempt bond liabilities			20						
ខ្ល	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21						
≝ !		Payables to current and former officers, directors, trustee				·····					
╗╽		employees, highest compensated employees, and disqua			I						
<u> </u>		persons Complete Part II of Schedule L		Ì	22						
_	23	Secured mortgages and notes payable to unrelated third	parties		23	· · · · · · · · · · · · · · · · · · ·					
- 1	24	Unsecured notes and loans payable to unrelated third par			24						
- 1	25	Other liabilities Complete Part X of Schedule D			25						
- 1	26	Total liabilities. Add lines 17 through 25		1,049	26	5,202					
_		Organizations that follow SFAS 117, check here ▶	and								
Balances		complete lines 27 through 29, and lines 33 and 34.	···-	1	1						
ᄪ	27	Unrestricted net assets		ĺ	27						
<u>8</u>	 28	Temporanly restricted net assets	<u> </u>		28						
5	29	Permanently restricted net assets	<u> </u>		29						
5		Organizations that do not follow SFAS 117, check her	· ► X								
ᆸ		and complete lines 30 through 34.		1							
0	30	Capital stock or trust principal, or current funds	ŀ	ĺ	30						
6	30 31	Paid-in or capital surplus, or land, building, or equipment f	fund		31						
SS	31 32	Retained earnings, endowment, accumulated income, or o		911,409	32	1,054,202					
~			Out of fullus	911,409	33	1,054,202					
0	33	Total net assets or fund balances Total liabilities and net assets/fund balances	 		34	1,059,404					

Form **990** (2009)

Form 9	990 (2009) ASSOCIATION OF NJ RIFLE & PISTOL 22-1911024		Pa	ge 12
Part	t XI Financial Statements and Reporting			
	•		Yes	No
1 /	Accounting method used to prepare the Form 990 🛛 Cash 🗍 Accrual 🦳 Other			
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		į
,	Schedule O			É
2a \	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b \	Were the organization's financial statements audited by an independent accountant?	2b		Х
c I	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
J	If the organization changed either its oversight process or selection process during the tax year, explain in			
9	Schedule O			ĺ
d I	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
ı	issued on a consolidated basis, separate basis, or both			
[Separate basis Consolidated basis Both consolidated and separate basis			
3a /	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
t	the Single Audit Act and OMB Circular A-133?	_3a		
b I	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

ASSOCIATION OF NJ RIFLE & PISTOL

Employer identification number 22-1911024

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS NO OFFICERS OR KEY EMPLOYEES ARE COMPENSATED

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS WILL BE MADE AVAILABLE TO THE PUBLIC BY REQUEST MADE VERBALLY, IN WRITING OR ON THE WEBSITE OR E-MAIL. THE ASSOCIATION DOES NOT HAVE FINANCIAL STATEMENTS PREPARED.

SCHEDULE O - ADDITIONAL INFORMATION

FORM 990, PART III THE ORGANIZTION'S MISSION:

THE MISSION OF THE ASSOCIATION IS TO COORDINATE THE INTERESTS OF ALL RIFLE, PISTOL AND SHOOTING CLUBS IN NEW JERSEY, TO PROMOTE AND SPONSOR CHAMPIONSHIP COMPETITIONS, TO SUPPORT AND PROMOTE ALL OTHER FIREARM ACTIVITIES, TO PROMOTE, ORGANIZE AND CONDUCT FIREARM ACTIVITIES, TO PROMOTE, ORGANIZE AND CONDUCT FIREARM TRAINING AND ENCOURAGE INTEREST IN PARTICIPATION IN FIREARM ACTIVITIES.

FORM 990, PART VI, SECTION B POLICIES

WRITTEN CONFLICT OF INTEREST POLICY

THE ASSOCIATION DOES NOT CURRENTLY HAVE A WRITTEN CONFLICT OF INTEREST POLICY BUT WILL CONSIDER ADOPTING A POLICY NEXT YEAR. HOWEVER, THE OFFICERS OF THE ORGANIZATION ARE CLOSELY INVOLVED IN DAY TO DAY MANAGEMENT, AND WOULD BE AWARE OF CONFLICT OF INTEREST AND WOULD ADDRESS THEM IF THEY EXISTED. TO DATE, NONE EXIST.

