

# 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



# **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

Department of the Treasury

Inter	nal Reven	lue Service	- The organizatio	n may have to use	a copy t	or time return to s	sausiy si	tate reporti	ig requireme	:IIIS.				ccaon
	For the	2009 calendar year	, or tax year begin	ning		, 2	009, aı	nd endin	g			,		
В	Check if a	applicable	C Name of organiz	zation						D Employ	er iden	tification Nun	nber	
	Addr	ress change IRS labe	HICOUNTRY PO	OND FISH 8	GA1	ME CLUB	INC			22-	2586	812		
	Nam	ne change or type.	Number and stre	et (or PO box if r				Room/su	ute	E Telepho	опе пил	ber	_	
		See specific		1	/					(60	313	82-568	1	
	<b>—</b>	instruc- nination tions.	City, town or co			s	itate Zi	IP code + 4		(00.	<del>, ,</del>	02 300	<del>-</del>	
		ended return	NEWTON	,				3858		G 0		e 210	848.	
	$\vdash$	<u></u>	e and address of princip	al afficac			VIT C		H(a) Is this	G Gross r			$\overline{}$	
	<u></u>		, ,		. 37	<b>.</b>	3777 C		H(b) Are all			=	Yes Yes	X No
_			Deardorff 20 Hi					13030		attach a list		structions)		Шио
<u> </u>		exempt status X 50		(insert no.)		4947(a)(1) o		527						
<u>J</u>			www.country	pondfisha	ındga	meclub.c			H(c) Group		umber			
K_		of organization X Corpo	oration Trust	Association	Other	<u> </u>	L Yea	r of Format	ion: 1952	2 <b>M</b> s	State of	legal domicile	NH	
Pa	rt I	Summary				<del> </del>								
		Briefly describe the o				it activities:	SPO	<u>NSORSI</u>	HIP OF	_EVENT	S_TC	)		
ě	<u>-</u> E	FURTHER GUN S	AFETY_AND_G	UN_EDUCAT	NOI.									
ğ	_			<del>-</del> ·				<b></b>						
Activities & Governance	_		r											
õ	2 0	heck this box >	If the organization	on discontinued	d its op	erations or d	ispose	d of more	e than 25°	% of its a		1 -		
অ	<ul> <li>Number of voting members of the governing body (Part VI, line 1a)</li> <li>Number of independent voting members of the governing body (Part VI, line 1b).</li> </ul>								• • •	• •	3			
ë	1	·	-	_	iing bo	dy (Part VI, II	ine ib)	)	٠		4	9		
Σ		otal number of emplotation					• • • • • • • • • • • • • • • • • • • •			•	<u>5</u>	100		
¥		otal marriber of voidi	•	• •	Icolur	nn (C) une 11	2		•	• • •	7a	100		0.
	:	let unrelated busines					_				7b			<del></del>
	<u> </u>	tet diliciated basine.	33 taxable income	1101111 01111 330	<i>7</i> -1, 000	<del> </del>			T ::		,,,			
	。	Santributions and are	nte (Dest VIII. line	160					P P	rior Year	0.7	Curr	ent Yea	
Ð		Contributions and gra			• •				-	_100,2	<u> </u>		96,	<u>018.</u>
Revenue		Program service reve								1 /	167.			521.
Æ	11 0	nvestment Reprie Part V		4), III les 3, 4, a	anu /u, Oo 10a	, and 11a\			-	14,9			114,	
	12 T	otal revenue – add	lines 8 through	(must equal D	36, 106 3rt VIII	, and Tie) .	una 1		<b></b>	116,6			$\frac{114}{210}$ ,	
_	13 (	Gran Band symlar ar	1. 2010 d (B)	IV solumn (A)	lines	1 2)	, 11116 1	<u> </u>	· ·		300.			675.
n 0 7		Benefits paid to or fo									0.			675.
										0.				
_ s		allnes, offer pomper						0) .		·				<del></del>
₽Ë	16a ⊦	Professional fundrais	ing fees (PartiX;	column (A), lın	e 11e)						0.			
JUIN 1 0 Expenses	ьт	otal fundraising exp	enses (Part IX, co	lumn (D), line :	25) 🟲			0.						
	17 C	Other expenses (Part	IX, column (A), li	nes 11a-11d, 1	1f-24f)	)				90,3	346.		176,	920.
j J	18 T	otal expenses. Add	lines 13-17 (must	equal Part IX,	columi	n (A), line 25)	) .			90,6	546.		177,	595.
្នី	19 F	Revenue less expens	es. Subtract line 1	8 from line 12						26,0	38.			253.
- <del>6</del> 8	-								Regir	nning of Y		End	of Yea	
Net Assets of Fund Balancos	20 T	otal assets (Part X,	line 16)						Degii	613,2			237,	
546	1	otal liabilities (Part	•						<b></b>	226,3			218,	
25		let assets or fund ba	•	no 21 from line	~ 20				··· <del>-</del> ·	386,9				764.
	irt II	Signature Blo		ine 21 non mie	<u>e 20</u>	<del></del>	•			300,3	01.		10,	704.
		Under penalties of perjur true, correct, and comple	te Declaration of prepa	rer (other than offic	er) is ba	sed on all informa	ation of v	which prepa	ements, and irer has any l	knowledge	or my kr	nowledge and	bellet, it	ıs
Sig	nn	<b> </b>	1 re a C - 3	a)oods	-				١.	/ M	.c.	3 3	0/0	
He	re	Signature of officer	<u> </u>	<u> </u>	. ,,	· · · ·			Da	te	<del>0~~</del>	<del></del>		
	_	Andrew Dea	ardarff		_	TREASUL	0				_			
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On	ıly	employed), $\rightarrow 36$	North Stre	et		<u></u>			EI	EIN - 04-3174510				
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May	y the IR	S discuss this return	with the preparer	shown above?	(see	nstructions)						X Yes	5	No

