

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-1150 2013

	partment of ernal Reven	the Treasury	 Information about Form 990-EZ and its instruction 	ıs is at www.irs.	gov/form990.		Inspection
A	For the	2013 calenda	rear, or tax year beginning 09-01, 201	3, and ending		08-31	,2014
В	Check if a	pplicable	Name of organization		D Emplo		fication number
	Address cl	hange	Cooeur d Alene Rifle and Pistol Club Inc			- -039783	
	Name cha	nge	imber and street (or P O box, if mail is not delivered to street address)	Room/suite		one numb	
	Initial retur	'n					
	Terminated	d	5001 N Atlas Road		(2	08)666-	8803
	Amended a	return	ty or town, state or province, country, and ZIP or foreign postal code	·		Exemption	
	Application	n pending	Coeur D Alene, ID 83815		Numbe	•	
G	Accour	nting Method:	☐ Cash ☐ Accrual Other (specify) ▶				organization is not
1	Websit	te: ► www.	required to				
J		mpt status (c	(Form 990				
ĸ	Form of	organization:	ck only one) - ☐ 501(c)(3) 🔯 501(c)(4) ◀ (insert no) ☐ 4947 ☑ Corporation ☐ Trust ☐ Association ☐ O	(a)(1) or 527 ther			,.
L	Add line	s 5b, 6c, and	to line 9 to determine gross receipts. If gross receipts are \$200,00	0 or more, or if to	tal assets		
			re \$500,000 or more, file Form 990 instead of Form 990-EZ			. ▶\$	76,547
	art I		Expenses, and Changes in Net Assets or Fund I				
			organization used Schedule O to respond to any question in this Pa				
	1		ufts, grants, and similar amounts received			1	
	2		e revenue including government fees and contracts			2	47,292
	3		es and assessments			3	18,057
	4	Investment in				4	193
	5a	Gross amou	rom sale of assets other than inventory				
			her basis and sales expenses			1	
			om sale of assets other than inventory (Subtract line 5b from line 5		5c		
	6		ndraising events	,			
	а		rom gaming (attach Schedule G if greater than				
e				6a			
2015 Revenue	ь		rom fundraising events (not including \$	tions	1		
8.5 8.5 8.5 8.5 8.5 8.5 8.5 8.5 8.5 8.5			g events reported on line 1) (attach Schedule G if the				
			oss income and contributions exceeds \$15,000)	6b			
ro	c		penses from gaming and fundraising events				
_	1		loss) from gaming and fundraising events (add lines 6a and 6b and		1		
JAN						6d	
7	7a		nventory, less returns and allowances	7a			
		Less: cost of	•			1	
当	1					7 _C	
ANNED	1	•	describe in Schedule O)			8	11,005
X	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	76,547	
SC _	10		lar amounts paid (list in Schedule O)	T-1-1-1-1-1-1-1		10	
	11		or for members	RECEIVE	. D	11	
~	12	· ·	compensation, and employee benefits		12	19,901	
ses	13		101		13	75	
Expenses	14		es and other payments to independent contractors)[5] [우[14	4,265	
Ä	15	Printing, publ		15	363		
	16		(describe in Schedule O)	CODEN. (16	16,049
	17	•	s. Add lines 10 through 16	: 1	17	40,653	
	18		cit) for the year (Subtract line 17 from line 9)			18	35,894
et s	19		and balances at beginning of year (from line 27, column (A)) (must a	agree with		·· -	33,094
Net Assets			re reported on prior year's return)			19	338,680
et A	20		in net assets or fund balances (explain in Schedule O)			20	
ź	21		and believes the selection of the select			21	374,574
Fo			Act Notice, see the separate instructions.				Form 990-EZ (2013)
EE/	upci v	. J. N. I ICUUCII	not monos, occ and ocparate mondereducity				1 OIIII 330-E& (2013)

