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Form 990-EZ

2009

OMB No 1545 1150

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

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For	the 2009 calendar year, or tax year beginning , 2009	, and er	nding		,		
В		of applicable C	·		mployer	ridentification number		
	Addre	dress change use IRS ANSONIA ROD & GUN CLUB		06-6069233				
	Name	ame change liabel or QA RROOK STREET				Telephone number		
	Initial	uttal return Type. ANSONIA, CT 06401			203-	735-8048		
	Termi	nation See Specific						
-		ded return Instruc- tuons.			iroup E lumbei	Exemption		
4	7.66.0			G Accounting meth		X Cash Accrual		
		 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 		Other (specify)				
		** /*				rganization is not		
1		site: N/A		required to attac 990-EZ, or 990-F	h Sche Fi	edule B (Form 990,		
<u>J</u> _		exempt status (check only one) — X 501(c) (7) ◄ (Insert no) 4947(a)(1) or	527					
K	\$25 c	ck ► If the organization is not a section 509(a)(3) supporting organization at 000. A Form 990-EZ or Form 990 return is not required, but if the organization of						
$\overline{}$								
_		lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, ad of Form 990-EZ	ille Ful		▶\$	148,999.		
Pε	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund	Balan	ces (See the ins	tructi	ons for Part I.)		
	1	Contributions, gifts, grants, and similar amounts received			1			
2010	2	Program service revenue including government fees and contracts			2	119,271.		
20	3	Membership dues and assessments .			3	28,733.		
≘	4	Investment income			4	995.		
3	5a	Gross amount from sale of assets other than inventory	5a					
	b	Less: cost or other basis and sales expenses	5 b					
⊒ ₽	C	: Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) .			5c			
¥	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gan	ing, chec	k here				
אַּב	a	Gross revenue (not including \$of contributions						
ÄĔ.		reported on line 1)	6a	- <u> </u>				
P	b	Less: direct expenses other than fundraising expenses	6b_					
₹	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c			
NEW CENTROL IN	7a	Gross sales of inventory, less returns and allowances .	7a					
9	1	Less: cost of goods sold	7b		•			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
	8	Other reve nue (describe)	8			
	9	Total revenue. Add hires 1,2-3, 4, 5c, 6c, 7c, and 8			9	148,999.		
	10	Grants and similar amounts paid (attach schedule)			10			
E	11	Benefits paid tology for members [•	11_			
X	12	Salaries; other compensation, and employee benefits Professional fees and other payments to independent contractors			12 13			
E	13	Occupancy, rent) Griffles, and maintenance. Printing, publications, postage, and shipping				625.		
EXPEZSE	14					31,990.		
S	15					- 50 001		
	16	Other expenses (describe ► See Statement 1) .	16	72,284.		
	17	Total expenses. Add lines 10 through 16			17	104,899.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	•		18	44,100.		
N S E T	19					616 051		
ŤĘ	20	figure reported on prior year's return). Other changes in net assets or fund balances (attach explanation).	00 S1	atement 2	19 20	616,951.		
Ś	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	EE 31	_atement 2	21	661,052.		
Pa	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000	_					
	7 . 25	(See the instructions for Part II.)	or mor	(A) Beginning of ye		(B) End of year		
22	Car	(See the instructions for Fart II.) sh, savings, and investments		122,827		164, 325.		
23		and and buildings		452,263		462,084.		
24		ner assets (describe > See Statement 3)		42,161		34,943.		
25		al assets	•	617,251		661,352.		
26		ral liabilities (describe ► See Statement 4)		300		300.		
27		assets or fund balances (line 27 of column (B) must agree with line 21)		616,951		661,052.		

Form 990-EZ (2009)

<u>Form</u>	1 990 EZ (2009) ANSONIA ROD & (GUN CLUB		06-	<u>-60</u>	69233 Page 2
Par		ervice Accomplishment	s (See the instruct	ions.)		Expenses
What i	is the organization's primary exempt purpose? Se	e Statement 5			(Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional
Desc	ribe what was achieved in carrying out thribe the services provided, the number of	ne organization's exempt purp	oses. In a clear and cor	ncise manner,	orga	nizations and section
desc	ribe the services provided, the number of ram title.	f persons benefited, or other r	elevant information for	each	4947	(a)(1) trusts; optional thers.)
28	iam me.				101 0	11613.)
20						
	(Grants \$) If the	his amount includes foreign gr	ants, check here	· ·	28 a	36,210.
29						
				1		
	(Grants \$) If the	nis amount includes foreign gr	ants check here		29 a	
30	(Ciralità V	is amount includes loreign gr	arts, check here			· · · · · · · · · · · · · · · · · · ·
30						
	70			-	20 -	
		nis amount includes foreign gr	ants, check here		30 a	
31	Other program services (attach schedule					
		nis amount includes foreign gr	ants, check here		31 a	
	Total program service expenses (add lin				32	36,210.
Par	t IV List of Officers, Directors					
	433	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plans deferred compensat	s and	and other allowances
WAR	REN CONNORS	President	0.	dotorrod compensate	0.	0.
	TER STREET	Tresident	٠٠		٥.	· ·
		· ·				
	ONIA, CT 06401					
	PETRUZZELLO	Secretary	0.		0.	0.
	LETREE LANE] 0				
WOO	DBRIDGE, CT 06525			<u></u>		
HOR	ACE BEHRLE JR	Treasurer	0.		0.	0.
BRO	OK STREET	i o				
	ONIA, CT 06401	†		1		
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BAA		TEEA0812L 0	1/30/10			Form 990-EZ (2009)

