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Form 990-EZ

Department of the Treasury Internal Revenue Service

OMB No 1545-1150

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

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

Open to Public Inspection

17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 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 (B) End of year (B) End of year (Cash, savings, and investments 25, 911. 22 44,677. 26 Other assets (describe Computer) (D) 2,176. 24 1,159. 27 Total assets 28,087. 25 45,836. 28 Total liabilities (describe One)	A	For the 2009 c	alendar year, or tax year beginning	, 2009, and en			,
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Termination Processing Pr	\vdash		type.			(802)	524-6320
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Tax-exempt status (check only one)							
Recker 1 1 11,552.	ı	Website: ► <u>v</u>					dule B (Form 990,
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Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through 20 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 23 Land and buildings 0. 23 0. 24 Other assets (describe Computer) 25 Total assets 16 Total liabilities (describe One of the year (Subtract line 17 from line 9) 18 17 19,797. 19 28,087. 20 Cash, or assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year in the properties of the prope	S	15 Printing,	publications, postage, and shipping		•	15	2,368.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 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 23 Land and buildings 24 Other assets (describe Computer) 25 Total assets 26 Total liabilities (describe) 18 17,749. 19 28,087. 20 (A) Beginning of year (B) End of year 21 44,677. 22 24 44,677. 23 27 176. 24 1,159. 24 27 176. 24 1,159.		16 Other expe	nses (describe See Other Expenses Statement)		5,877.
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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 45,836. 22 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) 22 Cash, savings, and investments (A) Beginning of year (B) End of year 23 Land and buildings 25,911. 22 44,677. 24 Other assets (describe Computer) 2,176. 24 1,159. 25 Total assets 28,087. 25 45,836. 26 Total liabilities (describe) 0. 26 0.	_	17 Total ex	penses. Add lines 10 through 16			17	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ≥ 21 45,836. 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 25,911. 22 44,677. 23 Land and buildings 0. 23 0. 24 Other assets (describe ► Computer) 2,176. 24 1,159. 25 Total assets 28,087. 25 45,836. 26 Total liabilities (describe ►) 0. 26 0.	,	- 1			•	18	17,749.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ≥ 21 45,836. 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 25,911. 22 44,677. 23 Land and buildings 0. 23 0. 24 Other assets (describe ► Computer) 2,176. 24 1,159. 25 Total assets 28,087. 25 45,836. 26 Total liabilities (describe ►) 0. 26 0.	N S	19 Net asse	ets or fund balances at beginning of year (from line 27, co	olumn (A)) (must agi	ree with end-of-year	. 19	28,087.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 45,836. 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	Ŧ	20 Other ch)	,,	-	
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 25,911. 22 44,677. 44,677. 23 Land and buildings 0. 23 0. 0. 24 Other assets (describe ► Computer) 2,176. 24 1,159. 1,159. 25 Total assets 28,087. 25 45,836. 0. 26 Total liabilities (describe ►) 0. 26 0. 0.	5	C	·		1	_	45,836.
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22 Cash, savings, and investments 25,911. 22 44,677. 23 Land and buildings 0. 23 0. 24 Other assets (describe ► Computer) 2,176. 24 1,159. 25 Total assets 28,087. 25 45,836. 26 Total liabilities (describe ►) 0. 26 0.		a		φ,,200,000 οι τησι			
23 Land and buildings 0. 23 0. 24 Other assets (describe ► Computer) 2,176. 24 1,159. 25 Total assets 28,087. 25 45,836. 26 Total liabilities (describe ►) 0. 26 0.	2	2 Cash saving	•				
24 Other assets (describe ► Computer) 2,176. 24 1,159. 25 Total assets 28,087. 25 45,836. 26 Total liabilities (describe ►) 0. 26 0.			•				
25 Total assets 28,087. 25 45,836. 26 Total liabilities (describe ►) 0. 26 0.	_		•				
26 Total liabilities (describe ►) 0. 26)							
			-	ıne 21)			45,836.

