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SCALNECTUN 17 2010

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)

OMB No 1545-0047 2009

Inter	nal Reve	enue Service		The organization may ha	ve to use a copy of th	is return to satis	fy state report	ing requirements	Ope	n to Public Inspection				
	For th	ne 2009 calenda	ır year, o	r tax year beginning		, 2009	, and endin	g	,					
В	Check i	f applicable		С				D Employ	er identif	ication Number				
	Ad	Idress change	Please use IRS label	WANTASTIQUET T	ROUT CLUB			03-	01655	550				
	П _{Na}	ame change	or print or type.	264 TROUT CLUB	ROAD			E Telepho	E Telephone number					
	\vdash	tial return	See specific	WESTON, VT 051	61			802	-824-	-5822				
	\vdash	rmination	Instruc- tions.											
	\vdash	mended return	110713.					G Gross	ecointe \$	118,716.				
	\dashv	P	F Name a	and address of principal officer				H(a) Is this a group retu						
	☐ Ap	piloalion ponding		As C Above				H(b) Are all affiliates inc		Yes No				
_	т.				104	17/2)/1) 27	527	If 'No,' attach a list	(see inst					
<u>+</u>		-exempt status		(c) (7) √ (insert	110) 494	7(a)(1) or	327							
<u>, , </u>		bsite: ► N/A		<u> </u>	 	Ι.		H(c) Group exemption n						
K		of organization	Corpora	ation Trust Associa	ation Other ►		Year of Format	tion M S	State of le	gal domicile				
Pa	rt I	Summai					DCDE3 mx	ONLY DECUENC	GIII	<u> </u>				
	1	Briefly describe	e the org	janization's mission or n	nost significant ac	ctivities. <u>R</u> i	<u>ECKEAT I</u>	ONAT LIZHING	CTO	R				
9					. – – – – – –			. 						
Governance														
Ver		Check this box		 if the organization disco		. 	 -							
Ĝ				ir the organization disco bers of the governing bo			osea or mor	e than 25% of its a	3	13				
• ರ				t voting members of the			1b)		4					
ţį			-	yees (Part V, line 2a)	governing body	(1 41. 71, 111.0	,		5	(
Activities &				eers (estimate if necess	ary)				6	(
¥	7a	Total gross unr	related b	usiness revenue from P	ant VIII, godunna	DAIDE K			7a	0.				
	Ь	Net unrelated b	ousiness	usiness revenue from P taxable income from Fo	orm 990-T, line 34	FIVED			7b	0.				
				Current Year										
4	8	Contributions a												
Revenue				ue (Part VIII, line 2g)	I YAM	0 2010	RS-OSC	108,2	256.	116,138.				
e ve	IV Investment income (Part VIII, column (A), lines 8, 4, and 20, 20, 20, 20, 20, 20, 20, 20, 20, 20,									786.				
Œ	11	Other revenue	(Part VI	II, column (A), lines 5, 6	id. 8c, 962 toc	Fallie)		8	321.	69.				
	12	Total revenue -	– add Iır	nes 8 through 11 (must e	equal Part VIII, co	olumn (A), lın	ne 12)	111,1	.46.	116,993.				
	13	Grants and sim	ıılar amo	ounts paid (Part IX, colu	mn (A), lines 1-3))								
	14	Benefits paid to												
	15	Salaries, other	compen	isation, employee benef	its (Part IX, colur	nn (A), lines	5-10)	27,3	361.	28,911.				
Expenses	16a	Professional fu												
Per				nses (Part IX, column (D										
ŭ					·			61 [60	72,284.				
				X, column (A), lines 11a				64,5		101,195.				
				nes 13-17 (must equal P), line 25)		91,9						
	19	Revenue less e	expenses	Subtract line 18 from	line 12	.		19,2	225.	15,798.				
Net Assets or Fund Balancos								Beginning of Y		End of Year				
8 a a		Total assets (P		•				454,2		490,335.				
ž Ę	21	Total liabilities	(Part X,	line 26)					196.	833.				
		~~		inces. Subtract line 21 fr	rom line 20			453,4	109.	489,502.				
Pa	rt II	Signatu	re Bloc	<u>ck</u>										
		Under penalties	of perjury,	I declare that I have examined Declaration of preparer (other	this return, including a	ccompanying sch	nedules and sta	atements, and to the best	of my kn	iowledge and belief, it is				
		lide, coneci,	a complete	100 /101	_	on an imormation	TOT WINCH PIEF	Mare has any knowledge	~ .					
Sig		000	un p	M Clbertin	<i>`</i> ~			may 5	id	0				
He	re	Signature of	officer					Date						
		LOU AI			<u>-</u> .			Treasurer						
		Type or prin	t name and	d title										
			,	_/		1	Date	Check if	Pre (se	parer's identifying number e instructions)				
Pa								employed ►	X					
Pre	_	signature	> Deb	orah F. Corr	۱۷۰۱ ۲۰۰۷		2/01/0		PC	0001416				
pa: Us	rer's	Firm's name (or	DEB	ORAH CORR EA										
On		yours if self employed),		BOX 869		<u>. — · · · · · · · · · · · · · · · · · · </u>	· - · - · · · ·	EIN ► 0	3-03	17181				
V 11	• •	employed), address, and ZIP + 4		EDITH, NH 03253	-0869) 279-0553				
May	the II	RS discuss this		with the preparer shown		ructions)				X Yes No				