			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		Х
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?	35 a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	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		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	37 b		Х
	b Did the organization file Form 1120-POL for this year?	3/B		
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?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b N/A			
39	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a 0.			
40	b Gross receipts, included on line 9, for public use of club facilities			
40	section 4911 > N/A; section 4912 > N/A; section 4955 > N/A			
	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	40 b		
	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	40 e		Х
41	List the states with which a copy of this return is filed None			
42	a The organization's books are in care of ► HORACE BEHRLE JR Located at ► 94 BROOK STREET ANSONIA CT Telephone no. ► 203-7.	<u>35-8</u>	0 <u>48</u>	
		 1	Yes	NI -
	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	Yes	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 a Foreign Bank and Financial Accounts.	42.	1	Х
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42c		
	If 'Yes,' enter the name of the foreign country:			
				NT / P
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	•		N/A N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year . 43			41/ D
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
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		х
		000	· 7	2000

	501(c)(3) organizations and se 46-49b and complete the table	ection 4947(a)(1) no es for lines 50 and 5	nexempt charitab	le trusts must answ	er questio	ns
for p 47 Did to 48 Is the 49 a Did to b If 'Ye 50 Comi	the organization engage in direct or indirect bublic office? If 'Yes,' complete Schedule Cithe organization engage in lobbying activitie organization a school as described in sethe organization make any transfers to an es,' was the related organization a section plete this table for the organization's five I	C, Part I les? If 'Yes,' complete S lection 170(b)(1)(A)(ii)? If exempt non-charitable re 527 organization? highest compensated em	chedule C, Part II 'Yes,' complete Schedelated organization?	dule E fficers, directors, trustees	46 47 48 49a 49b	es No
	Oyees) who each received more than \$10 Name and address of each employee paid more than \$100,000	0,000 of compensation from (b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe account other allow	and
					·	
					·	
					<u>.</u>	
51 Com	I number of other employees paid over \$1 plete this table for the organization's five hoesation from the organization. If there is	nighest compensated ind	lependent contractors	who each received more	than \$100,00	00 of
	(a) Name and address of each independent contr			(b) Type of service	(c) Compen	sation
d Total	(a) Name and address of each independent contributions of each independent contributions of each independent contributions of other independent contractors	ractor paid more than \$100,000	0,000	(b) Type of service	(c) Compen	sation
d Total		each receiving over \$10	mpanying schedules and state all information of which prepai			
Sian	number of other independent contractors Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of prepare (Above M. Behrle Signature of officer Hayace W. Behr	each receiving over \$10 inned this return, including according than officer) is based on a Treasure I, CPA tter Burrell PC le	mpanying schedules and state all information of which prepai	ements, and to the best of my kner has any knowledge 05-/2-/0 Date Check if Free Self Self Employed N/	nowledge and bel	ef, it is

Federal State	ements	Page 1
ANSONIA ROD &	GUN CLUB	06-606923
		10:47AI
16		
ions, and Meetings		\$ 470. 10,145. 16,503.
& PURCHASE		5,279. 356. 1,851. 36,210.
	Total	1,470. \$ 72,284.
20 sets Or Fund Balances		
	Total	\$ 1. \$ 1.
· 24		
ent	Beginning \$ 42,161 Total \$ 42,161	. \$ 34,943.
· 26		
	Beginning \$ 300 Total \$ 300	. \$ 300.
		ANSONIA ROD & GUN CLUB 16 21 cions, and Meetings & PURCHASE Total 20 sets Or Fund Balances Total 24 Perinning \$ 42,161 \$ 42,161 26 Perinning \$ 300

Organization's Primary Exempt Purpose

The organization promotes interest of the use of rod & gun for the benefit of membership. The organization also promotes the education of the general public, particularly the youn in safe, considerable and lawful use of land and stream.

' 2009	Federal Statements	Page 2
Client 205	ANSONIA ROD & GUN CLUB	06-6069233
5/05/10		10:47AM
Statement 6 Form 990-EZ, Part VI Regarding Transfers	I S Associated with Personal Benefit Contracts	
(a) Did the orgaindirectly, to pa (b) Did the orga	anization, during the year, receive any funds, directly or ay premiums on a personal benefit contract? anization, during the year, pay premiums, directly or personal benefit contract?	No
indirectly, on a	personal benefit contract?	No