FFA

Page 3

Pa	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	•••	Yes	. <u> </u>				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	ſ	res	No				
-•	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	1						
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	ļ						
	change on Schedule O (see instructions)							
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		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						
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			1				
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets							
27.0	during the year? If "Yes," complete applicable parts of Schedule N	36		X				
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	27h		X				
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		<u> </u>				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			<u> </u>				
39	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on line 9			l				
b	Gross receipts, included on line 9, for public use of club facilities							
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:							
	section 4911 ▶; section 4912 ▶; section 4955 ▶							
þ	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			l				
	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							
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,			į				
	4955, and 4958							
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			ĺ				
	reimbursed by the organization			ĺ				
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	1 1	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	66-8	803					
	Located at ▶ 6001 N Atlas Road, Coeur D Alene, ID ZIP+4 ▶ 83815							
b	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)? If "Yes," enter the name of the foreign country:	42b		X				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank							
	and Financial Accounts.							
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х				
	If "Yes," enter the name of the foreign country: •	<u> </u>	— <u>-</u> -					
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			_				
			Yes	No				
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			İ				
	completed instead of Form 990-EZ	44a	 _	X				
a	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		, }	77				
_	completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44b		X				
	Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		X				
u	explanation in Schedule O	44d	, 1					
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X				
	5 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		, 1	ĺ				
_	Form 990-EZ (see instructions)	45b		Х				

Form 9	990 EZ (20	Cooeur d Alene	Rifle and Pistol	Club Inc		90-039	97835	F	age 4			
						_		Yes	No			
46		organization engage, directly or indirectly, in		es on behalf of or in opp	osition							
		idates for public office? If "Yes," complete S		· · · · · · · · · · · · · · · · · · ·		<u> </u>	. 46		X			
Par		Section 501(c)(3) organizations		47 40h E0		-4- 4 4						
		All section 501(c)(3) organizations	must answer questi	ons 41-490 and 52,	and comple	ete the tab	nes for i	nes				
		50 and 51.	adula O ta raanand	to any avantian in t	bio Dort VI				<u></u>			
		Check if the organization used Sch	iedule O to respond	to any question in t	nis Part VI	· · · · · · ·	• • • • •		<u> </u>			
		at a second of the second of t	. have a sasting FO1(h) als					Yes	No			
47		organization engage in lobbying activities of "Yes," complete Schedule C, Part II	nave a section 501(n) ele				47					
40		organization a school as described in section				• • • • • •	47					
48		•		· · · · · · · · · · · · · · · · · · ·		• • • • • •	. 40 . 49a					
49a Did the organization make any transfers to an exempt non-charitable related organization?												
b.		f "Yes," was the related organization a section 527 organization?										
50		rees) who each received more than \$100,000										
	employ	ees) who each received more man \$100,00			T							
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimate					
		tay Name and the or each employee	devoted to position	(Forms W-2/1099-MISC)			other co	mpensat	tion			
							<u></u> _					
					Į.							
				-								
		•										
f	Total n	umber of other employees paid over \$100,00	00▶									
51	Comple	ete this table for the organization's five highe	st compensated independ	ent contractors who eacl	- h received mor	e than						
	\$100,0	00 of compensation from the organization. I	there is none, enter "Non	e."								
	(2)	Name and business address of each independent contr	actor	(b) Type of service	_	(=)	Compensatio	_				
		Haine and business address of each independent contr		(b) Type of Service	-		Compensatio	rı				
					İ							
				į	l							
					ļ							
												
	Tetal	umbor of other radependent	2 raceiums ava- #400 000									
		umber of other independent contractors each										
52		organization complete Schedule A? Note:		, , ,			П "	57				
		empt charitable trusts must attach a complete		<u> </u>			Yes	X	No_			
		of perjury, I declare that I have examined this return, inclu			my knowledge an	d belief, it is						
true c	orrect, and	complete Declaration of preparer (other than officer) is	based on all information of which	preparer has any knowledge.	T -		- 1 -					
Sigi	n	Signature of officer	make		Date	<u> 5, 2</u>	e 13					
Her		Wayne Schoonmaker, Trea	CURAN	•	24.0							
пеі		Type or print name and title	surer	·								
		<u> </u>	Preparer's signature	Date			PTIN					
D1		1		Jake		eck I if employed	. '					
Paid		Firm's name										
Prep					Firm's EIN	-	 					
use	Only	Firm's address			 _							
Mari	the IDC	discuss this return with the preparer shown	ahove? Socializations	 	Phone no		☐ v	. ∀ 1	Mc			
<u> </u>	ine ido (discuss this return with the preparer shown	above - Dee instructions	• • • • • • • • • • • • • • • • • • • •		>	Yes		No			
EEA							Form 99	いーにん((2013)			

