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DLN: 93493139003062

 $_{\text{Form}}990$ 

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)

OMB No 1545-0047

Open to Public Inspection

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

<b>B</b> Check	ıf applicable	c Name of organization BRAINTREE RIFLE & PISTOL CLUB INC			identification number
	ss change	Doing Business As		51-0201	.151
∏ Name				E Telephon	e number
Initial Termii	nated	Number and street (or P O box if mail is not delivered to street address) PO BOX 850024	Room/suite	(781)84	
	ded return ation pending	City or town, state or country, and ZIP + 4 BRAINTREE, MA 012850024		<b>G</b> Gross rece	ıpts \$ 400,249
		F Name and address of principal officer ERIC GOLDMAN	<b>H(a)</b> Is this a g	roup return for aff	iliates? Yes V No
		PO BOX 850024 BRAINTREE,MA 02185		' attach a li	st (see instructions)
<b>I</b> Tax-e	exempt status	「501(c)(3) ▼ 501(c)(7) ◀ (Insert no) 「4947(a)(1) or 「527	H(c) Group	exemption	number ►
J Web	site: ► WV	/W BRP ORG			
<b>K</b> Form o	of organization	✓ Corporation Trust Association Other ►	L Year of form	ation 1891	<b>M</b> State of legal domicile MA
Part	I Sum	mary	1		<u> </u>
Activitie	RIFLE R TO USE EXCLUS  2 Check th Number Number	ONS AND INCLUDES A BOOTH FOR HANDICAPPED PERSONS THE ANGE, A COMPETITION RANGE, PISTOL RANGE AND A PLINKING RESERVED THE ABOVE FACILITIES THE CLUB MAINTAINS ALL BUILDINGS, LEIVE USE OF THE CURRENT MEMBERSHIP  This box I fithe organization discontinued its operations or disposed of of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)	ANGE ALL A AND, AND CA more than 25	CTIVE MENAPITAL IMF	MBERS ARE ALLOWED PROVEMENTS FOR THE
		mber of individuals employed in calendar year 2010 (Part V, line 2a) .		5	0
		mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12		6 7a	2,665
		elated business taxable income from Form 990-T, line 34		76 7b	<del>'</del>
			Prior '	Year	Current Year
	8 Contri	butions and grants (Part VIII, line 1h)		359,342	370,776
듄		am service revenue (Part VIII, line 2g)		807	1,300
À   1		tment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,280 10,453	2,665
	2 Total	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		374,882	15,446 390,187
1		s and similar amounts paid (Part IX, column (A), lines 1-3)		2,350	3,264
1		ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines			7,701
§   1		ssional fundraising fees (Part IX, column (A), line 11e)			0
Expenses 1		ındraısıng expenses (Part IX, column (D), line 25) ▶0			
		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		207,491	201,425
1		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		209,841	212,390
	9 Reven	ue less expenses Subtract line 18 from line 12	Beginning o	165,041	177,797
<b>200</b> €			Yea		End of Year
꽃'''		assets (Part X, line 16)		1,671,886	1,849,683
#   2		sets or fund balances Subtract line 21 from line 20		1,671,886	1,849,683
Part	III Sign	ature Block			
Under p	enalties of p lge and belie	erjury, I declare that I have examined this return, including accompanying sch if, it is true, correct, and complete. Declaration of preparer (other than officer)	is based on all		
Sign	I   B	ature of officer	Date		
Here		GOLDMAN TREASURER or print name and title			
	Print/Typ	e Preparer's signature Dat	-	neck if self-	. PTIN
Paid		me DENNIS & COMPANY PC	2-05-01 er	nployed 🕨	Firm's EIN 🕨
Prepare		dress ▶ 500A WASHINGTON ST			_
Use On	IУ   	QUINCY, MA 021695850			Phone no ► (617) 376- 0000
May the	IRS discus	ss this return with the preparer shown above? (see instructions)			▼ Yes

Part		tatement of Program S heck if Schedule O contains a				৮
1	Briefly d	escribe the organization's mi	ssion			
ACRE THE N BOOT PISTO	S OF LA NEWER S TH FOR H OL RANG	IFLE & PISTOL CLUB INC E ND IN BRAINTREE, MA THE TATE OF THE ART INDOOR IANDICAPPED PERSONS T E AND A PLINKING RANGE LL BUILDINGS, LAND, AND	FACILITY INCLUE SHOOTING FACIL HE CLUB ALSO HA ALL ACTIVE MEM	DES TWO INDOOR RAI ITY IS COMPRISED O S A 20 POSITION OU' BERS ARE ALLOWED 1	NGES FOR PISTOLS AND F 15 SHOOTING POSITI TDOOR RIFLE RANGE, A FO USE THE ABOVE FAC	SMALL CALIBER RIFLES ONS AND INCLUDES A COMPETITION RANGE, ILITIES THE CLUB
	the prior	rganization undertake any sig Form 990 or 990-EZ?				┌ Yes ┌ No
3	Did the o	rganization cease conducting?	g, or make significan	t changes in how it con	ducts, any program	┌ Yes ┌ No
	If "Yes,"	describe these changes on S	chedule O			
	Section	the exempt purpose achieve 501(c)(3) and 501(c)(4) organs to others, the total expens	nizations and section	on 4947(a)(1) trusts ar	e required to report the am	
4a	(Code	) (Expenses \$	204,164	ıncludıng grants of \$	3,264 ) (Revenue \$	)
		EE RIFLE & PISTOL CLUB INC ENJO NEWER STATE OF THE ART INDOOR				
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	\
40	(couc	) (Expenses \$		including grants or \$	) (Nevenue \$	,
<b>4</b> c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	-					
4d	Otherp	rogram services (Describe ii	n Schedule O )			
	(Expen	ses \$	ıncludıng grants of	<sup>:</sup> \$	) (Revenue \$	)
4e	Total p	ogram service expenses►\$	204,16	4		

Dart TV	Checklist	of De	auired	Schedule	2 6
	CHECKIISE	OI NO	uuncu	Schedul	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	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.	11c		No
d	Did the organization report an amount for other assets 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.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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 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		No
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? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part $IV$ .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2010)

Form 990 (2010) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V . ablaNo Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1h 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable **1c** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the За Yes If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . 3b Yes 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 4a account)? . . . Νo If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . Νo 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Νo 5b

Form 990 (2010)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who 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		No
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?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	Yes	
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	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		Νo
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		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	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 with a taxable entity during the year?	16a		No
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?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 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. Upon request			
	i a mil massica i milocitat a massica il Opoli laquast			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization BRAINTREE RIFLE & PISTOL CLUB INC LIBERTY STREET

BRAINTREE, MA 02185 (781)848-3377

# <u>Part VIII</u> 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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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

Check this box if neither the organiz	•	lated or	ganı	zatio	n co	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours	Posi t	tion ( that a	(che		 		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) ERIC S GOLDMAN PRESIDENT	10 00			Х				0	0	0
(2) DONALD KUSSER VICE PRESIDE	5 00			Х				0	0	0
(3) ROSS ESTABROOKS SECRETARY/CL	5 00			Х				0	0	0
(4) ERIC S GOLDMAN TREASURER	8 00			Х				0	0	0
(5) JOSEPH NORMAN CHIEF RANGE	5 00			х				0	0	0
(6) WILLIAM CIARMATARO CEO	5 00			х				0	0	0
(7) JOHN HARKINS FINANCE CHAI	2 00			х				0	0	0
(8) JOSEPH TAMULUS PLANNING CHA	2 00			х				0	0	0
(9) MICHAEL MCCABE JR CHAIRMAN	3 00			х				0	0	0
(10) GARY WOODWORTH SENIOR MEMBE	2 00			х				0	0	0
(11) JEROME GOLDBERG ASSISTANT CE	3 00			х				0	0	0
(12) LOU ASSAD PAST PRESIDE				х				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) Average hours per	1	(tion that a			II		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	- 1 '	(F) Estima amount o	ted fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)			
									_				
											+		
1b	Sub-Total			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<b>▶</b> -			_		
С	Total from continuation sheets						<b> -</b> -						
d	Total (add lines 1b and 1c) .							F					
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above	) who	received more tha	in			
										Г		Yes	No
3	On line 1a? If "Yes," complete Sc						mploy •	ee,o	or highest compens	ated employee	3		No
4	For any individual listed on line organization and related organization										4		No
5	Did any person listed on line 1a services rendered to the organi									or individual for			No_
			compice	.0 007	reaur	C J /	or sucr	r per.		· [	5		No_
Se1	ction B. Independent Cor Complete this table for your five \$100,000 of compensation from	hıghest compei		ındep	end	ent o	contra	tors	that received mor	e than			
		(A) me and business ad							Desc	(B) ription of services		(C Comper	
											$\exists$		
											#		
	Total number of independent con \$100,000 in compensation from			not lir	mite	d to	those	liste	d above) who receive	ved more than	+		

Form 99							Р	age <b>9</b>
Part V	1111	Statement of Revenu	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								512, 513, or 514
Contributions, gifts, grants and other similar amounts	b I	Federated campaigns  Membership dues  Fundraising events		370,776				
Shs, gfft; similar a	d I	Related organizations Government grants (contributions)						
ontribution nd other	g <sup>!</sup>	All other contributions, gifts, grants similar amounts not included above Noncash contributions included in li	e nes 1a-1f \$					
		Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	Business Code	370,776			
e Reven	2a <u>!</u> b . c	RENTAL OF THE GUN RANGE			1,300			1,300
Servic.	d . e		<u> </u>					
Program Serwce Revenue		All other program service rev			1,300			
	3 :	Investment income (including and other similar amounts)  Income from investment of tax-ex	g dıvıdends, ınterest ▶		2,665		2,665	
		Royalties		(II) Personal				
1	<b>b</b>	Gross Rents Less rental expenses Rental income or (loss)						
	7a '	Net rental income or (loss)  Gross amount from sales of	(ı) Securities	(II) O ther				
	ь (	than inventory Less cost or other basis and sales expenses						
	c '	Gain or (loss)  Net gain or (loss)						
Other Revenue	:	Gross income from fundraisii (not including \$ of contributions reported on See Part IV, line 18	line 1c)					
Other	<b>b</b>	Less direct expenses Net income or (loss) from fur	a b					
	b   c	Less direct expenses Net income or (loss) from ga		<b>b</b> 2,850	2,850	2,850		
	I	Gross sales of inventory, les returns and allowances .  Less cost of goods sold .	a	19,917				
-		Net income or (loss) from sa  Miscellaneous Revenue		Business Code	9,855	9,855		
	11a j	MATCH FEES			2,741			2,74
	d /	All other revenue  Total. Add lines 11a-11d .	<del></del> 		2,741			
	12	Total revenue. See Instructi	ons <b>F</b>		390,187		2,665 orm <b>990</b> (2	

Part	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus			<b>(-)</b>	_
	ll other organizations must complete column (A) but are not required to o		ns (B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,264	3,264		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	7,701	7,701		
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
а	Fees for services (non-employees) Management	961		961	
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	10,152	5,867	4,285	
14	Information technology				
15	Royalties				
16	Occupancy	139,771	139,771		
17	Travel	8,963	8,963		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,		_
19	Conferences, conventions, and meetings	4,117	4,117		
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization	20,097	20,097		_
23	Insurance	7,657	7,657		-
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	SECURITY	6,687	6,687		
b	DUES & SUBSCRIPTIONS	1,740		1,740	
С	INCOME TAXES	592		592	
d	BANK SERVICE CHARGES	495		495	
e	EQUIPMENT RENTAL	153		153	
f	All other expenses	40	40		
25	Total functional expenses. Add lines 1 through 24f	212,390	204,164	8,226	0
26	Joint costs. Check here ► ☐ If following			-,	
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			895,231	1	486,054
	2	Savings and temporary cash investments				2	584,546
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	, key emplo	yees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under se persons described in section $4958(c)(3)(B)$ , and contributing emsponsoring organizations of section $501(c)(9)$ voluntary employed organizations (see instructions)	nployers, an	d			
ž.		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
∢	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	799,180				
	b	Less accumulated depreciation	10b	20,097	776,655	10c	779,083
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	•		1,671,886	16	1,849,683
	17	Accounts payable and accrued expenses .				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>a</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0	26	0
ces		Organizations that follow SFAS 117, check here ► and complethrough 29, and lines 33 and 34.	ete lines 27	,			
an	27	Unrestricted net assets				27	
B	28	Temporarily restricted net assets				28	
덛	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117, check here ▶	d complete				
	30	Capital stock or trust principal, or current funds			1,000	30	1,000
sets	31	Paid-in or capital surplus, or land, building or equipment fund .			776,655	31	776,655
AS	32	Retained earnings, endowment, accumulated income, or other fur	nds		894,231	32	1,072,028
Ŋĕ	33	Total net assets or fund balances			1,671,886	33	1,849,683
Z	34	Total liabilities and net assets/fund balances			1,671,886	34	1.849.683