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

TEEA0113L 12/29/09

Forn	n 990 (2009) WANTASTIQUET TROUT CLUB	03-0	1655.	<u>50</u>		Page 2
Pai	rt III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:					
	RECREATIONAL FISHING CLUB					
	Did the organization undertake any significant program services during the year which were not listed on the	e prior				
2		e prior		V	X	Al-
	Form 990 or 990-EZ?		Ш	Yes	\mathbf{V}	No
_	If 'Yes,' describe these new services on Schedule O.	_			□	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es'		Yes	X	No
	If 'Yes,' describe these changes on Schedule O.					
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	expenses	Section	n 501(c)(3)	
	expenses, and revenue, if any, for each program service reported	mocations to	Outers	s, tile t	Otai	
4 8	a (Code) (Expenses \$ 97,113. including grants of \$)	(Revenue	\$)
	RECREATIONAL FISHING CLUB					
						- - -
4 t	(Code) (Expenses \$ including grants of \$	(Revenue	\$)
		•				
						
					– – –	- - -
					-	
					- - -	
40	: (Code:) (Expenses \$ including grants of \$) (Revenue	Ś			١
	/ (Expenses +) (Expenses +) ((I TOVOTIGO	۳			
	<u></u>					
			- -	 -		
40	Other program services (Describe in Schedule O.)					
	(Expenses \$ including grants of \$) (Revenue \$;)	
4e	Total program service expenses ► 97,113.				,	

Page 3

Form 990 (2009) WANTASTIQUET TROUT CLUB
Part IV Checklist of Required Schedules

	One characteristic of the quantum constants		V	M-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1_		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	Ē		
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
•	Poid the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	PDID the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	Was the organization included in consolidated, independent audited financial statement for the tax Yes No			
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14Ь		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	_	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	<u> </u>

orr	11 990 (2009) WANTASTIQUET TROUT CLUB 03-0103	330		age 2
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's currer and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	d 24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
,	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ı	b Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete			
	Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	er) 28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V line 1	, <u>34</u>		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	ıs 37		Х

38 BAA

Form **990** (2009)

X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 **Note.** All Form 990 filers are required to complete Schedule O

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Page 5

rait * Statements Negarding Other INS Finings and Tax Compilance		_	T				
		Yes	No				
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.Information ReturnsEnter -0- if not applicable	0						
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0						
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	c					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	0						
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	ь					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)							
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3	a	х				
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	31	ь					
4a 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)?	4:	a	Х				
b 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.							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?							
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?							
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?							
7 Organizations that may receive deductible contributions under section 170(c).							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7		<u> </u>				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file							
Form 8282?	7	<u>c</u>	ļ				
d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	\dashv ,						
benefit contract?	71	-					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7	_					
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7		1				
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the							
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
9 Sponsoring organizations maintaining donor advised funds.							
a Did the organization make any taxable distributions under section 4966?	9	a					
b Did the organization make any distribution to a donor, donor advisor, or related person?	91	ь					
10 Section 501(c)(7) organizations. Enter							
a Initiation fees and capital contributions included on Part VIII, line 12).						
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	<u>).</u>						
11 Section 501(c)(12) organizations. Enter.							
a Gross income from other members or shareholders.	_						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	a L	<u> </u>				
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b							

