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DLN: 93492134006020

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury

Internal Revenue Service

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 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

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009 Check if applicable C Name of organization D Employer identification number Please Chester Rod & Gun Club Inc Address change use IRS 02-6017877 Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or Rte 102 PO Box 337 Initial return type. (603) 887-4629 Terminated See Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Chester, NH 03036 Application pending tions. G Accounting method Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) must attach a completed Schedule A (Form 990 or 990-EZ). 📆 Check F I if the organization I Website: ▶ www chesterrodandgunclub com is **not** required to attach **J Tax-Exempt status** (check only one)— 501(c) (7) **4**(insert no) 4947(a)(1) or 527 Schedule B (Form 990, 990-EZ, or 990-PF) K Check ▶ fifthe 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 **-** \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 40 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 66.232 109 Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Revenue Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🕨 「 Gross revenue (not including \$ of contributions reported on line 1) 📆 21,904 Less direct expenses other than fundraising expenses 13.214 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 8.690 6c Gross sales of inventory, less returns and allowances 7a Less cost of goods sold b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 8 Other revenue (describe **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 75.071 9 9 Grants and similar amounts paid (attach schedule) 10 10 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Expenses 13 13 Occupancy, rent, utilities, and maintenance 14 75.679 14 1,895 Printing, publications, postage, and shipping 15 15 3,435 16 Other expenses (describe 🕨 🕮 16 Total expenses. Add lines 10 through 16 81,009 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) -5,938 18 18 NetAssets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 250,087 19 Other changes in net assets or fund balances (attach explanation) . 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 244,149 21 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 vear 22 Cash, savings, and investments 101,183 22 95,245 23 Land and buildings 134,563 23 134,563 24 Other assets (describe 🟲 💆 14,341 24 14,341 250,087 244,149 25 Total assets 25 Total liabilities (describe 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 250,087 244,149 27

Part IIII Statement of Program		Expenses			
What is the organization's primary exemp	(Required for section 501				
$\underline{\textit{V}\textit{arious shooting events and other promo}}$		3) and 501(c)(4)			
Describe what was achieved in carrying o describe the services provided, the numb program title	organizations and secti 4947 (a)(1) trusts, optional for others)				
28 Various shooting events and other pro (Grants \$) If the	moting sportsmanship, safe nis amount includes foreign			28a	
29					
(Grants \$) If th	nis amount includes foreign	grants, check here .	▶┌	29a	
(Grants \$) If the	nis amount includes foreign	grants, check here .	▶┌	30a	
31 O ther program services (attach sched (Grants \$)	ule)		▶ ┌	31a	
32 Total program service expenses (add II	nes 28a through 31a) .		▶	32	
Part IV List of Officers, Directors, Tr	ustees, and Key Employees.	List each one even if not co	mpensated (See the ins	structions	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) Contribution employee benefit p deferred compens	lans &	(e) Expense account and other allowances

Pa	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		Νο
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο
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			
а	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		Νo
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		Νo
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		Νo
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 37a			
Ь	Did the organization file Form 1120-POL for this year?	37b		Νo
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 period covered by this return?	38a		Νo
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b]		
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9	.		
Ь	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 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		
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		Νo
41	List the states with which a copy of this return is filed -			
42a	The organization's books are in care of ► <u>Ken Fongeallaz</u> Telephone no	• <u>(60</u>	3) 362-	6023
	Located at Londonderry, NH ZIP + 4	▶ _0:	3053	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	W	NI-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	Yes	No
	account)?	42D		Νο
	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		Νo
	If "Yes," enter the name of the foreign country ▶			
	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	• •		▶ Г
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44		Νo
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		Νo

Form 990-EZ (2009)							Page 4
All sec	ction 501(c)(3) orga	inizations and sec nizations and section tables for lines 50 a	n 4947(a)(1) nonex	-			-	stions
46 Did the organi	zation engage in direct	or indirect political car	npaign activities on be	ehalf of or in opp	osition to		Yes	No
candidates for	public office? If "Yes,"	complete Schedule C,	Part I			46		
47 Did the organi	zatıon engage ın lobbyı	ng activities? If "Yes,"	complete Schedule C	, Part II		47		
48 Is the organiza	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a Did the organi	zatıon make any transfe	ers to an exempt non-c	harıtable related orga	nızatıon?		49a		No
b If"Yes," was t	he related organization	ı a section 527 organız	ation?			49b		No
•		on's five highest comp than \$100,000 of com						
	ess of each employee nan \$100,000	(b) Title and averag hours per week devoted to position	(c) Compensati	ion employee	tributions to benefit plans & compensation	à	e) Expe count rallow	and
NONE								
51 Complete this of compensati	on from the organizatio	on's five highest comp n Ifthere is none, ente	r "None "		each received n		an \$10 ompen	
NONE								
51(d) Total numbe	r of other independent o	contractors each receiv	ring over \$100,000		.			
Please	f, it is true, correct, and com	that I have examined this re oplete Declaration of prepar		used on all information 2010-1	on of which prepare			
Here	Signature of officer Colin Buxton President Type or print name and title							
Paid Preparer's signature	James Traynor CPA		Date 2010-05-14	Check if self-empolyed	Preparer's identify (See instructions)		nber	
Ilse Only If self-em	if self-employed),							
address, a	and ZIP + 4 644 Fremo Chester, N				Phone no 🕨 (60	03) 887-	2978	
	· · · · · · · · · · · · · · · · · · ·	n 03036 eparer shown above? S	ee instructions		· · · •	Гү	es [⊽	No

