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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HORSEPOND FISH & GAME CLUB

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
12 HORSEPOND AVENUE

City, town, or country | State | ZIP + 4
NASHUA | NH | 03063

D Employer identification number
02-0352208

E Telephone number
603-889-5327

F Group Exemption Number ▶

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ WWW HORSEPOND.COM

J Tax-exempt status (check only one)— ☒ 501(c) (7) ◀ (insert no) ☐ 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 and its gross receipts are normally not more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 42,414

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	760
	2	Program service revenue including government fees and contracts		2	4,697
	3	Membership dues and assessments		3	18,686
	4	Investment income		4	1,085
	5a	Gross amount from sale of assets other than inventory	5a 0		
	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	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 9,486		
	b	Less: direct expenses other than fundraising expenses	6b 2,989		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	6,497
	7a	Gross sales of inventory, less returns and allowances	7a 1,100		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	1,100
	8	Other revenue (describe ▶ RENTAL INCOME)		8	6,600
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	39,425
Expenses	10	Grants and similar amounts paid (attach schedule)		10	1,100
	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	425
	14	Occupancy, rent, utilities, and maintenance		14	16,884
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See Attached Statement)		16	17,449
	17	**Total expenses.** Add lines 10 through 16 ▶		17	35,858
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	3,567
	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	86,278
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	89,845

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	76,722	22	80,289
23 Land and buildings	9,556	23	9,556
24 Other assets (describe ▶)	0	24	0
25 **Total assets**	86,278	25	89,845
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21).	86,278	27	89,845

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

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.

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

28	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	0
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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
RAYMOND SMITH 19 BRIAND DR NASHUA NH 03063	Title PRESIDENT Hr/WK 5 00	0	0	0
JAMES DUBOWICK 1 HILLSIDE DR NASHUA NH 03064	Title VICE PRESIDENT Hr/WK 5 00	0	0	0
DANIEL POIRIER 26 MCKENNA DR NASHUA NH 03062	Title RECORDING SEC Hr/WK 5.00	0	0	0
RUDOLPH TIMPE III 78 FORDWAY EXT DERRY NH 03038	Title TREASURER Hr/WK 5 00	0	0	0
ANSLIE COLLISHAW 2-104 MAYFAIR LA NASHUA NH 03063	Title FINANCIAL SEC Hr/WK 5 00	0	0	0
PHILIP JACQUES 1 WATERSEDGE DR HUDSON NH 03051	Title DIRECTOR Hr/WK 5 00	0	0	0
KEN TIMPE 15 WOODBURN DR LITCHFIELD NH 03052	Title DIRECTOR Hr/WK 5.00	0	0	0
DENNIS DEAN 22 DORA ST NASHUA NH 03063	Title DIRECTOR Hr/WK 5.00	0	0	0
KEITH FREDETTE 140 CONCORD ST NASHUA NH 03063	Title DIRECTOR Hr/WK 5 00	0	0	0
RON SIMARD P O BOX 567 BROOKLINE NH 03033	Title DIRECTOR Hr/WK 5.00	0	0	0
STEVEN WARNER 9 BOOTH ST NASHUA NH 03060	Title DIRECTOR Hr/WK 5 00	0	0	0
DAVID TWOMBLEY 136 TOLLES ST NASHUA NH 03064	Title DIRECTOR Hr/WK 5 00	0	0	0
MARC DUBE 54 CHEYENNE DR NASHUA NH 03063	Title DIRECTOR Hr/WK 5 00	0	0	0
JUDD BODWELL 120 WALNUT ST NASHUA NH 03060	Title DIRECTOR Hr/WK 5 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining 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 or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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 period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
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 ▶ _____			
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's 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. ▶ NH			
42 a	The organization's books are in care of ▶ RUDOLPH TIMPE III Telephone no ▶ (603) 505-1130			
	Located at ▶ HORSEPOND AVENUE City NASHUA ST NH ZIP + 4 ▶ 03063			
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)?	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.**			
c	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 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

f Total number of other employees paid over $100,000 ▶ 0

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶ 0

Sign Here

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

▶ Signature of officer — 5/12/10 Date

▶ RUDOLPH TIMPE III Type or print name and title — TREASURER

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's identifying number (See instructions)
Laurence C. Szetela, CPA	5/12/2010	▶ [X]	007-52-6986
Firm's name (or yours if self-employed), address, and ZIP + 4: 76 Northeastern Blvd., Nashua, NH 03062		EIN ▶ 02-0493850	Phone no ▶ (603) 880-0588

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

Part I, Line 16 (990-EZ) - Other Expenses

17,449

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	60
12	Unrelated business income taxes	12	0
13	ARCHERY EXPENSE	13	420
14	ASSEMBLY PERMIT	14	50
15	BONDING INSURANCE	15	170
16	CHILDRENS CHRISTMAS PARTY	16	890
17	CLUB MAINTENANCE	17	325
18	CLUB MERCHANDISE	18	2,606
19	INSURANCE	19	3,263
20	KITCHEN EXPENSE	20	1,545
21	MEETING EXPENSE	21	3,616
22	MISCELLANEOUS EXPENSE	22	881
23	NON PROFIT REPORT	23	75
24	OFFICE EXPENSE	24	87
25	PERMITS	25	45
26	POND EXPNESE	26	93
27	PROPERTY TAXES	27	1,005
28	RANGE EXPENSE	28	520
29	REPAIRS	29	1,174
30	RETURNED CHECK/BANK CHARGES	30	160
31	TREASURERS EXPENSE	31	238
32	WEBSITE	32	226
33		33	
34		34	
35		35	

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

1,100

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Amount of cash grant
1		AMERICAN CANCER SOCIETY		360 ROUTE 101	BEDFORD	NH	03110	100
2		NASHUA SOUP KITCHEN		42 CHESTNUT ST	NASHUA	NH	03060	500
3		TELEGRAPH SANTA FUND		17 EXECUTIVE DR	HUDSON	NH	03051	500
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