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#### 990-EZ

Department of the Treasury

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

OMB No 1545-1150 2012

**Open to Public** Inspection

Inter	nal Reven	nue Service	▶ The organization may have to use a copy of	this return to	satisfy state re	eporting require	ements		*	
Α	For the	2012 calenda	r year, or tax year beginning	09-01	, 2012, an	d ending		08-3	1,2013	
В	Check if a	pplicable	C Name of organization				D Emplo	yer ide	entification number	
	Address cl	hange	Cooeur d'Alene Rıfle & Pistol C	lub, Ind	c.		90-0397835			
Ū	• Name cha	inge	Number and street (or P O box, if mail is not delivered to street a	ddress)		Room/suite	E Teleph	one nu	mber	
$\overline{\sqcap}$	Initial return									
$\bar{\sqcap}$	Terminated	d	6001 N. Atlas Road				(20	(208)666-8803		
Ē,	Amended :	return	City or town state or country, and ZIP + 4			•	F Group	Exemp	otion	
Ē,	Application	n pendina	Coeur D Alene, ID 83815				Numbe			
_		nting Method	X Cash Accrual Other (specify) ▶				H Check ►	Ⅺıft	he organization is not	
ı		•	cdarpc.org			_			Schedule B	
j.			check only one) - 501(c) (3)	nsert no.)	4947(a)(1) c	or 527	•		Z, or 990-PF)	
			ganization is not a section 509(a)(3) supporting organization							
			O A Form 990-EZ or Form 990 return is not required				-		•	
			ses to file a return, be sure to file a complete return	i iiougii i o	1111 330-14 (6	-postcard) n	nay be required	1 (366 )	ristructions) but ii	
	•		•	ounto ara ¢′	200 000 or n	noro or if tot	al accete (Port	ш		
			7b, to line 9 to determine gross receipts. If gross red						04 726	
_			low) are \$500,000 or more, file Form 990 instead of				<del></del>		84,736	
<b>P</b>	art I		e, Expenses, and Changes in Net Ass						_	
	т .		e organization used Schedule O to respond to any			_		$\overline{}$	<u></u> <u>X</u>	
	1		s, gifts, grants, and similar amounts received .					1		
≪*	2	•	vice revenue including government fees and contrac					2	51,412	
2014	3	Membership	dues and assessments		• • • • •			3	22,405	
	4	Investment in	ncome			• • • • • •		4	234	
₹.	5a	Gross amour	nt from sale of assets other than inventory		5a	ı				
=		b Less cost or other basis and sales expenses								
≵	С	Gain or (loss	) from sale of assets other than inventory (Subtract	line 5b from	ine 5a)	CC::w	· · · · · · · · · · · · · · · · · · ·	5c		
≥	6	Gaming and	fundraising events		4					
	a	a Gross income from gaming (attach Schedule G if greater than \$15,000)								
왉	#									
9	ь	b Gross income from fundraising events (not including \$ of contribut					ions			
₹	\$	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)								
PAN CHINED MAY	r da									
٠		Less direct e	expenses from gaming and fundraising events .		60	:				
	d	Net income of	or (loss) from gaming and fundraising events (add lir	nes 6a and 6	6b and subti	ract				
	l	line 6c)						6d		
	7a	Gross sales	of inventory, less returns and allowances		7a					
	b	Less cost of	goods sold		7b		_			
	С	Gross profit of	or (loss) from sales of inventory (Subtract line 7b fro	m line 7a)				7c		
	8	•	ie (describe in Schedule O)					8	10,685	
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	84,736	
	10		ımılar amounts paid (list in Schedule O)					10		
	11		to or for members					11		
	12	•						12	20,755	
ses	13		fees and other payments to independent contractors					13	1,155	
Expenses	14		rent, utilities, and maintenance					14	5,800	
Ä	15	Printing, publications, postage, and shipping						15	625	
	16		ses (describe in Schedule O)					16	16,821	
	17	-	ses. Add lines 10 through 16					17	45,156	
	18							18	39,580	
sts	19		r fund balances at beginning of year (from line 27, co						37,300	
Net Assets	13				-			19	299,098	
ř.	20	•	• • • • • • • • • • • • • • • • • • • •						233,030	
Š	20	_	es in net assets or fund balances (explain in Schedu					20	220 (50	
_	21	ivet assets of	r fund balances at end of year. Combine lines 18 thr	ouan 20			🟲	21	338,678	