Section A. Governing Body and Management

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

				Yes	No_			
1	a Enter the number of voting members of the governing body	1a 11						
	Enter the number of voting members that are independent	1b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	lationship with any other	2		Х			
3	Did the organization delegate control over management duties customarily performed by or u of officers, directors or trustees, or key employees to a management company or other person	nder the direct supervision	3		Х			
4			4	•	X			
	since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5		X			
6	Does the organization have members or stockholders?		6		X			
7	a Does the organization have members, stockholders, or other persons who may elect one or r governing body?	nore members of the	7a		Х			
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
a The governing body?								
	Each committee with authority to act on behalf of the governing body?		8b		X			
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		Х			
Sec	ction B. Policies (This Section B requests information about policies not	required by the Interna	a/					
Rev	enue Code.)							
				Yes	No			
10	a Does the organization have local chapters, branches, or affiliates?		10a		X			
	b If 'Yes,' does the organization have written policies and procedures governing the activities of	f such chapters, affiliates,						
11	and branches to ensure their operations are consistent with those of the organization?	afora filma tha form?	10b		X			
	Has the organization provided a copy of this Form 990 to all members of its governing body be ADescribe in Schedule O the process, if any, used by the organization to review this Form 990		ļ ''' '					
	a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	. See Schedule O	12a		X			
	b Are officers, directors or trustees, and key employees required to disclose annually interests	that could give rise	124					
	to conflicts?	·	12b					
	c Does the organization regularly and consistently monitor and enforce compliance with the pol Schedule O how this is done	icy' ir res, describe in	12c					
13	Does the organization have a written whistleblower policy?		13		Χ			
14	Does the organization have a written document retention and destruction policy?		14		X			
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent sision?						
	The organization's CEO, Executive Director, or top management official		15a		X			
	Other officers of key employees of the organization		15b		X			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)							
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	arrangement with a taxable	16a		X			
	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	to evaluate its participation the organization's exempt						
Sec	status with respect to such arrangements?		16b					
17								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection. Indicate how you make these available. Check all that apply		able f	or put	olic			
	Own website Another's website Upon request							
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial							
statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization								
	LOU ALBERINO 41 QUISSET BROOK ROAD MILTON MA 02186 617-8	-		· -				

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. Individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee

(B)	(c)		(D)	(E)	(F)				
Average	Position (check all that apply)					ly)	Reportable	Reportable	Estimated
per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
7 0							0.	0.	0.
7 0							0.	0.	0.
☐ 0							0.	0.	0.
7 o							0.	0.	0.
7 0							0.	0.	0.
٦ ο							0.	0.	0.
7 0							0.	0.	0.
一 0							0.	0.	0.
									_
0							0.	0.	0.
0							0.	0.	0.
0							0.	0.	0.
-									
			i						
	Average hours per week	Average hours per week or director or dire	Average hours per week - O - O - O - O - O - O - O - O - O -	Average hours per week or individual trustee e e e e e e e e e e e e e e e e e e	Average hours per week - O	Average hours per week Position (check all that app Highest compensated employee or director rather trustee or director or dir	Average hours per week Position (check all that apply) Former	Average hours per week Position (check all that apply) Or director or director trustee O O O O O O O O O O O O O O O O O O	Average Nours Position (check all that apply) Reportable Compensation from the organization (W 2/1099 MISC) Reportable Compensation from the organization (W 2/1099 MISC) Reportable Compensation from the organization (W 2/1099 MISC)

