

**CitizenAudit.org**

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: WALNUT CREEK RIFLE CLUB
Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 8412
City or town, state or country, and ZIP + 4: ERIE, PA 16505

D Employer identification number: 25-1837109
E Telephone number: (814) 866-9606
F Group Exemption Number

G Accounting method: [X] Cash [ ] Accrual Other (specify)
I Website: WALNUTCREEKRIFLECLUB.COM
J Tax-Exempt status (check only one): [ ] 501(c)(3) [X] 501(c)(7) (insert no) [ ] 4947(a)(1) or [ ] 527

H Check [X] 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 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. \$ 41,982

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 [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 31,053 and total expenses is 19,647, resulting in a net asset of 11,406.

**Part II Balance Sheets**

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

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	81,400	<b>22</b>	93,475
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	6,716	<b>24</b>	6,047
<b>25 Total assets</b> . . . . .	88,116	<b>25</b>	99,522
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b>	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	88,116	<b>27</b>	99,522

**Part III Statement of Program Service Accomplishments**

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?

TO ENCOURAGE RECREATIONAL RIFLE AND PISTOL SHOOTING AMONG CITIZENS OF THE UNITED STATES RESIDING IN OUR COMMUNITY, WITH A VIEW TOWARD A BETTER KNOWLEDGE ON THE SAFE HANDLING AND RESPONSIBLE USE OF FIREARMS, AS WELL AS IMPROVED MARKSMANSHIP

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> RECREATIONAL RIFLE AND PISTOL SHOOTING AND PROMOTION OF GUN SAFETY (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	

**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

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes input fields for amounts and dates, and Yes/No columns.

Yes No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Answer (Yes/No)

45a 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 must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Answer (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

Table with 2 columns: Question ID, Answer (Yes/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? If "Yes," complete Schedule C, Part II

Table with 2 columns: Question ID, Answer (Yes/No)

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 2 columns: Question ID, Answer (Yes/No)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Question ID, Answer (Yes/No)

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Question ID, Answer (Yes/No)

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"

Table with 5 columns: (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

50(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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes 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 (\*\*\*\*\*), Date (2011-05-09), Type or print name and title (MAX ROGERS TREASURER)

Paid Preparer's Use Only: Preparer's signature (ALBERT J ISACKS CPA MBA CSEP), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (MALIN BERGQUIST & COMPANY LLP), address, and ZIP + 4 (2402 WEST 8TH STREET, ERIE, PA 165054428), EIN, Phone no (814) 454-4008

May the IRS 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

**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

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
WALNUT CREEK RIFLE CLUB

**Employer identification number**

25-1837109

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 1,049 TOTAL TO FORM 990-EZ, LINE 14 2,663

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION BILLBOARD RENTAL AMOUNT 1,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME NRA PROPERTY DESCRIPTION CASH AMOUNT GIVEN 500



Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME NRA-ILA PROPERTY DESCRIPTION CASH AMOUNT GIVEN 750

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME FIREMAN PROPERTY DESCRIPTION CASH AMOUNT GIVEN 300

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME MISCELLANEOUS PROPERTY DESCRIPTION CASH AMOUNT GIVEN 350

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME SHOOTING SPORTS PROPERTY DESCRIPTION CASH AMOUNT GIVEN 227 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,127

Identifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 669 DESCRIPTION OTHER EXPENSES AMOUNT 1,994

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION REAL ESTATE TAXES AMOUNT 3,601 DESCRIPTION POSTAGE AMOUNT 1,540 DESCRIPTION RANGE MAINTENANCE AMOUNT 4,447 DESCRIPTION MISCELLANEOUS AMOUNT 587 DESCRIPTION INSURANCE AMOUNT 3,495 TOTAL TO FORM 990-EZ, LINE 16 13,670

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 6,716 END OF YEAR AMOUNT 6,047

**TY 2010 Transfers Personal Benefits  
Contracts Declaration**

**Name:** WALNUT CREEK RIFLE CLUB

**EIN:** 25-1837109

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



**Additional Data****Software ID:****Software Version:****EIN:** 25-1837109**Name:** WALNUT CREEK RIFLE CLUB**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
CLIFF SNYDER P O BOX 8412 ERIE, PA 16505	VICE PRESIDENT 1 00	0	0	0
MAX ROGERS P O BOX 8412 ERIE, PA 16505	TREASURER 1 00	0	0	0
WILLIAM STEPHENS P O BOX 8412 ERIE, PA 16505	PRESIDENT 1 00	0	0	0
WALT ROBERTSON P O BOX 8412 ERIE, PA 16505	DIRECTOR 1 00	0	0	0
JAN MCINCHAK P O BOX 8412 ERIE, PA 16505	SECRETARY 1 00	0	0	0
NEIL SHEA P O BOX 8412 ERIE, PA 16505	DIRECTOR 1 00	0	0	0
WILLIAM BARRON P O BOX 8412 ERIE, PA 16505	DIRECTOR 1 00	0	0	0
JOHN MCINCHAK P O BOX 8412 ERIE, PA 16505	DIRECTOR 1 00	0	0	0
DON ELLSWORTH P O BOX 8412 ERIE, PA 16505	DIRECTOR 1 00	0	0	0
JIM DEVINE P O BOX 8412 ERIE, PA 16505	DIRECTOR 1 00	0	0	0
DOUGLAS BOLDT P O BOX 8412 ERIE, PA 16505	DIRECTOR 1 00	0	0	0
MICKEY MCBRIDE P O BOX 8412 ERIE, PA 16505	DIRECTOR 1 00	0	0	0