Name of the organization

ASSOCIATION OF NJ RIFLE & PISTOL

Employer identification number 22-1911024

WRITTEN WHISTLEBLOWER POLICY

THE ASSOCIATION DOES NOT CURRENTLY HAVE A WRITTEN WHISTLEBLOWER POLICY BUT WILL CONSIDER ADOPTING A POLICY.

WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY

THE ASSOCIATION DOES NOT CURRENTLY HAVE A WRITTEN RETENTION AND DESTRUCTION POLICY BUT GENERALLY FOLLOWS IRS AND STATE OF NJ GUIDELINES REGARDING RETAINING ACCOUNTING, TAX AND PAYROLL RECORDS. THE ORGANIZATION WILL CONSIDER ADOPTING A POLICY NEXT YEAR.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	e of the organization		Employ	er identification number
	SSOCIATION OF NJ RIFLE & PISTOL			
	LUBS, INC.			1911024
Pa	Organizations Maintaining Donor Advised Fundamental State Company of the Company		ounts	. Complete if
	the organization answered "Yes" to Form 990, F	<u> </u>		
		(a) Donor advised funds	(t) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			-
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	riting that grant funds can be		_
	used only for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other		
	purpose conferring impermissible private benefit?			Yes No
Pa	art If Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, F	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check al	Il that apply)		· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	rtant lan	d area
	Protection of natural habitat	Preservation of certified historic str	ucture	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	on	
	easement on the last day of the tax year			
				Held at the End of the Tax Yea
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	ed ın (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06		2d	
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization of	luring	
	the taxable year			
4	Number of states where property subject to conservation easement is loc	ated >		
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
	>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports conservation easemen	ts in its revenue and expense statement, an	d	
	balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that describ	es	
	the organization's accounting for conservation easements			
Pa	ert 🔡 Organizations Maintaining Collections of Art, H		ilar A	ssets.
	Complete if the organization answered "Yes" to I	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet wo	orks of	
	art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c servic	∍,
	provide, in Part XIV, the text of the footnote to its financial statements that			
b	If the organization elected, as permitted under SFAS 116, to report in its re	evenue statement and balance sheet works	of art,	
	historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of public se	ervice,	
	provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or other	her similar assets for financial gain, provide	the	
	following amounts required to be reported under SFAS 116 relating to the	se items:		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		•	\$
· F	Drivery Ast and Denominal Reduction Ast Nation and the Instruction	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		

ANJR	PPC			_					
Schei	dule D (Form 990) 2009 ASSOCIATIO	ON OF NJ RIFL	E & PISTO	т.	22-19	911024			Page
	rt III Organizations Maintaining (s (contin		
3,	Using the organization's acquisition, accession, collection items (check all that apply)								
а	Public exhibition	d 🗍 Loan o	r exchange prograi	ms					
b	Scholarly research	e Other							
С	Preservation for future generations								
4	Provide a description of the organization's colle Part XIV	ctions and explain how the	y further the organi	ızatıon's ex	cempt purpo	ose in			
5	During the year did the organization solicit or reassets to be sold to raise funds rather than to be				ılar		□ Y	es [☐ No
Pa	rt IV Escrow and Custodial Arrar IV, line 9, or reported an am			ation an	swered "	Yes" to Form	990, Pai	t	
1a	Is the organization an agent, trustee, custodian	or other intermediary for c	ontributions or othe	r assets n	ot				
	ıncluded on Form 990, Part X?						Y	es	No
b	If "Yes," explain the arrangement in Part XIV an	d complete the following ta	ible						
							Amou	nt	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form	n 990, Part X, line 21?					Y	es	No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Comple	te if organization an	swered "Yes" t	o Form	990, Par	t IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three years b	ack (e) Foi	ır years	s back
1a	Beginning of year balance	_							
þ	Contributions								
С	Net investment earnings, gains,								
	and losses								
ď	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year er	nd balance held as							
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	on of the organization that	are held and admin	stered for	the				
	organization by	J						Yes	No
	(i) unrelated organizations						3a(i)		1
	(ii) related organizations						3a(ii)	_	
b	If "Yes" to 3a(ii), are the related organizations lis	ited as required on Schedi	ıle R?				3b		
	Describe in Part XIV the intended uses of the or								
	rt VI Investments—Land, Buildin			D. Part X	. line 10		<u> </u>		
	Description of investment	(a) Cost or other basis	(b) Cost or ot			umulated	(d) Book	value	
	•	(investment)	basis (other			eciation	(3) 230		
1a	Land		18	400	<u> </u>			1 8	400

