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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

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		Jul 1	, 2011, and ending	Jun 30	, 2012	
B Check if applicable:		C Name of organization		D Employer identification number		
<input type="checkbox"/> Address change		RIVERDALE POLICE PISTOL TEAM, INC.		22-3193820		
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite		
<input type="checkbox"/> Initial return		2 DALTON DRIVE		(973) 831-1721		
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4		F Group Exemption Number		
<input type="checkbox"/> Amended return		RIVERDALE		NJ 07457		
<input type="checkbox"/> Application pending						
G Accounting Method:		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
I Website:		► N/A				
J Tax-exempt status (ck only one) —		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check ► <input type="checkbox"/> 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		► \$ 73,117.				
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 <input checked="" type="checkbox"/>						
REVENUE	1 Contributions, gifts, grants, and similar amounts received			1	64,506.	
	2 Program service revenue including government fees and contracts			2		
	3 Membership dues and assessments			3		
	4 Investment income			4	111.	
	5a Gross amount from sale of assets other than inventory	5a			5c	
	b Less: cost or other basis and sales expenses	5b				
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
	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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b				
c Less: direct expenses from gaming and fundraising events	6c					
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					
b Less: cost of goods sold	7b					
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
8 Other revenue (describe in Schedule O)			See Form 990-EZ, Part I, Line 8 Other Revenue	8	8,500.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			►	9	73,117.	
EXPENSES	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	2,100.	
	14 Occupancy, rent, utilities, and maintenance			14	32,667.	
	15 Printing, publications, postage, and shipping			15		
	16 Other expenses (describe in Schedule O)			See Form 990-EZ, Part I, Line 16 Other Expenses	16	27,536.
	17 Total expenses. Add lines 10 through 16			►	17	62,303.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)				18	10,814.
	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	437,015.
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	447,829.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

17 ne 18

Part II Balance Sheets. (see the instructions for Part II.)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	39,267.22	50,228.
23 Land and buildings	403,283.23	403,283.
24 Other assets (describe in Schedule O)	0.24	0.
25 Total assets	442,550.25	453,511.
26 Total liabilities (describe in Schedule O)	5,535.26	5,682.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	437,015.27	447,829.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

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

What is the organization's primary exempt purpose? PROMOTE THE SPORT OF MARKSMANSHIP & SAFETY IN THE USE OF FIREARMS

What is the organization's primary exempt purpose **FROMOTE THE SPORT OF MARKSMANSHIP & SAFETY IN THE USE OF FIREARMS**. 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.

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) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TED GUIS 61 RIVERVIEW TERR RIVERDALE	PRESIDENT 10.00	0.	0.	0.
FRED W MICHAEL 208 SUMMIT AVE BOGOTA	VICEPRESIDENT 10.00	0.	0.	0.
KATHY CHATTERTON 536 DOREMUS AVENUE GLEN ROCK	SECRETARY 2.00	0.	0.	0.
RUSSELL HATZEL 45 HILLSIDE AVE RIVERDALE	TREASURER 2.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	Yes	No		
33		X			
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	X		
34					
35a	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	X		
35a					
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b			
b					
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	X		
c					
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	X		
36					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	0		
b	Did the organization file Form 1120-POL for this year?	37b	X		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X		
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b			
39	Section 501(c)(7) organizations. Enter:	39a	0		
a	Initiation fees and capital contributions included on line 9	39b	0		
b	Gross receipts, included on line 9, for public use of club facilities				
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	X		
41	List the states with which a copy of this return is filed ► <u>New Jersey</u>				

42a	The organization's books are in care of ► <u>TAXPAYER</u> Located at ► <u>2 DALTON DRIVE, RIVERDALE, NJ ZIP + 4 07457</u>	Telephone no. ► <u>(973) 831-1721</u>	
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
42b		X	
If 'Yes,' enter the name of the foreign country: ►			

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If 'Yes,' enter the name of the foreign country: ►			

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	Yes	No
43			
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
44a			
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	X
b			
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
c			
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	
d			
45a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b	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	X
b			

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► **Attach to Form 990 or 990-EZ.**

Name of the organization

RIVERDALE POLICE PISTOL TEAM, INC.

Employer identification number
22-3193820