



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



Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service

- 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.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20
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
Instruc-
tions**C** Name of organization

WALLUM LAKE ROD & GUN CLUB

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

200 BROOK ROAD

City or town, state or country, and ZIP + 4

HARRISVILLE, RI 02830

D Employer identification number

05-6046263

E Telephone number

(401) 568-7171

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: ►**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 ► \$ 225,392**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	5,049
2	Program service revenue including government fees and contracts	2	77,710
3	Membership dues and assessments	3	78,212
4	Investment income	4	1,618
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including reported on line 1)	6a	6,746
b	Less direct expenses other than fundraising expenses	6b	8,200
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	(1,454)
7a	Gross sales of inventory, less returns and allowances	7a	31,211
b	Less cost of goods sold	7b	27,306
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,905
8	Other revenue (describe ► STM141)	8	24,846
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	189,886
10	Grants and similar amounts paid (attach schedule) STM122	10	5,032
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	10,367
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	39,070
15	Printing, publications, postage, and shipping	15	1,633
16	Other expenses (describe ► STM130)	16	92,297
17	Total expenses. Add lines 10 through 16	17	148,399
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	41,487
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	319,547
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	361,034

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	87,388	103,488
23 Land and buildings	228,737	251,285
24 Other assets (describe ► STM131)	11,215	11,215
25 Total assets	327,340	365,988
26 Total liabilities (describe ► STM132)	7,793	4,954
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	319,547	361,034

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

EEA

Form 990-EZ (2009)

SCANNED APR 14 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **PROVIDE SOCIAL SERVICES TO COMMUNITY**

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, or 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** **PROVIDE SOCIAL SERVICES TO THE COMMUNITY IN THE FORM OF SPECIAL EVENTS AND SPORTING ACTIVITIES.**(Grants \$) If this amount includes foreign grants, check here ☐ **28a** **148,399****29**(Grants \$) If this amount includes foreign grants, check here ☐ **29a****30**(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31** Other program services (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐ **31a****32** Total program service expenses (add lines 28a through 31a) **32** **148,399****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
RICHARD HEWETT 148 OAK STREET UXBRIDGE MA,	PRESIDENT 2	0	0	0
DON GREGSON 33 FORESTVIEW DR NO PROVIDENCE RI,	V-PRESIDENT 2	0	0	0
WILLIAM MICHAELSON 20 LINDEN ST DOUGLAS MA,	SECRETARY 2	0	0	0
GEORGE HEMOND 18 EATON DRIVE NORTH SMITHFIELD, 02896	TREASURER 2	0	0	0
KEVIN BOUTHILLETTE 122 LIME ROCK ROAD SMITHFIELD RI,	MEMBER 1	0	0	0
GREGORY SMITH 2 KIRKBRAE DRIVE LINCOLN RI,	MEMBER 1	0	0	0
ROBERT PASCALE 164 BLACK HUT ROAD HARRISVILLE RI,	MEMBER 1	0	0	0
PHIL THOMAS 1512 TARKLIN RD HARRISVILLE RI,	MEMBER 1	0	0	0
DAVID BAPTISTA 1070 ROUND TOP ROAD HARRISVILLE RI,	MEMBER 1	0	0	0
NORMAN FONTAINE 10 WENDELL STREET NORTH PROVIDENCE RI,	MEMBER 1	0	0	0
DIANE THOMAS 1512 TARKLIN ROAD HARRISVILLE RI,	TRUSTEE 1	0	0	0
STEVE FONTAINE 13 SOUTH BROOKSIDE AVENUE NORTH PROVIDENCE,	TRUSTEE 1	0	0	0
ARNOLD DiBATISTA 200 BROOK ROAD HARRISVILLE RI, 02830	SEARGANT AT ARM 1	0	0	0
JOSEPH LORELLO 200 BROOK ROAD HARRISVILLE RI, 02830	MEMBERSHIP SEC 1	0	0	0
RAYMOND LAURENDEAU 200 BROOK ROAD HARRISVILLE RI, 02830	TRUSTEE 1	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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		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	
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		
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		
42 a	The organization's books are in care of	GEORGE HEMOND	Telephone no
	Located at	18 EATON DRIVE NORTH SMITHFIELD, RI	ZIP + 4
			401-651-1462
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	
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

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **►** _____

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 <i>GR Hemano, MBA</i>		Date <i>3/18/2010</i>	
Paid Preparer's Use Only	Type or print name and title <i>GR Hemano, MBA - TREASURER</i>			
	Preparer's signature <i>GR Hemano CPA</i>	Date <i>03-12-2010</i>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying No. (See inst) <i>000161529</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>Damiano & Burk CPAs pc</i> <i>6 Blackstone Valley Pl Ste109</i> <i>Lincoln, RI 02865</i>		EIN <i>05-0442623</i>	Phone no <i>401-333-2880</i>
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2009
Attachment
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

WALLUM LAKE ROD & GUN CLUB

FORM 990 - 1

05-6046263

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,795

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	4,187
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,059	5	HY	S/L	106
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property Statement # 50						810
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	10,898
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2009)

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule

Statement #122

Activity		<u>Amount</u>	<u>Relationship</u>
Grantee	DONATIONS none in excess of \$5,000	5,032	NONE
Address	BURRILLVILLE COMMUNITY ORGS		
	MAIN ST		
	Burrillville RI 02830		
	Total	<u>5,032</u>	

Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
OFFICE EXPENSES	3,564
DEPRECIATION	10,898
INSURANCE	6,751
DUES	280
PROGRAM COSTS-SPORT ACTIVITIES	68,947
MEMBERSHIP EXPENSES	<u>1,857</u>
Total	<u>92,297</u>

Form 990EZ, Part II, Line 24 Other Assets Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
INVENTORIES	<u>11,215</u>	<u>11,215</u>
Total	<u>11,215</u>	<u>11,215</u>

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3

Description	Beginning of Year	End of Year
NOTE PAYABLE	7,793	4,954
Total	7,793	4,954

Form 990EZ, Part I, Line 8 Other Revenues Schedule 2

Description	Amount
RENTAL INCOME	24,727
MISCELLANEOUS	119
Total	24,846

FORM 4562 - LINE 19F

PG01
Statement # 50

COST	RP	CV	METHOD	DEDUCTION
16,269	20	HY	S/L	407
16,118	20	HY	S/L	403
TOTAL				810