Part IV Checklist of Required Schedules Ye<u>s</u> No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 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 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 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 Х 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 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' complete Schedule D, Part III . 8 Х 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes, Yes10 X 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 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 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 . • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . • Did 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 . . . . 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 12AWas 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 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х **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* 14b Х 15 Х 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 X 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 18 X 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 .... . . . . . . . . . . . Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 Х

Part IV Checklist of Required Schedules (continued) Yes No 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 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 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete* 23 Х 24a Х **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 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 Х 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 25b Schedule L, Part I Х 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 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 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. Х 28a **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* 28b Х 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 28c Х Х 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 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 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 . . . . . 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х

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Form 990 (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Form <b>990</b> (2009) COUNTRY POND FISH & GAME CLUB INC 22-2586	5812	F	Page \$
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	l	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	x	
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			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	j	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<u> </u>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	. 3a		х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b	+	<del>  ^`</del>
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		<u> </u>	Ţ,
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1	X_
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			1
Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	t —	X_
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	<u> </u>	Х
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?	5c		
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?	6 a		x
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were n deductible?	ot 6b		
7 Organizations that may receive deductible contributions under section 170(c).	100	<del> </del>	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	es <u>7a</u>		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. 7b	<u> </u>	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year		ļ	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	+	x
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		Х	
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		Х
9 Sponsoring organizations maintaining donor advised funds.	<u> </u>	·	ļ. <u></u>
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b	1	X
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 . 11. Section 501(cV12) expanizations. Enter:	_		
11 Section 501(c)(12) organizations. Enter:  a Gross income from other members or shareholders			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against	_		
amounts due or received from them.)	12 a		ļ
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	128	<u></u>	L

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Form 990 (2009)

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.