384,218 324,327

302,087 Schedule D (Form 990) 2009

315,371

109,487

68,847 214,840

b Buildings

d Equipment

e Other

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2009 ASSOCIATION OF NJ RIFI		22-1911024	Page
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
' (including name of security)		Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description		(b) Book v	alue
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25		>	
	(b) Amount	>	
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability			
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability		>	
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability		>	
Part X Other Liabilities. See Form 990, Part X, line 25		>	
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability		>	
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Schedule D (Form 990) 2009 ASSOCTATION OF NJ RIFLE & PISTOL 22— Part XI Reconcilitation of Change in Net Assets from Form 990 to Audited Financial 1. Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part XIV, column (A), line 25) 3 Excess or (deficity) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Pinor pend adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficity) for the year per audited financial statements Combine lines 3 and 9 Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue 1 Total reverue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2a from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses in uncluded on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expense 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 b Donated services and use of facilities 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Donated services and use of facilities 8 Donated services and use of facilities 9 Donated services and use of facilities 1 Total expenses and losses per audited financial statements 2 Amounts included on Form 990, Part IX, line 25 b Pinor year adjustments c Other losses 9 Donated services and use of facilities 1 Total expenses and losses per audited financial statements 1 T	1 2 3 4 -5 6 7 8 9	Page 4
1. Total revenue (Form 990, Part VIII, column (A), line 12) 2. Total expenses (Form 990, Part IX, column (A), line 25) 3. Excess or (defictl) for the year Subtract line 2 from line 1 4. Net unrealized gains (losses) on investments 5. Donated services and use of facilities 6. Investment expenses 7. Prior period adjustments 8. Other (Describe in Part XIV) 9. Total adjustments (net). Add lines 4 through 8. 10. Excess or (defictl) for the year per audited financial statements. Combine lines 3 and 9. Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue of 1. Total revenue, gains, and other support per audited financial statements. 2. Amounts included on line 1 but not on Form 990, Part VIII, line 12 3. Amounts included on line 1 but not on Form 990, Part VIII, line 12 4. Amounts included on line 1 and statements (a) diter (Describe in Part XIV) 9. Add lines 2a through 2d 3. Subtract line 2e from line 1 4. Amounts included on Form 990, Part VIII, line 12, but not on line 1: a. Investment expenses not included on Form 990, Part VIII, line 7b b. Other (Describe in Part XIV) c. Add lines 4a and 4b 5. Total expenses and losses per audited financial statements 2. Amounts included on line 1 but not on Form 990, Part IX, line 25 a. Donated services and use of facilities b. Prior year adjustments c. Other losses d. Other (Describe in Part XIV) e. Add lines 2a through 2d 3. Subtract line 2e from line 1 4. Amounts included on Form 990, Part IX, line 25 a. Donated services and use of facilities b. Prior year adjustments c. Other losses d. Other (Describe in Part XIV) e. Add lines 2a through 2d 3. Subtract line 2e from line 1 4. Amounts included on Form 990, Part IX, line 25, but not on line 1: a. Investment expenses not included on Form 990, Part IX, line 7b b. Other (Describe in Part XIV) e. Add lines 4 and 4b 5. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) Part XIV. Supplemental Information Complete this part to provide the descriptions required for Part II, lin	1 2 3 4 -5 6 7 8 9 10	
2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue of Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) 2 Add lines 2a through 2d 3 Subtract line 2a from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expense 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments C Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2a from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25 b Prior year adjustments C Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2a from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 8, Part XIII, line 83, 5, and 9, Part I	2 3 4 -5 6 7 8 9 10	
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4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Pror period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per X Amounts included on line 1 but not on Form 990. Part VIII, line 12 a Net unrealized gains on investments 2 Amounts included on line 1 but not on Form 990. Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b d Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV) e Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines and 2b, Part XIV, line 4, Part XII, line 2, Part XII, lines 8, Part XII, lines 2d and 4b Also complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part IIII, lines 2d and 4b Also complete th	4 -5 -6 -7 -8 -9 -10 -per Return	
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SCHEDULE J

(Form 990)

Part I

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open To Public Inspection ► Attach to Form 990. ► See separate instructions.