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer Identification number

Cooeur d Alene Rifle and Pistol Club Inc 90-0397835 01. Description of other revenue (Part I, line 8) Amount Description 11,005 Real Propeerty Rents 02. Description of other expenses (Part I, line 16) Description Amount 385 Competition Fees Depreciation 6,730 7,161 Insurance Meetings 377 Property Taxes Sales Tax 82 Telephone 453 800 Range Related Sales Expenses 03. Description of total liabilities (Part II, line 26) Category Beginning of Year End of Year 400 400 Deposits

Form **4562**

Depreciation and Amortization

OMB No. 1545-0172

(Including Information on Listed Property)								2013			
	ment of the Treasury Il Revenue Service (99)		► See separate instructions. ► Attach to your tax return.						Attachment Sequence No. 179		
	s) shown on return	·	-	Business or activity to which this form relates					Identifying number		
Cod	eur d Alene	e Rifle	and Pis	tol	FOR	RM 990	- 1			90-0397835	
Part I Election To Expense Certain Property Under Section 179											
	Note: If you	have any liste	ed property, comp	plete Part V befo	re you c	complete Part	H.				
1	Maximum amount (se								1		
2	Total cost of section	179 property p	placed in service	(see instructions	s)				2		
3	Threshold cost of sec					tructions)			3		
4	Reduction in limitation	n. Subtract line	e 3 from line 2. If	zero or less, en	ter -0-				4		
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing										
	separately, see instru	ictions							5		
6		Description of pi) Elected cost			
					-						
7	Listed property. Enter	r the amount f	rom line 29 .			7	,				
8	Total elected cost of s	section 179 pr	operty. Add amo	unts in column (c), lines	6 and 7 .			8		
9	Tentative deduction. I	Enter the sma	ller of line 5 or lii	ne8					9		
10	Carryover of disallow	ed deduction t	from line 13 of yo	our 2012 Form 4	562 .				10		
11	Business income limit	tation. Enter ti	he smaller of bus	iness income (n	ot less th	han zero) or l	ine 5 (see inst	ructions)	11		
12	Section 179 expense	deduction. Ad	dd lines 9 and 10	, but do not ente	r more ti	han line 11			12		
13	Carryover of disallow					▶ 1:	3				
Note	: Do not use Part II or	Part III below	for listed propert	y. Instead, use I	Part V.		.,			<u> </u>	
Pa	t II Special D	epreciatio	n Allowance	and Other	Depre	ciation (D	o not include l	sted pro	perty.)	(See instructions.)	
14	Special depreciation a										
	during the tax year (s	ee instruction:	s)						14		
15	Property subject to se								15		
16	Other depreciation (in								16	6,730	
Pai	t III MACRS I	Depreciati	On (Do not inc							•	
	•			Se	ction A						
17	MACRS deductions for	or assets plac	ed in service in t	ax years beginn	ing befor	re 2013 .			17		
18	If you are electing to				-		ore general				
	asset accounts, chec	k here									
	Section		Placed in Serv					reciation	Syste	em	
	(a) Classification of prop		(b) Month and year placed in service	T	eciation ent use	(d) Recovery period	(e) Convention	(f) Meth	-	(g) Depreciation deduction	
19a	3-year property										
b	5-year property	-									
С	7-year property										
d	10-year property										
е	15-year property										
f	20-year property				_						
g	25-year property		1			25 yrs.		S/	L		
h	Residential rental					27.5 yrs.	MM	S/			
	property					27.5 yrs	MM	S/			
$\overline{}$	Nonresidential real					39 yrs	MM	S/			
	property						MM	S/			
	Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System										
20a				<u> </u>				S/		Otom	
b	12-year		1			12 yrs.		S/L			
					.	40 yrs	MM S				
		y (See instru	ctions.)	1		1 10 113	MUAI				
21	Listed property. Ente	·							21		
22	Total. Add amounts fi				O in colu	ımn (a) and l	ine 21. Enter	- • •			
	here and on the appro		_			=			22	6.730	

23

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs