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Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

**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*

**A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BOULDER RIFLE & PISTOL CLUB		<b>D</b> Employer identification number 88-6004394
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 60534	Room/suite	<b>E</b> Telephone number (702) 293-1885
	City or town, state or country, and ZIP + 4 BOULDER CITY, NV 89006		<b>F</b> Group Exemption Number

**G Accounting method** ☒ Cash ☐ Accrual Other (specify)

**I Website:**

**J Tax-Exempt status** (check only one)—☐ 501(c)(3) ☒ 501(c)( 7)  ☐ 4947(a)(1) or ☐ 527

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

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**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. **\$ 157,086**

**Part I**   **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I )

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	100
	2	Program service revenue including government fees and contracts	2	23,969
	3	Membership dues and assessments	3	106,892
	4	Investment income	4	23,935
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c	Less direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	2,190
	b	Less cost of goods sold	7b	1,606
Expenses	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	584
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	155,480
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	22,483
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	86,156
Net Assets	17	Total expenses. Add lines 10 through 16	17	108,639
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	46,841
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	350,122
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	396,963

Part II

Balance Sheets

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

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(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	91,194	22	85,079
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	258,929	24	311,885
25	Total assets . . . . .	350,123	25	396,964
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) .	350,122	27	396,963

Part III

Statement of Program Service Accomplishments

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

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What is the organization's primary exempt purpose? WE ARE A FIREARMS CLUB		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	THE CLUB PROVIDES FIRING RANGES AND TRAINING FOR 1,249 MEMBERS, LOCAL LAW ENFORCEMENT AND MEMBERS OF THE ARMED FORCES (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33		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) . . . . .	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	Yes	
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	Yes	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b		
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 . . . . .	39a		16,100
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b		2,785
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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 . . . . .	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e		No
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ BILL GRANT Telephone no ▶ (702) 293-1885 PO BOX 60534 Located at ▶ BOULDER CITY, NV ZIP + 4 ▶ 890060534			
b	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 ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	Yes	No
c	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 ▶	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		Yes	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 or have a section 501(h) election in effect during the tax year? 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				
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		

d	Total number of other independent contractors each receiving over \$100,000
52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	2012-05-07 Date			
	HARRY W HELFRICH President Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	David Sommer CPA	Date	Check if self-employed <input checked="" type="checkbox"/>	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					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID: 11000144  
Software Version: 2011v1.2  
EIN: 88-6004394  
Name: BOULDER RIFLE & PISTOL CLUB

Form 990-EZ, Special Condition Description:

Special Condition Description
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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		
JOE ISREAL PO BOX 60534 BOULDER CITY,NV 89006	Director 10 00	0		
BILL GRANT PO BOX 60534 BOULDER CITY,NV 89006	Treasurer 20 00	0		
HARRY WHELFRICH PO BOX 60534 BOULDER CITY,NV 89006	President 25 00	0		

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

2011

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
Form 990-EZ, Part II, Line 24 2	Other Assets 2	UNDEPOSITED Y/E RECEIPT - Beginning \$0 UNDEPOSITED Y/E RECEIPT - Ending \$17000
Form 990-EZ, Part II, Line 24 1	Other Assets 1	LEASEHOLD IMPROVEMENTS & EQUIPMENT - Beginning \$258929 LEASEHOLD IMPROVEMENTS & EQUIPMENT - Ending \$294885
Form 990-EZ, Part I, Line 16 39	Other Expenses 39	Miscellaneous \$-5295
Form 990-EZ, Part I, Line 16 38	Other Expenses 38	AUTO EXP \$51
Form 990-EZ, Part I, Line 16 37	Other Expenses 37	CAMPING PERMIT \$100
Form 990-EZ, Part I, Line 16 36	Other Expenses 36	BUSINESS LICENSE \$105
Form 990-EZ, Part I, Line 16 35	Other Expenses 35	DEBIT CARD PURCHASE \$145
Form 990-EZ, Part I, Line 16 34	Other Expenses 34	Landfill Fees \$174
Form 990-EZ, Part I, Line 16 33	Other Expenses 33	PRINTING \$197
Form 990-EZ, Part I, Line 16 32	Other Expenses 32	TAC PISTOL CLASSES \$250
Form 990-EZ, Part I, Line 16 31	Other Expenses 31	Dues & Subscriptions \$254
Form 990-EZ, Part I, Line 16 30	Other Expenses 30	POSTAGE AND DELIVERY \$296
Form 990-EZ, Part I, Line 16 29	Other Expenses 29	CLUB AFFILIATION DUES \$315
Form 990-EZ, Part I, Line 16 28	Other Expenses 28	TAXES, OTHER \$317
Form 990-EZ, Part I, Line 16 27	Other Expenses 27	TRAVEL EXPENSE \$357
Form 990-EZ, Part I, Line 16 26	Other Expenses 26	PORTA POTTY CLEANING \$359
Form 990-EZ, Part I, Line 16 25	Other Expenses 25	TRACTOR PARTS \$366
Form 990-EZ, Part I, Line 16 24	Other Expenses 24	RANGE WORK \$418
Form 990-EZ, Part I, Line 16 23	Other Expenses 23	CLOTHING \$436

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 22	Other Expenses 22	MEDIA DAY EXPENSES \$445
Form 990-EZ, Part I, Line 16 21	Other Expenses 21	CARDBOARD FOR TARGETS \$494
Form 990-EZ, Part I, Line 16 20	Other Expenses 20	SUPPLIES \$514
Form 990-EZ, Part I, Line 16 19	Other Expenses 19	RSO TRAILER & MTLs \$622
Form 990-EZ, Part I, Line 16 18	Other Expenses 18	REIMBURSEMENTS \$629
Form 990-EZ, Part I, Line 16 17	Other Expenses 17	JUNIOR PROGRAM \$803
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	PROGRAM MATERIALS \$858
Form 990-EZ, Part I, Line 16 15	Other Expenses 15	Range Truck \$904
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	Trash \$981
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	Meals & Entertainment \$1100
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	Class Materials \$1124
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	UTILITIES \$1274
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	FUEL EXPENSE \$1697
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	TRUCK EXPENSE \$1781
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Dump Truck Exp \$1889
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	TRAINING \$2065
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	TARGETS \$2093
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	TAXES, 2010 INCOME TAX \$3070
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	OFFICE EXPENSES \$3679
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	RANGE SAFTEY OFFICER EXP \$6525



Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	INSURANCE \$9182
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Range Expenses \$10751
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$34831
		Client Note 1 - \$10,000 OF INCOME FOR THE 2011 "SHOT SHOW" MEDIA DAY WAS PREPAID IN DEC 2010 AND REPORTED AS INVESTMENT/RENT INCOME ON BRPC'S 2010 FORMS 990 AND 990-T