ASSOCIATION OF NJ RIFLE & PISTOL

CLUBS, INC.

Employer identification number 22-1911024

OMB No 1545-0047

Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6Ь If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

ANJRPC

Part II

ASSOCIATION OF NJ RIFLE Schedule J (Form 990) 2009

& PISTOL

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

22-1911024

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	-	(B) Breakdown	of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	<u>L. </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı) -(D)	reported in prior Form 990 or Form 990-EZ
PETER HEFFERAN (0)	€ €	0	0 0	0	0	0 0	0 0	1
ANTHONY ALAMPI (0)	€ €	0 0		0.0				000
EUGENE FUSCO (1)	€ €	00		0.0	0		-	0
MARILYN LAPIDUS (0)	2 2	0 0		0 0	0	0		000
(c)	€ €							
(n) (u)	€€							
(tt) (tt)	€ €							
(r) (r)	(E) (E)							
(n) (t)	≘ €							
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(n)	€ ≘							
(n) (b)	(E)							
((i))	3 8							
(u)	8 2							
(II)	€ €							
							Sched	Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009 ASSOCIATION OF NJ RIFLE & PISTOL 22-1911024		Page 3
ltion		
	S	Schedule J (Form 990) 2009

SCHEDULE J-2 (Form 990) ,

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

ASSOCIATION OF NJ RIFLE & PISTOL CLUBS, INC.

Employer Identification number 22-1911024

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees	T	1						· · · · · · · · · · · · · · · · · · ·		T
(A)	(B) Average hours	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	per week	or director		Officer	Key employee		•	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CHRIS WYMAN	1 00			\						
REGIONAL VP	1.00	 —	 	Х	-	\vdash		0	0	0
MARIA ALAMPI	1 00			,,					_	
REGIONAL VP	1.00	-		X				0	0	0
ANTHONY COLANDRO	1 00			.,		li			^	
REGIONAL VP	1.00	┼	<u> </u>	Х	\vdash			0	0	0
CRAIG DEAR	1 00			\ ,					0	_
REGIONAL VP	1.00	├		X		\vdash		0	0	0
PAUL DEVANE	1 00			,,					0	
REGIONAL VP CAROL KATONA	1.00	├		Х				0	0	0
REGIONAL VP	1.00	Ì		Х		li			0	
WILLIAM O'NEIL	1.00	├		<u> </u>	┢	\vdash		0	0	0
REGIONAL VP	1.00			Х				0	0	0
DAVE LANGE	1.00	 		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				0		0
TRUSTEE	1.00	ł		Х				o	0	0
HENRY UIGA	1:00			1,		1				
TRUSTEE	1.00			Х				ol	0	0
PETER HEFFERAN						П				
TREASURER							Х	ol	0	0
ANTHONY ALAMPI										
REGIONAL VP						L	Χ	0	0	0
EUGENE FUSCO										
REGIONAL VP							Χ	0	0	0
MARILYN LAPIDUS										
REGIONAL VP							Χ	0	0	0
							_			

ANJRPC

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ASSOCIATION OF NJ RIFLE & PISTOL-CLUBS, INC.

Employer (dentification number -22 - 1 - 91 - 1 - 024

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

PROVIDE A RANGE FOR MEMBERS TO USE THEIR FIREARMS, TO

RECEIVE TRAINING, PROVIDE A PLACE FOR COMPETITIONS AND

SPECIAL EVENTS FOR LOCAL ORGANIZATIONS

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THERE ARE TWO CLASSES OF GENERAL MEMBERSHIP. THOSE MEMBERS WITH RANGE

PRIVILEGES AND THOSE MEMBERS WITHOUT RANGE PRIVILEGES.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

ALL MEMBERS RECEIVE A BALLOT AND HAVE THE RIGHT TO CAST A VOTE TO ELECT

OFFICERS

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS NO DECISIONS ARE SUBJECT TO THE APPROVAL OF THE MEMBERS

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE RETURN PREPARER WILL MAIL A HARD COPY OF THE RETURN TO THE PRESIDENT
AND TREASURER FOR REVIEW. AN ELECTRONIC VERSION WILL ALSO BE E-MAILED.
THE PRESIDENT CAN MAKE THE RETURN AVAILABLE TO THE REMAINING OFFICERS FOR
APPROVAL BEFORE FILING THE RETURN WITH THE IRS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE ORGANIZATION'S CEO, OR TOP MANAGEMENT OFFICIALS ARE NOT COMPENSATED