For Paperwork Reduction Act Notice, see the separate instructions.  $\ensuremath{\mathsf{EEA}}$ 

Form 990-EZ (2012)

Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to respond to	any question in this Pa	<u>art II</u>			🗓
			Beginning of year	<u>L</u> ,	(B) End of year
22 Cash, savings, and investments			80,039	22	112,440
23 Land and buildings			219,459	23	226,640
24 Other assets (describe in Schedule O)			. 0	24	0
25 Total assets			299,498	25	339,080
			400	26	400
27 Net assets or fund balances (line 27 of column (B) must agree v		<u></u>	299,098	27	338,680
Part III Statement of Program Service Accompli			III)	İ	Expenses
Check if the organization used Schedule O to respond t		Part III	<u> </u>	(Red	quired for section
What is the organization's primary exempt purpose? See Statem	ent 1			501(	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for eac	h of its three largest pro	ogram services,		orga	anizations and section
as measured by expenses In a clear and concise manner, describe the	ne services provided, th			4947	7(a)(1) trusts, optional
persons benefited, and other relevant information for each program title		·		for o	others)
28 The organization provides a safe environment		and		1	
the public to participate in the shooting					
promotes responsible firearms ownership as					
(Grants \$ ) If this amount in	cludes foreign grants, c	heck here	<u></u> ▶ <u> </u>	28a	45,154
29					
		- <del></del>			
(Grants \$ ) If this amount in	cludes foreign grants, o	heck here	▶ 🔲	29a	
30					
				Ì	
(Grants \$ ) If this amount in	cludes foreign grants, o	heck here	▶ 🔲	30a	
					-
(Grants \$ ) If this amount in	cludes foreign grants, c	heck here	▶ □	31a	
32 Total program service expenses (add lines 28a through 31a)				32	45,154
Part IV List of Officers, Directors, Trustees, and Key Emplo				tions t	<del></del>
Check if the organization used Schedule O to respond to	-	·			
	(b) Average	(c) Reportable	(d) Health benefits	,	
(a) Name and title	hours per week	compensation (Form W-2/1099-MISC	contributions to emp		(e) Estimated amount of other compensation
	devoted to position	(if not paid, enter -0			outer compensation
Jimmy Dorsey					
President	5		o	o	0
Pete Gardner					
Secretary	2		o	o	0
Wayne Schoonmaker					
Treasurer	5		o	o	0
Roger Swing					
Director	10		o	0	0
Clark Schmidt					
Director	2		o	o	0
Pat Adams	<del> </del>				
Director	2		o	o	0
Conrad Lahr			<del></del>		
Director	5		o	0	0
Jerry Morrison				<del>-  </del>	
Director	2		o	o	0
DITECTOL	2		<del>-</del>	-	
			-	-	
				_	
			-		<del>_</del>
			_		
	I	I	1		

90-0397835

Pa	rt 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			. $\Box$
	mondening for that to organization about correction to any question in the fact t	•••	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		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
35 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	<u> </u>	X
	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	<u> </u>	
С	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	<u> </u>	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			37
07.	during the year? If "Yes," complete applicable parts of Schedule N	36	<del> </del>	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	-		77
	Did the organization file Form 1120-POL for this year?	37b	<del> </del>	X
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	20-		X
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<del> </del>	1-
39	Section 501(c)(7) organizations Enter	+		
ээ a				
b		-		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b				
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		[	ĺ
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	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			
е	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			
42 a	The organization's books are in care of ▶ Wayne Schoonmaker  Telephone no ▶ 208-6		803	
	Located at ▶ 6001 N. Atlas Road Coeur D Alene, ID ZIP+4 ▶ 83815			
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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	ļ		
	and Financial Accounts.	[		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	Х
Ū	If "Yes," enter the name of the foreign country	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041-</b> Check here			Г
	and enter the amount of tax-exempt interest received or accrued during the tax year	Ī		_
	,		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Χ
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		Χ
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 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		Χ