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	390,18
2	Total expenses (must equal Part IX, column (A), line 25)	2			212,390
3	Revenue less expenses Subtract line 2 from line 1	3	177		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,6	571,88
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,8	349,68
Par	Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b		No
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Both consolidated and separated basis	sued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

DLN: 93493139003062

OMB No 1545-0047

Open to Public Inspection

# **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.

	<b>ne of the organization</b> INTREE RIFLE & PISTOL CLUB INC		Emp	loyer ident if	ication numbe	Г
,,,,,	WINCE RIFE OF BIOL CLOB INC		51-0	201151		
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		Funds	or Accoun	<b>ts.</b> Complete	e if the
		(a) Donor advised funds	(	<b>b)</b> Funds an	d other accoun	ıts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		onor advı	sed	☐ Yes	ר No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bell and the control of the control				☐ Yes	√ No
Ţ	t II Conservation Easements. Complete	if the organization answered "Vos"	' to Form	2 000 Dawt	<u>'</u>	j* 140
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qua	rion or pleasure) Preservation of Preservation of	a certified	d historic str	•	
	easement on the last day of the tax year			Hold at t	he End of the	Vaar
	Total number of conservation easements		2a	ricia at t	ne the or the	- Cui
	Total acreage restricted by conservation easements	S	2b			
	Number of conservation easements on a certified his		2c			
	Number of conservation easements included in (c) a	• •	2d			
	Number of conservation easements modified, transf			e organizatio	on durina	
	the taxable year ►	, , , , , , , , , , , , , , , , , , , ,	,	_	_	
	Number of states where property subject to conserv	ration easement is located ►				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		indling of	violations, a	rind <b>Yes</b>	<b>▽ No</b>
	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation ease	ements du	uring the yea	ir <b>⊩</b>	
	A mount of expenses incurred in monitoring, inspect	ıng, and enforcıng conservatıon easemeı	nts durıng	the year ►	\$	
	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	2(d) above satisfy the requirements of s	ection		┌ Yes	ר No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financ				
Ì	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures "Yes" to Form 990, Part IV, line 8.	, or Oth	ner Simila	r Assets.	
-	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	S 116, not to report in its revenue stater d for public exhibition, education or resea	arch in fui			,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research				
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, hist following amounts required to be reported under SFA		for finan	cıal gaın, pro	vide the	
	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art, I	Histo	<u> Pric</u>	cal Tr	<u>easu</u>	<u>es, or O</u>	the	<u>r Simila</u>	<u>r Asse</u>	ets (co	<u>ntınued)</u>
3	Using the organization's accession and other items (check all that apply)	records, check any o	of the	foll	owing t	hat are	a significa	ant u	ise of its c	ollectio	n	
а	Public exhibition		d		Loan	orexch	ange progr	ams	;			
b	Scholarly research		e	_	Other	=						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	llections and explain	howt	hey	furthe	r the o	rganızatıon	's ex	kempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	√ No
Par	Part IV, line 9, or reported an am						answere	d "Y	es" to Fo	rm 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		-			tions o	r other ass	ets	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fo	llowin	g ta	ible		Γ			Amoi	unt	
С	Beginning balance							1c				
d	Additions during the year						ľ	1d				
e	Distributions during the year						ľ	1e				
f	Ending balance						ľ	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21?				_			Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete	f the organization a	answ	ere	d "Ye							
_		(a)Current Year	<b>(b)</b> Pr	or \	'ear	<b>(c)</b> Two	Years Back	(d)	Three Years	Back (e	Four Ye	ars Back
1a	Beginning of year balance											
b	Contributions							-				
C	Investment earnings or losses											
d e	Grants or scholarships Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held as				l				<u>_</u>		
_ а	Board designated or quasi-endowment	Terra barance nera ab										
b	Permanent endowment ►											
c	Term endowment											
3a	Are there endowment funds not in the posses	ssion of the organizati	ion the	at a	re held	d and a	dministere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			٠				٠		3a(i)		No
L	(ii) related organizations							•		3a(ii)		No No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							•		3b		No_
	t VI Investments—Land, Buildings					90. Pa	rt X, line	10.				
	Description of investment	, ,		(a	) Cost o	r other	( <b>b)</b> Cost or o	other	(c) Accum		( <b>d)</b> Bo	ok value
1a	Land						201	,000				201,000
b	Buildings		Ī									
c	Leasehold improvements		. [									
d	Equipment		. [									
								3,180		20,097		578,083
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, column	n (B), I	ine	10(c).)				▶			779,083