Part VII Section A. Officers, Directors, Trus (A)	(B)	l	<u>'</u>		<u>0).</u> c)		,	(D)	(E)	p.cyc	(F)
Name and Title	Average	Posi	tion (-	hat a	pply)	, ,	Reportable		Estimated
	hourš per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	am co	ount of other mpensation from the rganization and related ganizations
					ļ						
									<u> </u>		
			ļ ——								
				_						-	
					<u> </u>					-	_
							_				
11.7.41							<u> </u>	0.	0		0
Total Total number of individuals (including but not limited	to thes	عا م	ted.	aho	<u>ν</u> Α)	who					
from the organization • 0	1 10 11103	C 113	leu	200	vej	******	1000	eived more than 4	100,000 11110001	abic con	perisation
										i i	Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıduai	1								3	X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	oortable nan \$156	com 0,000	iper 0? <i>I</i>	isati f 'Ye	on a	omp	otne olete	r compensation fr Schedule J for si	om uch	4	x
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	ation	fro sucl	m a	ny ι rsor	inrel	ated	d organization for	services	5	х
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ad inder	and	ent	conf	traci	lore	that	received more th	an \$100 000 of		
compensation from the organization		Jenu			u ac			1			
(A) Name and business addres	s				-			Description of	of Services	Comp	(C) pensation
			_					_			
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		imite	ed to	o the	ose	liste	d ab	oove) who receive	d more than		

ГФ	tt viii Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
· ·	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		1			
	b Membership dues 1b	4			
	c Fundraising events 1c	_			
AR	d Related organizations 1 d	_			
S, G	e Government grants (contributions) 1 e				
SIS		1			
ΉĒ	f All other contributions, gifts, grants, and similar amounts not included above				
E L	q Noncash contribus included in las 1a-1f \$	1			
ANE		-			
	h Total. Add lines 1a-1f	1			
3	Business Code	J			
Z.	2a Membership Dues & Assessments	80,722.			
2	b RENTAL OF CLUB FACILITIES	35,416.	35,416.		
5	c				
Ě	d				
E S					
¥.	f All other program service revenue	<u> </u>			
PROGRAM SERVICE REVENUE		116 120			
	g Total: 7 dd III es 2a-2i	116,138.			
	3 Investment income (including dividends, interest and	786.			706
	other similar amounts)				786.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal	_			
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)	1			
	d Net rental income or (loss)]
	(i) Securities (ii) Other				
	/a Gross amount from sales of	-			
	assets other than inventory	-			
	b Less cost or other basis				
	and sales expenses	1			
	c Gain or (loss)	_			
	d Net gain or (loss)	•			
UE	8a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c).				
Ě	· ·				
8	See Part IV, line 18 a 1,792.	-			
OTHER REVEN	b Less. direct expenses b 1,723.				
_	c Net income or (loss) from fundraising events	69.	-231.		300.
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less, direct expenses b				
	c Net income or (loss) from gaming activities				
	·				
	10a Gross sales of inventory, less returns and allowances a				
		-			
	b Less. cost of goods sold b	-			
	c Net income or (loss) from sales of inventory			·····	
	Miscellaneous Revenue Business Code	4			
	11a				
į	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	116,993.	115,907.	0.	1,086.
		<u> </u>		.	, -,

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		•		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			11 1 , 1 · · · · · · · · · · · · · · · ·	
3					
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	24,400.	24,400.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		= -, -, -, -,		
9	Other employee benefits	2,500.	2,500.		
10	Payroll taxes	2,011.	2,011.		
11	Fees for services (non-employees)				
á	Management [
ŀ	Legal [
•	: Accounting	2,995.		2,995.	
•	I Lobbying				
•	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
ç) Other				
12	Advertising and promotion	177.	177.		
13	Office expenses	1,087.		1,087.	
14	Information technology				
15	Royalties				
16	Occupancy	43,343.	43,343.		
17	Travel	46.	46.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
ā	FISH (STOCK) SUPPLIES	15,231.	15,231.		
	LIABILITY INSURANCE	4,870.	4,870.		
	ECOLOGY	1,759.	1,759.		
	Printing and Publications	819.	819.		
e	BOARD MEETING EXP	777.	777.		
f	All other expenses	1,180.	1,180.		
_25	Total functional expenses. Add lines 1 through 24f	101,195.	97,113.	4,082.	0.
26	Joint costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA		- <u>,,,,,</u>		\.	Form 990 (2009)