<u>Se</u>	ction A.	Governing Body and Management				
			1 1		Yes	No
		e number of voting members of the governing body	1a 9			
	<b>b</b> Enter the	e number of voting members that are independent	1 <b>b</b>  9			
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business relative trustee or key employee?	ationship with any other	2		X
3	Did the o	organization delegate control over management duties customarily performed by or unders, directors or trustees, or key employees to a management company or other person	nder the direct supervision	3		х
4		organization make any significant changes to its organizational documents		4		Х
		e prior Form 990 was filed?	•			
5	Did the o	organization become aware during the year of a material diversion of the organization	's assets?	5		х
6	Does the	organization have members or stockholders?		6		Х
7	a Does the	organization have members, stockholders, or other persons who may elect one or m g body?	ore members of the	7a	х	
	<b>b</b> Are any	decisions of the governing body subject to approval by members, stockholders, or oth	ner persons?	7 b	x	
8	Did the o	organization contemporaneously document the meetings held or written actions underlying:	taken during the year by			
	a The gove	erning body?		8a	х	
	<b>b</b> Each cor	mmittee with authority to act on behalf of the governing body?		8b	х	
9	Is there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who cani tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be reached at the	9		х
Se		Policies (This Section B requests information about policies not	required by the Internal			
Rev	enue Code	?)				
					Yes	No
10	a Does the	organization have local chapters, branches, or affiliates?		10 a		Х
	<b>b</b> If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of inches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10 b		
11	Has the	organization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11	Х	
11	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990.				
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
	to conflic		-	12b	х	
	<b>c</b> Does the Schedule	organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If 'Yes,' describe in	12c	х	
13	Does the	organization have a written whistleblower policy?		13		Х
14	Does the	organization have a written document retention and destruction policy? .		14		Х
15	Did the persons,	process for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent ision?			
		inization's CEO, Executive Director, or top management official		15a		Х
	<b>b</b> Other of	ficers of key employees of the organization		15 b		Х
	If 'Yes' to	o line 15a or 15b, describe the process in Schedule O. (See instructions )				_
16	a Did the o	organization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	arrangement with a taxable	16 a		X
	b If 'Yes,' I in joint v	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard to the respect to such arrangements?		16 b		
Se		th respect to such arrangements?		_,00		
		states with which a copy of this Form 990 is required to be filled >				
18	Section	6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and on. Indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) ava	ilable	for pu	blic
	<del></del>	website Another's website X Upon request				
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public.	ents, conflict of interest policy	, and	fınanc	ıal
20		e name, physical address, and telephone number of the person who possesses the bow			n. 382-5	5681

# 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

- 1 a 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.

Check this box if the organization did not	compens	ate ar	у сі	ırre	nt of	ficer,	dire	ctor, or trustee.		
(A)	(B)			(	c)			(D)	(E)	(F)
Name and Title	Average hours		tion (		k all t	hat app	_	Reportable compensation from	Reportable	Estimated
	per week	ਸ਼ਰੀਆਂਪੈ ਤੇ ਵਿਸ਼ਵੇਦਰ or director	anstitutional toust <del>ee</del>	Office	Key amployee	Higt est 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
JOHN CARR, PRESIDENT										
EPPING, NH	30.00			Х				0.	0.	0.
SHARON THEOBALD, VICE PRES HAVERHILL, MA	20.00			х				0.	0.	0.
JOHN CULL, SECRETARY										,
HAMPSTEAD, NH	_15.00			х				0.	0.	0.
ANDREW DEARDORFF, TREASURER										
NEWTON, NH	10.00			Х				0.	0.	0.
JOHN CARR, DIRECTOR										
EPPING, NH	10.00	Х						0.	0.	0.
JEFF GERSBACH, DIRECTOR	40.00									
SANDOWN, NH	10.00	Х						0.	0.	0.
STEVE SOUSA, DIRECTOR	10 00	v								•
EXETER, NH CHRIS GORDON, DIRECTOR	10.00	Λ_						0.	0.	0.
HAMPTON FALLS, NH	10.00	y						0.	0.	0.
THOMAS MORAN, DIRECTOR	10.00	- 11							· · ·	<u> </u>
PLAISTOW, NH	10.00	x						0.	0.	0.
										<u> </u>
						_				·