00	Special Events Schedule							
Form 95		For calendar year 2009, or ta	ıx year beginning	09/01/09	, and ending 08	3/31/10	2009	
Name ASSOCIA CLUBS,		OF NJ RIFLE & F	PISTOL			Employer Ide 22-1-9-1	entification Number	
			(B)	(C)	Others			
Gross receipts Less contrib Gross revenue Less direct of Net income (lo	outions e expenses	959 0 959 192 767	(B) 0 0 0 0 0		Others 0 0 0 0 0 0 0 0 0	0 0 0 0 0	70tal 959 0 959 192 767	
Description	(A) (B)	COMPETITIONS						
	(C)							
	Others							

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 Attachment Sequence No

► See separate instructions. ► Attach to your tax return ASSOCIATION OF NJ RIFLE & PISTOL Name(s) shown on return Identifying number CLUBS, INC. 22-1911024 Business or activity to which this form relates INDIRECT DEPRECIATION

Pa	ert Election To Expen		•			D.	. 1		
	Note: If you have a				comp	ete Pa	irt I		050.00
1	Maximum amount See the instruct	•		S				1_1_	250,00
2	Total cost of section 179 property p	•	·					2	
3	Threshold cost of section 179 prop	-	•	uctions)				3	800,00
4	Reduction in limitation Subtract lin		•					4	
5	Dollar limitation for tax year Subtract lin	ne 4 from line 1. If zero or	r less, enter -0- If marrie	d filing separately, se	e instructi	ons		5	
6	(a) Descriptio	n of property	(1	o) Cost (business use	only)	(c) l	lected cos	t	
]
7	Listed property Enter the amount f	from line 29			7				
8	Total elected cost of section 179 pr	roperty Add amounts	ın column (c), lines 6	and 7				8	
9	Tentative deduction Enter the sma	aller of line 5 or line 8						9	
0	Carryover of disallowed deduction	from line 13 of your 2	008 Form 4562					10	
1	Business income limitation Enter the	he smaller of busines:	s income (not less tha	n zero) or line 5 (s	see instru	ictions)		11	
2	Section 179 expense deduction Ad		•	•		,		12	
3	Carryover of disallowed deduction								
lote	: Do not use Part II or Part III below		/		13				t
Pa	art II Special Depreciati	on Allowance ar	nd Other Deprec	iation (Do not	includ	de liste	d prope	ertv)	(See instr.)
4	Special depreciation allowance for		•				<u> p p.</u>		
	during the tax year (see instruction		р	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_			14	1,313
5	Property subject to section 168(f)(1		15	<u> </u>					
6	Other depreciation (including ACRS		16	25,147					
	art III MACRS Depreciati		ide listed propert	v) (See instru	ctions	1		110	20,14
	m to to boprodia:	ion (Do not more	Section		0.0110.				
7	MACRS deductions for assets place	ed in service in tay ve						17	
8	If you are electing to group any assets place				nunte che	ck bara			
		Assets Placed in Se						stem	
-	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investment only-see instruction	tion (d) Recovery	(e) Con		(f) Met		(g) Depreciation deduction
 9а	3-year property	3011100	Only-see mandedon						
b	5-year property	1							
c	7-year property	1						-	
	10-year property	1							
	15-year property	1							
f		1		• • • • • • • • • • • • • • • • • • • •					
g	25-year property	1		25 yrs			S/L		
	Residential rental			27 5 yrs	M	<u> </u>	S/L		
"	property							-	
	Nonresidential real			27 5 yrs	M M		S/L		
'	property			39 yrs			S/L		-
		ssets Placed in Serv	viae During 2000 Tox	Voor Hoiner the A	M		S/L		
<u> </u>		SSERS FIACEU III SBIV	ice During 2009 Tax	rear using the A	iiternati\	e Debre		ystem	
	Class life			- 10			S/L		
	12-year			12 yrs			S/L	$\overline{}$	
_	40-year	<u> </u>		40 yrs	M	м	S/L	i	
Pa	ert IV Summary (See ins	tructions.)							

21 Listed property Enter amount from line 28

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 and on the appropriate lines of your return. Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form **4562** (2009)

26,458