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Form **990** (2009)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing				1	
	2	Savings and temporary cash investments		86,094.	2	98,666.	
	3	Pledges and grants receivable, net			· .	3	· -
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trust II of Sc	tees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as define	ed unde	er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp		6			
S	7	Notes and loans receivable, net			7		
ASSETS	8	Inventories for sale or use		Į		8	
\$	9	Prepaid expenses and deferred charges			9		
	10 a	Land, buildings, and equipment, cost or other basis.	10 a	391,669.			
		Complete Part VI of Schedule D					
	b	Less accumulated depreciation.	10 b		368,111.	10 c	<u>3</u> 91,669.
	11	Investments — publicly-traded securities		_	·-·	11	
	12	Investments - other securities See Part IV, line 11			12		
	13	Investments – program-related. See Part IV, line 11	_		13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line		454,205.	16	490,335.	
	17	Accounts payable and accrued expenses		<u> </u>		17	
	18	Grants payable		18			
	19	Deferred revenue	_		19		
Ļ	20	Tax-exempt bond liabilities		_		20	
À B I	21	Escrow or custodial account liability. Complete Part IV		H-		21	
 - - -	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	stees, I sons. (key employees, Complete Part II	:		
- 1		of Schedule L		<u> </u>		22	
E S	23	Secured mortgages and notes payable to unrelated th	ırd par	ties		23	
	24	Unsecured notes and loans payable to unrelated third	parties	s		24	
	25	Other liabilities. Complete Part X of Schedule D		ļ	796.	25	833.
	26	Total liabilities. Add lines 17 through 25			796.	26	833.
N E T		Organizations that follow SFAS 117, check here	ar	nd complete lines			
		27 through 29 and lines 33 and 34.			•	•	
A S S	27	Unrestricted net assets		-	·- ·- ·-	27	
Ē	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
Ř		Organizations that do not follow SFAS 117, check her	e ►	X and complete			
OZC-1		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		_	2,500.	30	2,500.
Ŗ	31	Paid-in or capital surplus, or land, building, and equip			375,708.	31	396,003.
퉑	32	Retained earnings, endowment, accumulated income,	or oth	er funds	75,201.	32	90,999.
日本トイプントラの	33	Total net assets or fund balances		1	453,409.	33	489,502.
_S	34	Total liabilities and net assets/fund balances			454,205.	34	490,335.

form 990 (2009) WANTASTIQUET TROUT CLUB	03-0165550	Pa	ige 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both.	issued on a		
Separate basis Consolidated basis Both consolidated and separate basis	i		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single		X

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

WANTASTIQUET TROUT CLUB

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Employer Identification number

03-0165550

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete of the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? No Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements **2**a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
 - Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X

170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

during the year ▶

during the year

conservation easements

Ψ,		
►\$		

- ¢

Schedule D (Form 990) 2009 WANT						03-016			Page 2
Part III Organizations Mainta	ining Colle	ection	s of A <u>rt, Hist</u> e	<u>orica</u>	<u>l Treasures, o</u>	Other Similar As	sets (<u>contin</u>	nued)
3 Using the organization's acquisiti items (check all that apply).	on accession	and oth	er records, chec	k any i	of the following tha	it are a significant use	of its co	ollection	1
a Public exhibition			—	or exch	nange programs				
b Scholarly research			e Other						
c Preservation for future gener									
4 Provide a description of the orgal Part XIV.			•	•	•		ın		
5 During the year, did the organiza assets to be sold to raise funds r	ition solicit or i ather than to l	receive be main	donations of art, Itained as part of	, histor f the oi	ical treasures, or o roanization's collec	other similar ction?	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	al Arrangen	nents	Complete if o	organ			990, P	art IV	, line
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodiar	n, or oth	er intermediary	for cor	ntributions or other	assets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV aı	nd comp	olete the followin	ig table	e				
							Amoun	<u>t</u>	
c Beginning balance						1c			
d Additions during the year						1d			
e Distributions during the year						1 e			
f Ending balance						1f		—	
2a Did the organization include an a		m 990, I	Part X, line 21?				Yes	L	No
b If 'Yes,' explain the arrangement				at 15	(a al da Carra OC	00 Dawl IV June 10			
Part V Endowment Funds Co							T T		
	(a) Current	year	(b) Prior year	-	(c) Two years back	(d) Three years back	(e)	Four year:	s Dack
1 a Beginning of year balance			_						
b Contributions									
c Net Investment earnings, gains, and losses									
d Grants or scholarships									
 Other expenditures for facilities and programs 					······				
f Administrative expenses									
g End of year balance							<u> </u>		
2 Provide the estimated percentage	=	end bala	ance held as.						
a Board designated or quasi-endov	wment 🟲		<u> </u>						
b Permanent endowment ►	8								
c Term endowment ►	&								
3a Are there endowment funds not a organization by.	n the possess	ion of th	ne organization t	that are	e held and adminis	tered for the		Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(II), are the related of	organizations l	isted as	required on Sch	hedule	R?		3b		
4 Describe in Part XIV the intended									
Part VI Investments-Land, E	<u>Buildings, a</u>	nd Ec	j <mark>uipment.</mark> Se	e For	<u>m 990, Part X</u>	, line 10.			
Description of investment	t 		t or other basis evestment)		Cost or other asis (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue ————
1 a Land									
b Buildings					168,434.				<u>, 434.</u>
c Leasehold improvements					148,437.				<u>, 437.</u>
d Equipment					74,798.			74	<u>,798.</u>
e Other						_			
Total. Add lines 1a through 1e (Column	n (d) must equ	ıal Forn	n 990, Part X, co	olumn ((B), line 10(c).)				<u>,669.</u>
BAA						Sched	l) d əlut	Form 99	90) 2009