Form 990 (2009) COUNTRY POND FISH & GAME  Part VII   Section A. Officers, Directors, Trus	CLUB tees. K	IN (ev	<u>C</u> Em	ıpla	ove	es.	an	d Highest Con	22-25868		vees	CO	age (
(A)	(B) Average hours per week	Posi	tion (	(6	c) k all t		pply)	Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation fror related organization (W-2/1099-MISC)	n	Es amou com fr org: an	timated nt of ot pensatio om the anizatio d relate inization	her on n
												<u>.</u>	
										_			
										$\perp$			
										$\downarrow$			
			ļ 		_	ļ				$\bot$			
					_	_				$\downarrow$			
						_				$\perp$			
										+			
1 b Total								0.		0.			0.
Total number of individuals (including but not limited from the organization	to thos	e lis	ted	abov	ve) ·	who	rece				comp	ensatı	
nom the organization									<u> </u>			Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in											3		X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual						nd ( omp	othe <i>lete</i>	r compensation fro Schedule J for su	om ich		4		x
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensa edule J	ation for s	froi uch	m ar per	ny u son	nrel	ated	organization for s	services		5		х
Section B. Independent Contractors  1 Complete this table for your five highest compensate	d inden	onde	nt c	cont	ract	ore i	that	received more tha	n \$100,000 of				
compensation from the organization	u muep	enue	51 IC C	JOHE	acı	015		Teceived more tha	T				
(A) Name and business addres	s							Description of	of Services		ompe	nsatio	<u>n</u>
								<u> </u>					

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization >

Par	t VIII   Statement of Revenue					
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 S	1a Federated campaigns . 1a		li .			
X E	b Membership dues 1b	94,556.				
5,6	c Fundraising events . 1c	1,462.				
Ë	d Related organizations . 1d					
18,0 18,0	e Government grants (contributions) 1e	0.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f					
E 0	g Noncash contribus included in lns 1a-1f: \$					
S ₹	h Total. Add lines 1a-1f	<b>•</b>	96,018.			
	Transfer in the second	Business Code	30,010.		-	
PROGRAM SERVICE REVENUE	2a					
Æ	b					
Ę	c					
<u> </u>	d					
ş	e					
8	f All other program service revenue					
8	g Total. Add lines 2a-2f					
	3 Investment income (including dividends,	interest and				
ł			521.	521.	0.	0.
	4 Income from investment of tax-exempt b	ond proceeds				
	<b>5</b> Royalties					
	(i) Real	(II) Personal				
	6a Gross Rents 375.					
	<b>b</b> Less rental expenses	ļ				
	c Rental income or (loss) 375.	•				
	d Net rental income or (loss)		375.	375.	0.	0.
	7a Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
3	8a Gross income from fundraising events (not including \$ 1,462.					
ا څ	of contributions reported on line 1c).					
2	See Part IV, line 18	l				
OTHER REVENU	<b>b</b> Less direct expenses . <b>b</b>					
°	c Net income or (loss) from fundraising ev	rents 🕨				
	9a Gross income from gaming activities. See Part IV, line 19 a					
	<b>b</b> Less: direct expenses					
	c Net income or (loss) from gaming activit	ies			· · · · · · · · · · · · · · · · · · ·	
	10 a Gross sales of inventory, less returns and allowances					
	b Less: cost of goods sold	\ <del></del>				
	c Net income or (loss) from sales of inven		<del></del>	<del></del>		
ŀ	Miscellaneous Revenue	Business Code				
Ì		713900	32,382.	32,382.	0.	0.
		713900	61,391.	61,391.	0.	0.
		713900	10,780.	10,780.	0.	0.
	d All other revenue		9,381.	9,381.	0.	0.
	e Total. Add lines 11a-11d	•	113,934.			
l	12 Total revenue. See instructions .	<b>.</b>	210,848.	114,830.	0.	0.

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.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	675.	675.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	<u></u>			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401 (k) and section 403(b) employer - contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees)				
	ı Management				
	Legal	10,699.	0.	10,699.	0.
	: Accounting .	1,435.	0.	1,435.	0.
	Lobbying	_,		2,004.	<u></u>
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees .				
	Other				
-	Advertising and promotion				
13	Office expenses	3,122.	0.	3,122.	0.
14	Information technology	<u> </u>		7 / ====.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	14,650.	0.	14,650.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,552.	0.	6,552.	0.
	Insurance	6,449.	0.	6,449.	0.
	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.)				
_					
t					
(					
•					
•			11 11		
	All other expenses .	134,013.	82,814.	51,199.	0.
	Total functional expenses. Add lines 1 through 24f	177,595.	83,489.	94,106.	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			<del>, _ , _ , </del>		Form <b>990</b> (2009)