Form 990-EZ	(2012) Cooeur d'Alene	Rifle & Pistol C	lub, Inc.	90-0	0397835	F	age ·
						Yes	No
	the organization engage, directly or indirectly, andidates for public office? If "Yes," complete				46		v
Part VI					• • 40		X
I WIL VI	All Section 501(c)(3) organization		ions 47-49b and 5	2, and complete the	tables for	ines	
	50 and 51	<b>,</b>		-,			
	Check if the organization used Se	chedule O to respond	to any question in	this Part VI			
						Yes	No
	the organization engage in lobbying activities	or have a section 501(h) el	ection in effect during t	ne tax			
•	? If "Yes," complete Schedule C, Part II .			• • • • • • • • • • • • • • • • • • • •	47		ļ
	e organization a school as described in section				48	ļ	ļ <u>.                                    </u>
	the organization make any transfers to an exe	•	•	• • • • • • • • • • • • • • • • • • • •		-	
	es," was the related organization a section 52	<del>-</del>		directors trustees and key			
	plete this table for the organization's five high loyees) who each received more than \$100,0	· · · · · · · · · · · · · · · · · · ·					
CITIP	ibyees) who each received more than \$100,0		1	(d) Health benefits,	T		
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee benefit plans, and deferred	(e) Estimate		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	compensation	other cor	mpensa	tion
					<del>                                     </del>		
					<del></del>		
	Laurence of other ampleuses and quar \$100	200	<u> </u>		<u> </u>		
	I number of other employees paid over \$100, plete this table for the organization's five high		lont contractors who as				
	0,000 of compensation from the organization	· ·		ch received more than			
	, ed of compensation well the organization	Transfer to horie, effici 1401					
(a) Name	and address of each independent contractor paid more th	an \$100 000	(b) Type of serv	rice	(c) Compensation	n	
		<del></del>					
		·					
d Total	number of other independent contractors each	ch receiving over \$100,000				<del></del> :	
	ne organization complete Schedule A? Note:	•				-	
	xempt charitable trusts must attach a comple		• • • • • • • • • • • •		▶ ☐ Yes	X	No
	s of perjury   declare that I have examined this return, inc					<u>F.7</u>	110
	nd complete Declaration of preparer (other than officer) is			,			
	I wayne I Sel	omake		April 14	2014		
Sign	Signature of officer			Date			
Here	Wayne Schoonmaker, Tre	asurer					
	Type or print name and title						
	Print/Type preparer s name	Preparer s signature	Date	Check I if	PTIN		
Paid			<u>,                                     </u>	self-employed			
Preparer	Firm s name			Firm's EIN ▶			
ปse Only	Firm's address						
				Phone no	<del></del>		_
viay the IRS	6 discuss this return with the preparer shown	above? See Instructions			Yes		No

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545 0047

2012

Open to Public Inspection

Employer identification number

90-0397835 Cooeur d'Alene Rifle & Pistol Club, Inc. 01. Description of other revenue (Part I, line 8) Description Amount 10,685 Real Property Rents 02. Description of other expenses (Part I, line 16) Description Amount Competition Fees 447 6,634 Depreciation Insurance 7,537 460 Meetings 60 Property Taxes Sales Tax 181 367 Telephone Range Related Sales Expenses 1,135 03. Description of total liabilities (Part II, line 26) Category Beginning of Year End of Year 400 400 Deposits

Federal Supporting Statements	<b>2012</b> PG01
Name(s) as shown on return	FEIN
Cooeur d'Alene Rifle & Pistol Club, Inc.	90-0397835

### FORM 4562 - LINE 19I

Statement #50

<u>D<b>ĀTE</b></u>	COST	RP	DEDUCTION
2012-10	2,335	40	51
2012-10	8,342	40	182
2012-11	2,487	40	49
2012-12	170	40	_ 3
TOTALS			285

## Form **4562**

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

OMB	No	1545-0172

Department of the Treasury Internal Revenue Service

▶ See separate instructions.

