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A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

BOULDER RIFLE & PISTOL CLUB

As Filed Data -

DLN: 93492125008921

D Employer identification number

88-6004394

OMB No 1545-1150

.990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

and ending 12-31-2010

**Open to Public Inspection** 

_	ame ch	-	Number and street (or P O box, if mail is not delivered to street address) R PO BOX 60534	oom/suite	<b>E</b> Telephone num	ber	
_	iitial ref erminat		PO DOX 00334		(702) 2	293-1885	5
		d return	City or town, state or country, and ZIP + 4		<b>F</b> Group Exempte	on	
_		on pending	BOULDER CITY, NV 89006		Number ►		
		ting method brpc1 org	Cash Accrual Other (specify) -				
		<del></del>	only one)— 501(c)(3)  501(c)(7)  4(insert no ) 4947(a)(1) or 5.		Check F I required to att		rganization is <b>not</b> hedule B
	-Exem	npt status(cneck	only one)—1 501(c)(3)1* 501(c)(7) *(insert no )1 4947(a)(1) or 1 5.	27	(Form 990, 99		
\$5	0,000	0 A Form 990	anization is not a section 509(a)(3) supporting organization <b>and</b> it -EZ or Form 990 return is not required though Form 990-N (e-po to file a return, be sure to file a complete return				
			o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if d of Form 990-EZ	total assets	(Part II, line 25, co ► \$	lumn (B)	below) are \$500,000 or 170,993
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Ba e organization used Schedule O to respond to any question in this		(See the instruct	ions fo	r Part I )
	1	Contribution	s, gifts, grants, and similar amounts received			1	
	2	Program serv	vice revenue including government fees and contracts			2	18,554
	3	Membership	dues and assessments			3	128,253
	4	Investment	ıncome			4	22,496
	5a	Gross amour	nt from sale of assets other than inventory	5a			
<u>a</u>	ь	Less cost o	rother basis and sales expenses	5b	O	1	
Revenue	С	Gain or (loss	) from sale of assets other than inventory (Subtract line 5b from I	ıne 5a)		5c	
Œ Œ	6	Gaming and	fundraising events				
	а	Gross income fr	rom gaming (attach Schedule G if greater than \$15,000)	6a			
	b		re from fundraising events (not including \$ <u>0</u> of contributions from ine 1) (attach Schedule G if the sum of such gross income and co		-		
	С	Less direct	expenses from gaming and fundraising events	6c	O		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6b	and subt	ract line 6c)	6d	0
	7a	Gross sales	of inventory, less returns and allowances	7a	1,690		
	ь	Less cost o	fgoods sold	7b	1,451		
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	239
	8	O ther revenu	ue (describe in Schedule O)			8	
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	169,542
	10	Grants and s	ımılar amounts paıd (lıst ın Schedule O )		•	10	
	11	Benefits paid	to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
on O	13	Professional	fees and other payments to independent contractors			13	300
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	1,591
EX	15	Printing, pub	lications, postage, and shipping			15	1,803
	16	Other expen	ses (describe in Schedule O)			16	103,464
	17	Total expens	ses. Add lines 10 through 16			17	107,158
<u> </u>	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	62,384
Net.Assets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (m	ust agree	with		
Ř A		end-of-year	figure reported on prior year's return)			19	287,738
ž	20	O ther chang	es ın net assets or fund balances (explaın ın Schedule O)			20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20 .			21	350,122

Part II Balance Sheets						i age a
Check if the organization use	d Schedule O to respond to	any question in t	his Pa	rt II	_	
Check if the organization as	a seriedare o to respond to	any question in c			-	
(See the instruc	ctions for Part II)		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .				104,090	22	91,194
23 Land and buildings					23	
24 Other assets (describe in Schedule C	))			183,649	24	258,929
25 Total assets				287,739	25	350,123
26 Total liabilities (describe in Schedule	0)			1	26	1
27 Net assets or fund balances (line 27	of column (B) <b>must</b> agree wit	th line 21) .		287,738	27	350,122
Part III Statement of Program Check if the organization use			this Pa	ort III . 「	T (R	Expenses equired for section 501
What is the organization's primary exempt		uny question in		.,		)(3) and 501(c)(4)
WE ARE A FIREARMS CLUB	. parpood				1 '	ganizations and section
Describe what was achieved in carrying of describe the services provided, the number program title						947(a)(1) trusts, tional for others)
28 THE CLUB PROVIDES FIRING RANG	ES AND TRAINING FOR 1,	100 MEMBERS, I	LOCAI	_ LAW		
ENFORCEMENT AND MEMBERS OF THE	ARMED FORCES	ŕ				
<del></del>	is amount includes foreign	grants, check hei	re .	<u>· · ► ┌ </u>	28a	1
29						
(Grants \$ ) If th	is amount includes foreign	grants, check hei	re .	▶ ┌	29a	1
30						
(Grants \$ ) If th	is amount includes foreign (	grants, check hei	re .	▶ ┌	30a	1
<b>31</b> O ther program services (describe in Se	•					
	is amount includes foreign			<u> </u>	31a	
32 Total program service expenses (add III					32	
Part IV List of Officers, Directors, Tr Check if the organization use					structio	ons for Part IV )
Check if the organization use	(b) Title and average	(c) Compensa		(d) Contributions	s to	(e) Expense
(a) Name and address	hours per week	(If not paid	d,	employee benefit p	lans	& account and
	devoted to position	enter -0)	)	deferred compens	atıon	other allowances
See Additional Data Table						

Pa	Charles the agrange transformation (Note the state	·	· –			
	Check if the organization used Schedule	O to respond to any question in this	s Part V		Yes	No
33	Did the organization engage in any activity not p description of each activity in Schedule O			33		No
34	Were any significant changes made to the organiof the amended documents if they reflect a change schedule O (see instructions)	ge to the organization's name Othe	rwise, explain the change on	34		No
35	If the organization had income from business act others), but <b>not</b> reported on Form 990-T, explain Form 990-T	n in Schedule O why the organization	n did not report the income on			
а	a Did the organization have unrelated business gro (c)(5), or 501(c)(6) organization subject to sect	· · ·		35a	Yes	
b	<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for	or this year? (see instructions) .		35b	Yes	
36	Did the organization undergo a liquidation, disso the year? If "Yes," complete applicable parts of S	, -	•	36		No
37a	<b>7a</b> Enter amount of political expenditures, direct or indirect, as	described in the instructions 🕨	37a			
b	<b>b</b> Did the organization file <b>Form 1120-POL</b> for this	year?		37b		No
38a	<b>Sa</b> Did the organization borrow from, or make any lo	ans to, any officer, director, trustee,	, or key employee <b>or</b> were			
	any such loans made in a prior year and still out:	standing at the end of the tax year c	overed by this return?	38a		No
b	<b>b</b> If "Yes," complete Schedule L, Part II and enter	the total amount involved .	38b			
39	Section 501(c)(7) organizations. Enter					
а	a Initiation fees and capital contributions included	don line 9	<b>39a</b> 11,200			
b	<b>b</b> Gross receipts, included on line 9, for public use	of club facilities	<b>39b</b> 2,785			
40a	<b>Da</b> Section 501(c)(3) organizations. Enter amount of t	ax imposed on the organization duri:	ng the year under			
	section 4911 •, section 4912 •	•, section 4955	<b>-</b>			
b	<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did transaction during the year or did it engage in an reported on any of its prior Forms 990 or 990-E.	n excess benefit transaction in a prio	or year that has not been	40ь		
c	c Section 501(c)(3) and 501(c)(4) organizations disqualified persons during the year under section		anization managers or			
d	<b>d</b> Section 501(c)(3) and 501(c)(4) organizations organization		mbursed by the			
е	e All organizations. At any time during the tax year transaction? If "Yes," complete Form 8886-T			40e		No
41	List the states with which a copy of this return is filed $\blacktriangleright$					
42a	<b>2a</b> The organization's books are in care of <b>▶</b> <u>BILL GF</u>	RANT	Telephone no	<b>►</b> <u>(70</u>	2)293	-1885
	PO BOX 60534 Located at ► BOULDER CITY, NV		ZIP + 4	<b>►</b> 89	900605	534
<b>h</b>	<b>b</b> At any time during the calendar year, did the org			·		
	over a financial account in a foreign country (suc				Yes	No
	account)?			42b		Νo
	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing req Financial Accounts.	quirements for <b>Form TD F 90-22.1, Re</b>	eport of Foreign Bank and			
c	${f c}$ At any time during the calendar year, did the org	janization maintain an office outside	of the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country					
43	Section 4947(a)(1) nonexempt charitable trusts and enter the amount of tax-exempt interest rece					<b>▶</b> Г
				1	Yes	No
44a	<b>4a</b> Did the organization maintain any donor advised	funds? If "Yes", Form 990 must be co	ompleted instead of		162	140
	Form 990-EZ.			44a		No
b	<b>b</b> Did the organization operate one or more hospital instead of Form990-EZ	al facilities during the year? <i>If 'Yes,'</i>	Form 990 must be completed	44b		
c	<b>c</b> Did the organization receive any payments for in	ndoor tanning services during the ye	ar?			No
				44c		Νο
d	<b>d</b> If 'Yes' to line 44c, has the organization filed a F in Schedule O	Form 720 to report these payments?	If 'No,' provide an explanation	44d		No

orm 990-E	Z (2010)							Page
							Yes	No
	related organization a controlle Form 990 and Schedule R must be		_	fsection 51	2(b)(13)? <i>If</i>	45		No
	e organization receive any payn ng of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		No
	e organization engage, directly of dates for public office? If "Yes,"	., .		ehalf of or in	opposition to	46		No
Part VI	Section 501(c)(3) orga	nizations and secti	on 4947(a)(1) non	exempt c	haritable tri		only.	100
	All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	Schedule O to respond	to any question in this F	art VI .			Yes	. I No
<b>7</b> Did th	e organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	rt II		47		
	organization a school described					48		
<b>9a</b> Did th	e organization make any transfe	ers to an exempt non-cha	arıtable related organıza	tion?		49a		
<b>b</b> If "Ye:	s," was the related organization	a section 527 organizat	ion?			49b		
	lete this table for the organization		. , .		, ,			
	yees) who each received more t	(b) Title and average	nsation from the organiz		tributions to		e " <b>:)</b> Expe	ns e
	and address of each employee d more than \$100,000	hours per week devoted to position	(c) Compensation	employee I	benefit plans &	a	count a	and
		devoted to position		deterred	2011pensacion	Othe	i unovi	111005
ONE								
<b>0(f)</b> Tota	ıl number of other employees pa	nd over \$100,000 .				• <u> </u>		
1 Compl	Il number of other employees pa lete this table for the organization npensation from the organization ime and address of each indeper	on's five highest compen n Ifthere is none, enter	"None"		each received m		an \$10 Compen	
1 Compl of com (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"					
1 Compl of com (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"					
1 Compl of com (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"					
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1 Compl of com (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"					
1 Compl of com (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"					
1 Complof com (a) Na	lete this table for the organization	on's five highest compen If there is none, enter ndent contractor paid mo	"None " pre than \$100,000					
1 Complof com (a) Na  ONE	lete this table for the organization organization from the organization ime and address of each indeper	on's five highest compen If there is none, enterndent contractor paid mo ontractors each receivir	"None "  pre than \$100,000  ing over \$100,000 .	<b>(b)</b> Type	e of service	(c) C	ompen	sation
1 Complose of comp	lete this table for the organization of the organization from the organization of the and address of each independent of the organization complete Schest attach a completed Schedule	on's five highest compen If there is none, enterndent contractor paid mo ontractors each receiving	"None "  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization	(b) Type	of service	(c) C	eritable	sation trusts <b>No</b>
L Complosion (a) Na ONE  L(d) Tota Did mus  der penalt owledge ar	lete this table for the organization of the organization of the organization of the organization of the and address of each independent of the organization complete Sche	on's five highest compendent of there is none, enterondent contractor paid modern on the contractors each received dule A? NOTE: All Section A	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization	(b) Type	a of service	npt cha	aritable (es	trusts
Complosion (a) Na  ONE  (d) Tota  Did mus  der penalt owledge ar	lete this table for the organization pensation from the organization ime and address of each independent of the organization complete Schest attach a completed Schedule ites of perjury, I declare that I have not belief, it is true, correct, and contact the organization complete Schedule ites of perjury, I declare that I have not belief, it is true, correct, and contact the organization correct.	on's five highest compendent of there is none, enterondent contractor paid modern on the contractors each received dule A? NOTE: All Section A	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization	(b) Type	7 (a)(1) nonexen	npt cha	aritable (es	trusts
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1 Complos of com (a) Na ONE  1(d) Tota 2 Did mus nder penalt owledge ar owledge.  ign ere	lete this table for the organization pensation from the organization from the organization from and address of each independent of the organization complete. Scheit attach a completed Schedule fies of perjury, I declare that I have not belief, it is true, correct, and complete from the organization complete Schedule fies of perjury, I declare that I have not belief, it is true, correct, and complete fies of perjury, I declare that I have not belief, it is true, correct, and complete fies of perjury it is true, correct, and complete fies of perjury.  ******  Signature of officer  HARRY W HELFRICH President Type or print name and title  Preparer's signature  David Sommer CPA	on's five highest compendent of the second modern contractor paid modern contractor paid modern contractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization  cluding accompanying scheparer (other than officer)	(b) Type  ons and 4947 edules and st is based on a	of service  7 (a)(1) nonexen  atements, and to all information of the terms of the	npt chapt chapt the best which	aritable (es   st of my prepare	trusts No r has a
of complosion (a) Na ONE  (1(d) Total (a) Tota	lete this table for the organization pensation from the organization complete. Scheet attach a completed Schedule from the organization complete Scheet attach a completed Schedule from the organization complete from the organization compl	on's five highest compendent on If there is none, enterondent contractor paid monomerators each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization  cluding accompanying scheparer (other than officer)	(b) Type  ons and 4947  edules and st is based on a	7 (a)(1) nonexental information of the temperature	npt cha the be which	aritable fes st of my prepare	trusts No r has a

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As Filed Data -

DLN: 93492125008921

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
BOULDER RIFLE & PISTOL CLUB

**Employer identification number** 

88-6004394

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	- Beginning \$0 - Ending \$0

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1	Other Assets 1	LEASEHOLD IMPROVEMENTS & EQUIPMENT - Beginning \$183649 LEASEHOLD IMPROVEMENTS & EQUIPMENT - Ending \$258929

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 26	Other Expenses 26	Bank Charges \$35

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 25	Other Expenses 25	Dump Truck Exp \$190

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 24	Other Expenses 24	Parking Permits \$200

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 23	Other Expenses 23	Subscriptions \$204

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 22	Other Expenses 22	Secretary of State \$225

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 21	Other Expenses 21	Trash \$297

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 20	Other Expenses 20	Telephone \$332

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 19	Other Expenses 19	Repairs \$360

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 18	Other Expenses 18	Water \$364

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 17	Other Expenses 17	Landfill Fees \$406

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	Fuel \$436

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 15	Other Expenses 15	Propane \$551

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	Class Materials \$560

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	Toilet Cleaning \$584

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	Meals & Entertainment \$739

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	High Power Expenses \$960

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Instructors \$1340

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Storage \$1593

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Vehicle Repairs \$1597

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Range Expenses \$4076

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Grading Silhouette Range \$6500

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Drainage Grading \$8313

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Range Officer Fees \$8470

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Other Expenses \$9587

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Access Road Maintenance \$24003

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1625

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$28624

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1293

## **Additional Data**

**Software ID:** 10000105

**Software Version:** 2010v3.2

**EIN:** 88-6004394

Name: BOULDER RIFLE & PISTOL CLUB

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BOB RAIDER PO BOX 60534 BOULDER CITY, NV 89006	Director 14 00	0		
JOHN SNEED PO BOX 60534 BOULDER CITY, NV 89006	Director 4 00	0		
JACK SCHREIMAN PO BOX 60534 BOULDER CITY, NV 89006	Director 6 00	0		
BILL GRANT PO BOX 60534 BOULDER CITY, NV 89006	Treasurer 14 00	0		
HARRY W HELFRICH PO BOX 60534 BOULDER CITY, NV 89006	President 25 00	0		