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash – non-interest-bearing	104,630.	1	43,205
2	Savings and temporary cash investments	1,000.	2	54,402
3	Pledges and grants receivable, net	0.	3	
4	Accounts receivable, net	0.	4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	0.	6	
7	Notes and loans receivable, net	0.	7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other basis   10a   241,109.			
	Complete Part VI of Schedule D		1	
t	Less: accumulated depreciation	507,662.	10 c	139,65
11	Investments – publicly-traded securities	0.	11	237,03
12	Investments – other securities. See Part IV. line 11	- 0.	12	=
13	Investments – program-related. See Part IV, line 11	0.	13	
14	Intangible assets		14	
15	Other sector Co. D. I.W. I. 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	612 202	16	227 26
17	· · · · · · · · · · · · · · · · · · ·	613,292.	_	237,26
	Accounts payable and accrued expenses	<del></del>	17	
18	Grants payable	<del></del>	18	
19	Deferred revenue		19	·
20	Tax-exempt bond liabilities	0.	20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	226,391.	23	218,50
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities Complete Part X of Schedule D	0.	25	
26	Total liabilities. Add lines 17 through 25	226,391.	26	218,50
!	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines			
1	27 through 29 and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► X and complete			
30	lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, and equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	386,901.	32	18,76
33	Total net assets or fund balances.	386,901.	33	18,76
31 32 33 34	Total liabilities and net assets/fund balances.	613,292.	34	237,26
A	The state of the s			Form <b>990</b> (20

Form 990 (2009) COUNTRY POND FISH & GAME CLUB INC 22-2586	312	Page 1			
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	х		
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b		Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	х		
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 issued on a consolidated basis, separate basis, or both					
X Separate basis Consolidated basis Both consolidated and separate basis		_ _			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь			

Form 990 (2009)

BAA

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **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 2009

Open to Public Inspection

Employer Identification number

വ	UNTRY POND FISH & GAME CLUB IN	rc ·		22-2586812
Pa			or Cimilar Funda or	
	the organization answered 'Yes' to	o Form 990 Part IV Jin	er Similar Fullus or . e 6	Accounts Complete II
	the organization unaversal rest	· · · · · · · · · · · · · · · · · · ·		/h> Funda and other page value
1	Total number at and of year	(a) Donor advised	Turios	(b) Funds and other accounts
1	Total number at end of year		<del></del>	
2	Aggregate contributions to (during year)			·
3	Aggregate grants from (during year) .			· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year	<del></del>		·
5	Did the organization inform all donors and donor funds are the organization's property, subject to	or advisors in writing that the other organization's exclusive	assets held in donor advis legal control?	ed Yes No
6	Did the organization inform all grantees, donor- used only for charitable purposes and not for the purpose conferring impermissible private benef	he benefit of the donor or don	ng that grant funds may be or advisor or for any other	· Yes No
Da			nowarad Waal ta Fari	
	rt II Conservation Easements Comple			n 990, Part IV, line 7.
1				
	Preservation of land for public use (e.g., re	creation or pleasure)		torically important land area
	Protection of natural habitat		Preservation of certific	ed historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organizatio last day of the tax year.	n held a qualified conservatio	n contribution in the form	of a conservation easement on the
	last day of the tax year.			Held skills Find of the Very
	a Total number of appearation appearants		<u> </u>	Held at the End of the Year
	a Total number of conservation easements		2	<del></del>
	b Total acreage restricted by conservation easem		2	<del></del>
	c Number of conservation easements on a certification		``'	
	d Number of conservation easements included in		<u>2</u>	
3	Number of conservation easements modified, to	ransferred, released, extinguis	shed, or terminated by the	organization during the tax
	year ►			
4	Number of states where property subject to cor	iservation easement is located	d ►	
5		arding the periodic monitoring	g, inspection, handling of	violations,
_	and enforcement of the conservation easement			. Yes No
6	Staff and volunteer hours devoted to monitoring during the year ▶	g, inspecting, and enforcing c	onservation easements	
7	Amount of expenses incurred in monitoring, insiduring the year ►	specting, and enforcing conse	rvation easements	\$
8	Does each conservation easement reported on	line 2(d) above satisfy the re-	nuirements of section	
_				Yes No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in the organization's financial s	n its revenue and expense tatements that describes	statement, and balance sheet, and the organization's accounting for
Pa	rt III Organizations Maintaining Collection Complete if the organization answers	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or Other ), Part IV, line 8.	Similar Assets
1:	a If the organization elected, as permitted under treasures, or other similar assets held for publi- the text of the footnote to its financial statemer	c exhibition, education, or res	earch in furtherance of pu	alance sheet works of art, historical blic service, provide, in Part XIV,
1	b If the organization elected, as permitted under treasures, or other similar assets held for public amounts relating to these items:	SFAS 116, to report in its rev c exhibition, education, or res	enue statement and balan earch in furtherance of pu	ce sheet works of art, historical blic service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		▶\$
	(ii) Assets included in Form 990, Part X	••		►\$ ►\$
2	If the organization received or held works of art amounts required to be reported under SFAS 1	t, historical treasures, or other		
	a Revenues included in Form 990, Part VIII, line			<b>≻</b> \$
	b Assets included in Form 990, Part X.			• ¢

	'RY POND FISH			22-258	
Part III Organizations Maintai	ning Collection	s of Art, Histo	<u>orical Treasures, o</u>	<u>r Other Similar Ass</u>	ets (continued)
<ol> <li>Using the organization's acquisition items (check all that apply).</li> </ol>	on accession and ot	her records, check	k any of the following th	nat are a significant use	of its collection
a Public exhibition		d Loan	or exchange programs		
<b>b</b> Scholarly research		e 📗 Other	-		
c Preservation for future genera					
4 Provide a description of the organ Part XIV.			_		ın
5 During the year, did the organizate assets to be sold to raise funds ra	ther than to be mai	ntained as part of	the organization's colle	ection?	Yes No
Part IV Escrow and Custodial 9, or reported an amou	l <mark>Arrangements</mark> unt on Form 990	Complete if o ), Part X, line	organization answe 21.	red 'Yes' to Form 99	30, Part IV, line ————————————————————————————————————
1 a Is the organization an agent, trust included on Form 990, Part X?				er assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement in	in Part XIV and com	plete the followin	ig table.		
					Amount
c Beginning balance			• • •	1c	
<b>d</b> Additions during the year				1 d	
<ul> <li>e Distributions during the year</li> </ul>				1e	<del></del>
3				1f	<del>_</del>
2a Did the organization include an ar		Part X, line 21?	• • • • •		Yes No
<b>b</b> If 'Yes,' explain the arrangement i					
Part V Endowment Funds Cor		zation answer			<del></del>
-	(a) Current year	(b) Prior year	r (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the year end bal	ance held as:	-		
a Board designated or quasi-endow	ment >	₹			
<b>b</b> Permanent endowment ►	- %				
c Term endowment	8				
3a Are there endowment funds not in organization by.	the possession of	the organization t	hat are held and admın	stered for the	Yes No
(i) unrelated organizations					3a(i)
					3a(ii)
b if 'Yes' to 3a(ii), are the related or					3b
4 Describe in Part XIV the intended	-	•			
Part VI Investments-Land, B	<del></del>			. line 10.	
Description of investment	(a) Co	st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
<b>1 a</b> Land		,	50,000.	_	50,000.
<b>b</b> Buildings			31,000.	31,000.	0.
c Leasehold improvements		İ	118,595.	32,358.	86,237.
d Equipment			41,514.	38,094.	3,420.
<b>e</b> Other		<u></u>		,	
Total. Add lines 1a through 1e (Column	(d) must equal For	m 990, Part X. co	lumn (B), line 10(c).)	,	139,657.
BAA		,,	7,	· · · · · · · · · · · · · · · · · · ·	lule <b>D</b> (Form 990) 2009

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· Schedule D (Form 990) 2009 COUNTRY POND FISH	& GAME CLUB IN	IC 22-25868	12 Page 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, lii	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	value
Financial derivatives			
Closely-held equity interests		•	
Other			· · · · · · · · · · · · · · · · · · ·
Other			
			<del></del>
			· ·
Total (Column (h) must equal form 000 Part V and (P) line 12)			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	L Dort V		·
Part VIII Investments—Program Related (See F			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market v	alue -
			<del></del>
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.)			
Part IX Other Assets (See Form 990, Part X,		- ·····	
	scription		(b) Book value
· · · · · · · · · · · · · · · · · · ·			
			<del> </del>
	,·· <u>-</u> .·		···
Total. (Column (b) must equal Form 990, Part X, col.(B), lin		<u>, ,,,</u> ▶	
Part X Other Liabilities (See Form 990, Part	X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
· · · · · · · · · · · · · · · · · · ·		<del></del>	
· · · · · · · · · · · · · · · · · · ·			
	<del></del>	<del></del>	
	<del>- </del>		
		<del>_</del>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote.	ote to the organization's	financial statements that reports the organ	ration's liability

Page 3

Schedule D (Form 990) 2009 COUNTRY POND FISH & GAME CLUB INC	22-2586812	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	5	
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 lines 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1 Total revenue, gains, and other support per audited financial statements	1 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<b>'</b>	
<u> </u>		
c Recoveries of prior year grants 2c	<del> </del>	
d Other (Describe in Part XIV)	<del></del>	-
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b .	<del> </del>	
b Other (Describe in Part XIV)	<del></del>	
c Add lines 4a and 4b	4c 5	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	1	
1 Total expenses and losses per audited financial statements.	<del></del>	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses	<b>—</b>	
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b 4a		
<b>b</b> Other (Describe in Part XIV)		
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 9; Part III, lines 1a and 4; Part line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this information.	IV, lines 1b and 2b; Pa part to provide any ad	ırt V, dıtıonal

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Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 COUNTRY POND FISH & GAME CLUB INC  Part XIV   Supplemental Information (continued)	22-2586812	Page 5
Part XIV   Supplemental Information (continued)	· • · · · · · · · · · · · · · · · · · ·	
	. <b>_</b>	
		·
	<del></del>	

### Form 4562

Department of the Treasury Internal Revenue Service (99)

# Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No 67

Name(s) shown on return Identifying number COUNTRY POND FISH & GAME CLUB INC 22-2586812 Business or activity to which this form relates Form 990 / Form 990EZ 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 \$250,000 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 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 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) 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 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 ٥. MACRS Depreciation (Do not include listed property.) (See instructions) 17 6,552 17 MACRS deductions for assets placed in service in tax years beginning before 2009 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 (C) Basis for depreciation (b) Month and (d) (e) (g) Depreciation year placed (business/investment use Recovery period Convention deduction only — see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property q 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 vrs MM S/L i Nonresidential real 39 yrs MM S/L property. MM S/L Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a 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

the appropriate lines of your return Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

6,552.

entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles 24 a Do you have evidence to support the business/investment use claimed? No 24b If 'Yes,' is the evidence written? Yes Yes No (c) Business/ investment (a) (b) (d) (e) (g) (h) (i) Type of property (list vehicles first) Basis for depreciation Date placed Elected Cost or Recovery Method/ Depreciation section 179 (business/investment in service other basis period Convention deduction LISA use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B — Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) **(f)** (e) Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year. Add lines 30 through 32 . Yes No Yes No Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? . . Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . . . Do you meet the requirements concerning qualified automobile demonstration use? (See instructions). Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI Amortization (a) (b) (c) (d) (e) **(f)** Description of costs Date amortization Amortizable Code Amortization Amortization period or percentage Amortization of costs that begins during your 2009 tax year (see instructions): Amortization of costs that began before your 2009 tax year 43 Total. Add amounts in column (f). See the instructions for where to report 44

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for

Form 990 p 9: Part VIII Statement of Revenue

Line 11d - All Other Revenue Smart Worksheet				
The total of the following items carry to	line 11d below:			
	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
VENDING INCOME  METAL RECYCLING  OTHER INCOME	5,642. 1,327. 2,412.	5,642. 1,327. 2,412.		

Form 990 p 10: Part IX Statement of Functional Expenses

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet					
To enter assets, QuickZoom to Asset Entry Worksheet  To view a calculated report of all depreciation information for Form 990, QuickZoom to the Depreciation/Amortization Report QuickZoom to Form 4562 for Form 990					
''''	Tollowing items carry to line	(A)	(B)	(C)	(D)
	Description	Total	Program services	Management and general	Fundraising
A B C	Depreciation Depletion Amortization	6,552.	0.	6,552.	0.