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DLN: 93492134006020

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Employer identification number

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Chester Rod & Gun Club Inc Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

1 Gross receipts				(a) Event #1 General Activities	(b) Event #2	(c) O ther Events	(Add col	tal Eve (a) thi I (c))	
3 Gross income (line 1	als.			(event type)	(event type)	(total number)			
3 Gross income (line 1 musu line 2)	eveniue.		Less Charitable	10,639	9			10) ,6 3 9
5 Non-cash prizes	ž	3	Gross income (line 1	10,639	9			1(0 ,6 3 !
6 Rent/facility costs		4	Cash prizes						
8 Entertainment	יח	5	Non-cash prizes						
Section of the direct expenses summary Add lines 4 through 9 in column (d). 10 Direct expense summary Combine lines 3, column d, and line 10. 11 Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/tinstant bingo/progressive bingo (c) Other gaming (Add col (a) through 515,000 on Form 990-EZ, line 6a. 1 Gross revenue	Ď D	6	Rent/facility costs						
Section of the direct expenses summary Add lines 4 through 9 in column (d). 10 Direct expense summary Combine lines 3, column d, and line 10. 11 Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/tinstant bingo/progressive bingo (c) Other gaming (Add col (a) through 515,000 on Form 990-EZ, line 6a. 1 Gross revenue	<u>5</u> 5	7	Food and beverages						
Direct expense summary Add lines 4 through 9 in column (d)		8	Entertainment						
Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (Add col (a) through col (c) of the gaming (Add col (a) through col (c)) 1 Gross revenue	3	9	Other direct expenses .						
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add col (a) through a col (c)) 1 Gross revenue		10	Direct expense summary Add lin	es 4 through 9 ın column	ı(d)				
### State of the state of the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (Add col (a) through 51 on Column (Add col (a) through 51 on Column (Add col (a) through 52 on Column (Add col (a) through 53 on Column (Add col (a) through 54 on Column (Ad		11	Net income summary Combine li	nes 3, column d, and line	10		,	1(0.639
bingo/progressive bingo Add col (a) through for the progressive bingo I Gross revenue	ar	t III	Gaming. Complete if the of \$15,000 on Form 990-EZ, li	rganization answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor		
1 Gross revenue	enenenes enenenes					(c) O ther gaming	(Add col	(a) the	
3 Non-cash prizes		1 0	Gross revenue						
3 Non-cash prizes	ທ	2	Cash prizes						
4 Rent/facility costs	er ise								
6 Volunteer labor		4 F	Rent/facility costs						
7 Direct expense summary Add lines 2 through 5 in column (d)	Ď ∑	5	Other direct expenses						
8 Net gaming income summary Combine lines 1, column d, and line 7		6 \	/olunteer labor		_				
Penter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?									
Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?		8	Net gaming income summary Com	ibine lines 1, column d, a	nd line 7	<u> </u>		Tvaal	N ₁ -
Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain							· 9a	res	No
b If "Yes," Explain	b	If "N	o," Explain						
1 Does the organization operate gaming activities with nonmembers?				licenses revoked, susper	nded or terminated during	the tax year?	10a		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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TY 2009 Other Assets Schedule

Name: Chester Rod & Gun Club Inc

EIN: 02-6017877

Software ID: 09000123

Software Version: 2009.0.12

Description	Beginning of Year Amount	End of Year Amount
Trap Machines	7,200	7,200
Gate	7,141	7,141

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TY 2009 Other Expenses Schedule

Name: Chester Rod & Gun Club Inc

EIN: 02-6017877

Software ID: 09000123

Software Version: 2009.0.12

Description	Amount
Misc	100
NRA memberships	3,010
Campership program	325

Software ID: Software Version:

EIN: 02-6017877

Name: Chester Rod & Gun Club Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(A) Name and address (B) Title and average (C) Compensation (D) Contributions to (E) Expen					
(,	hours per week devoted to position	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances		
Colin Buxton 4 Bayberry Lane Derry, NH 03038	President 010 00	0				
Kevin Williams 1 Grant Street Derry, NH 03038	Vice President 002 00	0				
Doug Wilhelmi 272 Main Street Hampstead,NH 03841	Secretary 002 00	0				
Arthur Janelli 14 Country Acres Road Sandown, NH 03077	Treasurer 002 00	0				
Ken Fongeallaz 89 Auburn Road Londonderry, NH 03053	Financial Secretary 007 00	0				
Jim Passanisi 85 North Road Sandown, NH 03873	BOD 002 00	0				
William Hovanasian 49 Chandler Drive Atkinson, NH 03811	BOD 005 00	0				
Steve Picard 14 Country Acres Road Sandown, NH 03873	BOD 002 00	0				
Robert Klotz 44 Lady Slipper Lane Chester, NH 03036	BOD 002 00	0				
William McKenna 12 Gertude Road Windham, NH 03087	BOD 005 00	0				
Chester J Orben 18 Kıngman Court Fremont, NH 03044	BOD 002 00	0				
Eric Schrowang 40 B Frost Road Derry, NH 03038	BOD 003 00	0				
Bruce McLaughlin 277 Fremont Road Chester, NH 03036	BOD 002 00	0				
Keith Spaulding 13 Higgins Ave Sandown, NH 03873	BOD 002 00	0				