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Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



D Employer identification number

88-6004394

E Telephone number

(702) 293-1885

F Group Exemption Number ▶

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 170,993

Check if the organization used Schedule O to respond to any question in this Part I ☒

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions 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 O)	183,649	24	258,929
25	Total assets	287,739	25	350,123
26	Total liabilities (describe in Schedule O)	1	26	1
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	287,738	27	350,122

Part IIIStatement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☐

What is the organization's primary exempt purpose?

WE ARE A FIREARMS CLUB

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28THE CLUB PROVIDES FIRING RANGES AND TRAINING FOR 1,100 MEMBERS, LOCAL LAW ENFORCEMENT AND MEMBERS OF THE ARMED FORCES
(Grants \$) If this amount includes foreign grants, check here ☐

28a

29
(Grants \$) If this amount includes foreign grants, check here ☐

29a

30
(Grants \$) If this amount includes foreign grants, check here ☐

30a

31Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐

31a

32Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
Check if the organization used Schedule O to respond to any question in this Part IV				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	Yes	
35b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	Yes	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text"/>		
37b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9		11,200
39b	Gross receipts, included on line 9, for public use of club facilities		2,785
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> <u>BILL GRANT</u> Telephone no <input type="checkbox"/> <u>(702) 293-1885</u> PO BOX 60534 Located at <input type="checkbox"/> <u>BOULDER CITY, NV</u> ZIP + 4 <input type="checkbox"/> <u>890060534</u>		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		No

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
49b	If "Yes," was the related organization a section 527 organization?	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

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

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	HARRY W HELFRICH President				
Paid Preparer's Use Only	Preparer's signature	David Sommer CPA	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Success Financial Advisors LLC 1080 Wigwam Pkwy Henderson, NV 89074			EIN
					Phone no (702) 307-1888

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

YesNo

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization BOULDER RIFLE & PISTOL CLUB	Employer identification number 88-6004394
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Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	- Beginning \$0 - Ending \$0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	High Pow er Expenses \$960

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

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

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

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

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

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

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

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

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

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

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

Identifier	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 WHELFRICH PO BOX 60534 BOULDER CITY, NV 89006	President 25 00	0		