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	<u>its</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10		10	
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9  XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		turn
1	Total revenue, gains, and other support per audited financial statements	1	turri
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<del>-</del>	
2 a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line 2e from line 1	3	
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 . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	-	Return
1	Total expenses and losses per audited financial	<b>F</b>	
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	]	
b	Prior year adjustments	]	
С	Other losses	]	
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t		

Identifier Return Reference Explanation

additional information

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OMB No 1545-0047

2010

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization BRAINTREE RIFLE & PISTOL CLUB INC **Employer identification number** 

51-0201151

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	BRAINTREE RIFLE & PISTOL CLUB INC ENJOYS A MEMBERSHIP OF APPROXIMATELY 4,000 MEMBERS AND IS LOCATED ON 87 ACRES OF LAND IN BRAINTREE, MA THE FACILITY INCLUDES TWO INDOOR RANGES FOR PISTOLS AND SMALL CALIBER RIFLES THE NEWER STATE OF THE ART INDOOR SHOOTING FACILITY IS COMPRISED OF 15 SHOOTING POSITIONS AND INCLUDES A BOOTH FOR HANDICAPPED PERSONS THE CLUB ALSO HAS A 20 POSITION OUTDOOR RIFLE RANGE, A COMPETITION RANGE, PISTOL RANGE AND A PLINKING RANGE ALL ACTIVE MEMBERS ARE ALLOWED TO USE THE ABOVE FACILITIES THE CLUB MAINTAINS ALL BUILDINGS, LAND, AND CAPITAL IMPROVEMENTS FOR THE EXCLUSIVE USE OF THE CURRENT MEMBERSHIP

	ldentifier	Return Reference	Explanation
MAT	ERIAL DIFFERENCES IN VOTING RIGHTS EXPLANATION	FORM 990, PAGE 6, PART VI	NONE

Identifier	Return Reference	Explanation
AUTHORITY DELEGATED TO EXECUTIVE COMMITTEE EXPLANATION	FORM 990, PAGE 6, PART VI	N/A

ldentifier	Return Reference	Explanation
MANAGEMENT DELEGATED	FORM 990, PAGE 6, PART VI, LINE 3	N/A

ldentifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PAGE 6, PART VI, LINE 4	N/A

ldentifier	Return Reference	Explanation
MATERIAL DIVERSION OF ASSETS	FORM 990, PAGE 6, PART VI, LINE 5	N/A

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	MEMBERS

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS MUST BE APPROVED FOR MEMBERSHIP

ldentifier	Return Reference	Explanation							
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	YES, THE MEMBERS VOTE ON THE ELECTED OFFICIALS ON AN ANNUAL BASIS							

ldentifier	Return Reference	Explanation
	FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS BEING PREPARED BY A QUALIFIED CPA FIRM, AND IS BEING REVIEWED BY THE PRESIDENT AND THE FINANCE COMMITTEE FOR COMPLETE ACCURACY OF ALL ITEMS OF REVENUE AND EXPENSES

ldentifier	Return Reference	Explanation							
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION		BOOKS ARE AVAILABLE TO ANY MEMBER & OTHER INTERESTED PARTY BY APPOINTMENT WITH THE TREASURER							