Form 990 p 10: Part IX Statement of Functional Expenses

Line 24f - All Other Expenses Smart Worksheet				
The total of the following items of	carry to line 24f belo	ow:		
· [	(A)	(B)	(C)	(D)
Description	Total	Program	Management	Fundraising
		services	and general	
BANK CHARGES	979.		979.	
CLEANING & MAINTENANCE	8,504.		8,504.	
DUES & SUBSCRIPTIONS	190.		190.	
MISCELLANEOUS	195.		195.	
See See All Other Expenses Smart Worksheet	124,145.	82,814.	41,331.	

Sch D, page 5 (Copy No. 1): Part XIV Supplemental Information

### **Supplemental Information Smart Worksheet**

Description of this copy of Schedule D, page 5 . Copy No. 1

QuickZoom here to another copy of Schedule D, page 5

Form 990, Page 10, Line 24f See All Other Expenses Smart Worksheet

Description	<b>(A)</b> Total	<b>(B)</b> Program services	<b>(C)</b> Management and general	<b>(D)</b> Fundraising
REPAIRS	1,509.		1,509.	
SECURITY SERVICES	733.		733.	
SUPPLIES - GENERAL	4,191.		4,191.	
SUPPLIES - MEMBER SERVICES	74,127.	74,127.		
SUPPLIES - SPONSORED EVENTS	8,687.	8,687.		
TAXES	18,301.		18,301.	
UTILITIES	16,597.		16,597.	

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Depreciation

2009

22-2586812

COUNTRY POND FISH & GAME CLUB INC

Form 990EZ Form 990 -

Form 4562

Tax Year 2009

► Keep for your records

286 758 428 470 177 628 283 730 6,552 98 6,552 Current Depreciation 309 160 1,578 31,000 1,000 236 407 455 150 94,930 Prior Depreciation 500 517 2,160 2,002 479 440 3,751 107 160 650 186 8,205 24,399 11,963 598 1,596 191 94,930 Method/ Convention 200DB/HY 200DB/HY 200DB/HY 200DB/HY 200DB/HY 200DB/HY 200DB/HY SL/NA SL/HY 35.00 15.00 15.00 7.00 7.00 236 7.00 42,728 25.00 7.00 598 7.00 5,400 15.00 5,000 15.00 479 7.00 9,439 10.00 2,400 25.00 10,455 25.00 4,313 25.00 9,755 15.00 4,297 15.00 18,036 25.00 500 7.00 2,100 5.00 2,485 7.00 Life 1,995 5.00 550 5.00 4,722 8,205 1,500 517 31,000 24,399 191,109 Depreciable Basis 191,109 Special Depreciation Allowance Section 179 Business Use % 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 50,000 50,000 50,000 Land 31,000 10,455 1,500 236 9,439 2,485 5,000 550 4,313 500 598 479 2,100 9,755 Cost (net of land) 8,205 24,399 42,728 517 5,400 1,995 2,400 4,297 18,036 191,109 191,109 01/01/75 01/30/99 01/30/99 05/03/00 06/30/02 02/28/04 09/10/04 08/12/06 11/01/07 03/08/08 04/01/08 01/02/02 06/06/03 08/31/03 02/28/04 08/18/05 08/03/06 90/10/60 12/01/07 12/01/07 01/08/08 09/01/07 10/01/08 Date in Service Code BUILDING IMPROVEMENTS BUILDING IMPROVEMENTS BUILDING IMPROVEMENTS BUILDING IMPROVEMENTS **Asset Description** BUILDING IMPROVEMENTS BUILDING IMPROVEMENTS BUILDING IMPROVEMENTS BUILDING IMPROVEMENTS SUBTOTAL PRIOR YEAR RANGE IMPROVEMENTS OFFICE EQUIPMENT DESIGN BUILDING SECURITY SYSTEM ALARM SYSTEM DEPRECIATION PARKING LOT EQUI PMENT **EQUIPMENT EQUI PMENT EQUIPMENT EQUIPMENT EQUIPMENT EQUIPMENT** BUILDING TOTALS COPIER

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Code: S = Sold, A = Auto, L = Listed, C = COGS

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