► Attach to your tax return. Sequence No 179

Name	(s) shown on return	Business	or activity to whic	this form relates			Identifying number
Со	oeur d'Alene Rifle & Pistol Cl	FOI	RM 990	- 1			90-0397835
Pa	rt I Election To Expense Certain Property Un	der Sec	tion 179				<u> </u>
	Note: If you have any listed property, complete Part V be	efore you o	complete Part	t I			
1	Maximum amount (see instructions)					1	
2	`Total cost of section 179 property placed in service (see instruction	ons)				2	
3	Threshold cost of section 179 property before reduction in limitation	on (see ins	tructions)			3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, e	enter -0-				4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or le	ess, enter	-0- If married	d filing			,
	separately, see instructions					5	
6	(a) Description of property		usiness use only		cted cost		
7	Listed property Enter the amount from line 29		7	,			
8	Total elected cost of section 179 property Add amounts in column	n (c), lines	6 and 7 .			8	
9	Tentative deduction Enter the smaller of line 5 or line 8					9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form	4562 .				10	
11	Business income limitation. Enter the smaller of business income	(not less t	han zero) or l	ine 5 (see inst	ructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not en	iter more ti	han line 11			12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, les	ss line 12	<b>▶</b> 13	3			
Note	: Do not use Part II or Part III below for listed property. Instead, use	e Part V					
Pa	rt II Special Depreciation Allowance and Othe	r Depre	ciation (D	o not include li	sted pro	perty)	(See instructions )
14	Special depreciation allowance for qualified property (other than list	sted prope	rty) placed in	service			
	during the tax year (see instructions)					14	
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including ACRS)				<u>.</u>	16	6,301
Pa	rt III MACRS Depreciation (Do not include listed pro	perty) (Se	e instruction	s)			
		ection A					
17	MACRS deductions for assets placed in service in tax years begin	nning befor	e 2012 .			17	
18	If you are electing to group any assets placed in service during the	e tax year	into one or m	ore general			
	asset accounts, check here						
	Section B - Assets Placed in Service During 20	12 Tax Ye	ar Using the	General Dep	reciation	Syste	em
	(a) Classification of property (b) Month and year placed in placed in service only-see instru	ment use	(d) Recovery period	(e) Convention	(f) Meti	nod	(g) Depreciation deduction
19a	3-year property						
b	5-year property	480	5	HY	SL		48
С	7-year property						
d	10-year property				_		
e	15-year property					,	
f	20-year property						
g	25-year property		25 yrs		S/L		
h	Residential rental		27 5 yrs	MM	S/L		<del></del>
	property		27 5 yrs	ММ	S/L		
i	Nonresidential real		39 yrs	ММ	S/L		
	property Statement #50			ММ	S/L		
	Section C - Assets Placed in Service During 201	2 Tax Yea	r Using the			on Sys	stem
20a	Class life				S/L		
b	12-year		12 yrs		S/L		<del></del>
	40-year		40 yrs	MM	S/L	-	
	TIV Summary (See instructions )		· · · · · · · · · · · · · · · · · · ·				
21	Listed property Enter amount from line 28			<del>-</del>		21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and	20 ın colu	mn (g), and li	ine 21 Enter			
	here and on the appropriate lines of your return Partnerships and		-			22	6,634
23	For assets shown above and placed in service during the current y	-		2 30110110	••		0,034