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DLN: 93493139003062

OMB No 1545-0172

Form **4562** 

**Depreciation and Amortization** (Including Information on Listed Property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)  15   15   15   15   15   15   16   16	Department of the Treasury nternal Revenue Service (99)	► See separate instructions. ► Attach to your tax return.											
Rote:   Flection   To Expense Certain   Property Under Section   179   Note:   If you have any instead property, complete Part \( \)   500,000			Business	or activity to w	vhich th	ıs forr	n rel	ates	1	dentifying number			
Mote: If you have any listed property, complete Part V before you complete Part V.									51-0201151				
1								4- D- 4 T					
3 Totals clost of section 179 property before reduction in limitation (see instructions)						u con	npie	te Part I.		T 500.000			
3   2,000,000			_		•	•	•		<b>-</b>	500,000			
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0 - If mamed filling separately, see instructions			•	•		•	•						
5 Dollar Immitation for tax year Subtract Line 4 from Line 1   Tizero or less, enter-0-   If married filling separately, see instructions			•	•	uctions	) .	•		3	2,000,000			
6 (a) Description of property (b) Cost (business use only)  7 Listed property Enter the amount from line 29  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  8 Total elected cost of section 179 property Add amounts in line 12  9 Cost on 179 expense electron 179 property Add amounts in line 18 property Add amounts from line 2, lines 14 though 17, lines 19 and 20 in column (g), and line 21 Enter here and and the approprise lines of your return Partnerships and 5 corporations—see instructions  9 Listed property	<b>4</b> Reduction in limitatio	n Subtract line 3	from line 2 If zero or les	s, enter -0-		•	•		4				
(a) Description of property  (b) Cost (business use only)  (c) Elected cost  (d) Elected cost  (e) Elected cost  (f) Ele	<b>5</b> Dollar limitation for to	ax year Subtract	line 4 from line 1 If zero	or less, enter - 0	0- Ifm	arried	l filin	g					
California   Cal	separately, see instru	uctions							5				
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	6 (a)	1		use	( <b>c)</b> Elected c	ost							
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7										]			
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7										4			
9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562					• and 7					+			
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, loss line 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, loss line 12 13 Section 179 expense deduction to 2011 Add lines 9 and 10, loss line 12 14 Section 179 expense deduction to 2011 Add lines 9 and 10, loss line 12 15 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 15 Special Depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions allowance and other Depreciation (Including A CRS) 15 Property subject to section 168(f)(1) election 15 Other depreciation (including A CRS) 16 Other depreciation (including A CRS) 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 Is,893 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here  Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System  (a) Classification of property (b) Month and year piaced in service louring 2010 Tax Year Using the General Depreciation System (b) Louriness/investment use only—see instructions)  19a 3-year property (c) Convention (f) Method (g) Depreciation year piaced in service louring 2010 Tax Year Using the Alternative Depreciation System  (a) Classification of property (b) Franciscon (c) Casses Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  (a) Classification of property (c) Convention (f) Method (g) Depreciation year piaced in year piaced in year property (c) See instructions)  (a) Classification of year property (c) See instructions (d) Across year year year year year			•	umin (c), nnes 6	anu /	•	•						
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)					•		•						
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11						•	•		10				
Note: Do not use Part II or Part III below for listed property. Instead, use Part V.   Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions).   14 Special Depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).   15 Special Depreciation (Including ACRS)   16   16 Other depreciation (Including ACRS)   16   17 MACRS Depreciation (Do not include listed property.) (See instructions.)   18 If you are electing to group any assets placed in service in tax years beginning before 2010   17   15,893   18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<b>11</b> Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instrud	tions)	•		11				
Note: Do not use Part II or Part III below for listed property. Instead, use Part V.  Part III Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)  14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)  15 Property subject to section 168(f)(1) election	<b>12</b> Section 179 expense	deduction Add li	ines 9 and 10, but do not	enter more tha	n lıne 1	1 •			12				
Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions)   14	13 Carryover of disallow	red deduction to 2	011 Add lines 9 and 10,	less line 12	.►	13							
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)   15   15   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   16   15   15		t II or Part III b	elow for listed proper	ty. Instead, u	ıse Par	tV.							
14   4,168   15   15   15   15   15   15   15   1	Part II Special [	Depreciation A	Allowance and Othe	r Depreciati	on (D	o no	<b>t</b> ınc	lude listed p	ropert	y ) (See instructions )			
16 Other depreciation (including ACRS)   16													
### MACRS Depreciation (Do not include listed property.) (See instructions.)    Section A   17   15,893	<b>15</b> Property subject to s	ection 168(f)(1) e	election						15				
Section A   17 MACRS deductions for assets placed in service in tax years beginning before 2010	16 Other depreciation (ii	ncluding ACRS)							16				
Section A   17 MACRS deductions for assets placed in service in tax years beginning before 2010	Part IIII MACRS D	epreciation (I	Do not include listed p	property.) (Se	e insti	ructio	ns.	)		•			