Schedule D (Form 990) 2009 WANTASTIQUET TROU			03-0165550	Page 3
Part VII Investments—Other Securities See F	<u>orm 990, Part X, li</u>	ne 12. N/A		
(a) Description of security or category (including name of security)	(b) Book value	(c) Me Cost or end	thod of valuation d-of-year market value	
Financial derivatives				
Closely-held equity interests				
Other				
				
				-
				
Total (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►			<u> </u>	
Part VIII Investments-Program Related (See	Form 990, Part X.	line 13) N/A		
(a) Description of investment type	(b) Book value		thod of valuation	
(a) Bescription of investment type	(B) Book value	Cost or end	d-of-year market value	
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)				
Part IX Other Assets (See Form 990, Part X,	line 15) N/A	1		
(a) De	scription		(b) Book	value
	·			
	•			
Total. (Column (b) must equal Form 990, Part X, col.(B), lin	ne 15)		•	
Part X Other Liabilities (See Form 990, Part	X, line 25)			
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
OTHER	22	21.]		
PAYROLL LIABILITIES	61	2.		
_				
Total (Column (b) must equal Form 990, Part X, col. (B) line 25)	83	33.		
2. FIN 48 Footnote In Part XIV, provide the text of the footn			reports the organization's	liability

Schedule D (Form 990) 2009 WANTASTIQUET TROUT CLUB	<u>U</u> .	<u>3-0165550</u>	Page 4
Part XI Reconciliation of Change in Net Assets from Form 99	0 to Financial Statements	N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year. Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			·
8 Other (Describe in Part XIV).			
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lii			
Part XII Reconciliation of Revenue per Audited Financial Stat	<u>ements With Revenue per l</u>	Return N/A	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1	1	
a Net unrealized gains on investments	2a	_	
b Donated services and use of facilities	2b	-[]	
c Recoveries of prior year grants	2c	_[]	
d Other (Describe in Part XIV)	2d	4 1	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		f	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	-{	
b Other (Describe in Part XIV)	4b	.	
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part XIII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per Ret		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 - 1		
a Donated services and use of facilities	2a	-	
b Prior year adjustments	2ь	-	
c Other losses	2c	-	
d Other (Describe in Part XIV)	2d	- -	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		ł]	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	-{	
b Other (Describe in Part XIV).	4b	-	
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line	18)	5	
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines information	9, Part III, lines 1a and 4, Part IV, s 2d and 4b. Also complete this par	lines 1b and 2b, I rt to provide any a	Part V, dditional
	= =	=	
·		- -	
			-
· 			
		-	

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Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 WANTASTIQUET TROUT CLUB Part XIV Supplemental Information (continued)	03-0165550	Page 5
Part XIV Supplemental Information (continued)		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Employer identification number Name of the organization 03-0165550 WANTASTIQUET TROUT CLUB <u> Form 990, Part VI, Line 11 - Form 990 Review Process</u> No review was or will be conducted.