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here  Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System  (a) Classification of property  (b) Month and year placed in Service During 2010 Tax Year Using the General Depreciation System  (d) Recovery period  (e) Convention  (f) Method  (g)Depreciation deduction  (g)Depreciation deduction  (d) Recovery period  (e) Convention  (f) Method  (g)Depreciation deduction  (g)Depreciation deducti			-										
Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System  (a) Classification of property (b) Month and year placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year placed in Service Uses only—see instructions)  (b) Month and year placed in Service Uses only—see instructions)  (c) Basis for depreciation (business/investment use only—see instructions)  (d) Recovery period (e) Convention (f) Method (g) Depreciation (d) Recovery period (e) Convention (f) Method (g) Depreciation (d) Recovery period (g) Depreciation (g) Depreciation (d) Recovery period (g) Depreciation (g) Depreciat	17 MACRS deductions fo	or assets placed i	n service in tax years be	gınnıng before 2	010				17	15,893			
Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System  (a) Classification of property  (b) Month and year placed in service  (c) Basis for depreciation (business/investment use only—see instructions)  (d) Recovery period  (e) Convention (f) Method  (g) Depreciation deduction  (d) Recovery period  (e) Convention (f) Method  (g) Depreciation deduction  (	18 If you are electing	to group any a	ssets placed in service	e during the t	ax yea	ır ınto	o on	e or more					
(a) Classification of property	general asset acco	ounts, check her	re					▶□					
(a) Classification of property var placed in service varieties only—see instructions) (d) Recovery period (e) Convention (f) Method deduction (g) Depreciation deduction varieties only—see instructions) (e) Convention (f) Method (g) Depreciation deduction varieties only—see instructions) (f) Method (g) Depreciation varieties only—see instructions) (g) Depreciation	Section B—Ass	sets Placed in	Service During 20:	10 Tax Year	Using	the	Ge	neral Dep	recia	ation System			
Service   Serv													
19a 3-year property   19b 5-year property   19c 7-year   19c	(a) Classification of	1 ' '		(d) Recovery	(0) (	nvon	tion	(f) Moth	,,	(g)Depreciation			
1983 - year property	property	1''	'	period	(6)	JIIVEII	ווטוו	(I) Metho	, a	deduction			
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property  section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  Social Sife b 12-year c 40-year  21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 25 year sproperty  26 Total Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  27 Syrs MM S/L Social Sife Socia			only—see instructions)										
c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property f 20-year property g 25-year property h Residential rental property 1 27 5 yrs MM S/L i Nonresidential real property 2011-11 33,546 39 yrs MM S/L i Nonresidential real property Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  Solution Solution System  S	<b>19a</b> 3-year property												
d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property  Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  Solution Summary (see instructions)  21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions  22 Total. Section Summary (see unstruction Partnerships and S corporations—see instructions  22 20,097	<b>b</b> 5-year property												
e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property  Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  2011-11 33,546 39 yrs MM S/L 36 property Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  202 Class life b 12-year 12 yrs 5/L c 40-year A 0 yrs MM S/L  Part IV Summary (see Instructions)  21 Listed property Enter amount from line 28	<b>c</b> 7-year property												
## 20-year property ## 25 -year property ## 27 5 yrs ## 28 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<b>d</b> 10-year property												
## Residential rental property   25 yrs   MM   S/L    ## Residential rental property   27 5 yrs   MM   S/L    ## Nonresidential real property   2011-11   33,546   39 yrs   MM   S/L    ## Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  ## Social Surface   S/L    ## But 12 yrs   S/L    ## Summary (see Instructions)  ## 21 Listed property Enter amount from line 28													
h Residential rental property 27 5 yrs MM S/L  i Nonresidential real property 2011-11 33,546 39 yrs MM S/L  Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  20a Class life S/L  b 12-year 12 yrs S/L  c 40-year 40 yrs MM S/L  Part IV Summary (see instructions)  21 Listed property Enter amount from line 28		_											
property  i Nonresidential real property  Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  20a Class life  b 12-year  c 40-year  12 yrs  S/L  c 40-year  40 yrs  MM  S/L  Part IV Summary (see instructions)  21 Listed property Enter amount from line 28													
i Nonresidential real property				, , , , , , , , , , , , , , , , , , ,	+								
Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  20a Class life  b 12-year  c 40-year  Part IV Summary (see Instructions)  21 Listed property Enter amount from line 28		2011 11	22.546	· ·	+					26			
Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System  20a Class life		2011-11	33,546		+					30			
b 12-year		ion C—Assets Plac	ced in Service During 201	· · · · · · · · · · · · · · · · · · ·			itive	•	n Syst	em			
C 40-year	<b>20a</b> Class life							S/L					
Part IV Summary (see instructions)  21 Listed property Enter amount from line 28	<b>b</b> 12-year			12 yrs				S/L					
21 Listed property Enter amount from line 28	<u> </u>			40 yrs	1	им		S/L					
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 20,097  23 For assets shown above and placed in service during the current year, enter the		<u> </u>	•										
and on the appropriate lines of your return Partnerships and S corporations—see instructions   22   20,097   23 For assets shown above and placed in service during the current year, enter the	<b>21</b> Listed property Ente	r amount from line	28		•				21				
								Enter here	22	20,097			
					e 	23							

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	<u>ciation ar</u>	nd Other I	<u>nforma</u>	ition (C	aution	: See t	he in	istruct	ions fo	r limit	s fo	r pas	sseng	er au	tomot	<u>iles</u>	
<b>24a</b> Do you have evidend	ce to support t	the business/in	vestment ι	use claime	d? ┌ve	Гио		24	<b>b</b> If "Yes	s," is the	evid	ence	written?	Гүе	sГN	D	
(a) Type of property (list l vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	t Cost or other		other (husiness/investme			<b>(f)</b> Recovery period	(g) y Method/ Convention			(h) epreciation/ deduction			(i) Elected section 179 cost		
<b>.5</b> Special depreciation allow 50% in a qualified busin		<u> </u>	erty placed	ın service	during the	tax year a	and us	sed more		25							
6 Property used more	<u>`</u>		business	use					<u> </u>								
		%															
		%															
<b>7</b> Property used 50%	or loce in a	%	TIPOSS US													—	
Frioperty used 50%	or less iii a	%	silless us						S/L -								
		%							S/L -								
		%							S/L -					_			
28 Add amounts in co						ne 21, p	age 1	1.	28								
29 Add amounts in co	lumn (ı), lıne											29					
	<b>6</b>		ction B														
omplete this section you provided vehicles to y														e vehic	les		
				_	a)	(b			(c)		(d)		(6	_		f)	
<b>30</b> Total business/inv year ( <b>do not</b> includ			ring the	Vehi	cle 1	Vehic	le 2	Ve	hicle 3	Ve	ehicle	e 4	Vehi	cle 5	Vehi	ıcle	
						1											
<b>31</b> Total commuting m																	
<b>32</b> Total other person	al(noncomm	nuting) miles	drıven														
33 Total miles driven	during the y	ear Add line	s 30														
through 32 . <b>34</b> Was the vehicle av	· · ·	orconaluca				   W = =	NI=	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<del>  ,</del>	_ T.		V		V	TN	
		ersonar use		Yes	No	Yes	No	Yes	No	Ye	s   '	No	Yes	No	Yes	N	
during off-duty hou <b>35</b> Was the vehicle us		· · · ·	 han 50/a								+					+	
owner or related pe		by a more t															
<b>36</b> Is another vehicle	avaılable fo	r personal us	se? .														
Sectio	n C—Que	stions for	Emplo	yers W	ho Pro	vide V	ehic	les fo	r Use	by T	hei	r Em	ploy	ees	<u> </u>		
nswer these question % owners or related p				eption to	comple	tıng Sec	tion	B for ve	hicles	used by	y em	ploye	es wh	o <b>are</b>	<b>not</b> mo	re th	
7 Do you maintain a employees?				nibits all	personal	use of v	vehic	les, inc	luding	commu	iting,	by y	our	Y	es	No	
					-	_	-	-		-	-	_					
38 Do you maintain a semployees? See th												our 					
<b>9</b> Do you treat all use	e of vehicles	s by employe	es as pei	rsonal us	e? .												
10 Do you provide mo	re than five	vehicles to y	our empl			ormation	from	n your e	mploye	es abo	ut th	ie use	e of the				
vehicles, and retair							•	•	• •					_			
<b>I1</b> Do you meet the re	•		•					•		•		•	• •				
Note: If your answe	er to 37, 38	, 39, 40, or 4	11 is "Ye	s," do no	t comple	te Secti	on B	for the	covere	d vehic	les						
Part VI Amor	tization																
ZILL VII AIIIUI		(b)		<b>(c)</b> A mortizable amount				(d)	tion perio					(f)	<b>(f)</b> tization for nis year		
(a) Description of co	osts	Date amortizatio	n	A mort	ızable		С	ode ction	pe	riod or	-			rtızatı			
(a) Description of co		Date amortizatio begins		A mort a mo	izable unt	truction	se	ode	pe		-			rtızatı			
(a)		Date amortizatio begins		A mort a mo	izable unt	truction	se	ode	pe	riod or	-			rtızatı			
(a) Description of co		Date amortizatio begins		A mort a mo	izable unt	truction	se	ode	pe	riod or	-			rtızatı			
(a) Description of co	sts that beg	Date amortizatio begins ins during yo	our 2010	A mort amo	izable unt	truction	se	ode	pe	riod or	e			rtızatı			