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

Form	990-EZ (2009) VT Federation of				<u>-739</u>	8926	Page 2
Par	III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses	
What i	s the organization's primary exempt purpose?				Regu	red for section (3) and (4)	ו
`Desc desci	tibe what was achieved in carrying out the ibe the services provided, the number of am title.	e organization's exempt purpo persons benefited, or other re	ses. In a clear and conclevant information for ea	cise manner, ach	organi 4947(a for oth	izations and se a)(1) trusts, or	ection otional
28							
				·			
29	(Grants \$) If the	ils amount includes foreign gra			28a		
				-			
	(Grants \$) If th	is amount includes foreign gra	ants, check here .	. ▶ 🗍	29 a		
30							
	(Grants \$) If the		ants check here	·	30 a		
31	Other program services (attach schedule)			31 a		
20	Total program service expenses (add lii	is amount includes foreign gra	anto, Check Hele .				-
			nlovees that are the second			od (Coo #== "	notre \
Par	IV List of Officers, Directors						
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plai deferred compensa	ns and [(e) Expense a and other allo	account wances
Cli PO	nt Gray Box 225	President					
Lvn	donville VT 05851	5.00	0.		0.		0.
		3.00		<u>. </u>	- " 		
	l_Leipold 4 E Sheldon Road	North Vice President					
	sburg Falls, VT 05450	5.00	0.		0.		0.
	Marble	3.00					<u> </u>
	Stafford Aenue	Immediate Past President					
	risville VT 05661	5.00	0.		0.		0.
		3.00	0.		- '		<u> </u>
50	n Hughes	Control W. co Duces dont					
	Freedom Way VT 05641	Central Vice President 5.00	o.		0.		0.
		3.00					<u></u>
	ryl Montague	South Vice President					
	Cat Hole Road NH 03743	5.00	o.		0.		0.
	on Wheeler	3.00	<u> </u>		- ' 		
		Secretary			1		
		5.00	ο.		0.		Ο.
	1 Brunelle						
	French Hill Road	Treasurer	•		1		
	Albans, VT 05478	8.00	0.	1	0.		0.
	. -						
							
							-
BAA		TEEA0812 0	1/30/10	1		Form 990-E	Z (2009)

TEEA0812 01/30/10

_=-			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		v
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			
á	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	, 35a	,	v
ı	reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	 	X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the			
27.	year? If 'Yes,' complete applicable parts of Schedule N a Enter amount of political expenditures, direct or indirect, as described in the instructions	36_		X
	b Did the organization file Form 1120-POL for this year?	37b		x
38 a	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		x_
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
	Section 501(c)(7) organizations. Enter		'	
		<u>) .</u>		
		2.	[
40 8	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►	-		
ı	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		
•	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		x
	List the states with which a copy of this return is filed Vermont The organization's			
	books are in care of P B Brunelle Telephone no. P (802) Located at P 327 French Hill Rd., St Albans, VT ZIP + 4 P 0547		<u>-63</u> 2	<u> </u>
	Located at - 327 Field Hill Rd. / St Ribans/ VI 20 +4 - 0347		~	
ı	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)?	42 b	Yes	No 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. 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		х
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 .		<u>-</u>	
			Yes	No
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
3AA		Form 99 0)-EZ (

Form 990-EZ (2009) VT Federation of Sportsmens Clubs 23-7398926 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 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 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49 b 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' (e) Expense account and other allowances (b) Title and average (d) Contributions to employe (c) Compensation (a) Name and address of each employee paid more than \$100,000 benefit plans and deferred compensation hours per week devoted to position None - Not Applicable

1	Total number of other employees paid over	er \$100,000 ►				
51	Complete this table for the organization's formpensation from the organization. If the	five highest compensated in ere is none, enter 'None'	ndependent conti	ractors who each receiv	ed more than \$100,00	00 of
						

(a) Name and address of each independent contractor paid more than \$	100,000	(b) Type of service	(c) Compensation
one - Not Applicable			

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.

Cian
Sign
Here

WILLIAM Type or print name and title

Preparer's **Paid** Pre-

signature Joan Long-Ignaszewski Firm's name (or yours if self-employed), address, and ZIP + 4 Joann's Accounting/Tax Service

983 Romar Rd

East Fairfield

Date 04/02/10

Preparer's Identifying Number (See instructions) Check if self-employed ► X

(802)

EIN VT 05448 Phone no ►

May the IRS discuss this return with the preparer shown above? See instructions

827-6681 Yes No Form 990-EZ (2009)

BAA

Only

parer's Use

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization						Employer identifica	ation number	
VT Federation of Sportsm	ens Clubs				_ :	23-739892	6	
Part I Fundraising Activities. Completer Part I Form 990EZ filers are not required.	ete if the organ	ization and te this par	swered 'Ye	s' to Form 990, Part IV,	, line 17			
1 Indicate whether the organization r	aised funds thre	ough any o	of the follow	ving activities. Check al	II that app	oly		
Mail solicitations		•		Solicitation of non-				
Internet and email solicitations				Solicitation of gover	•	•		
Ħ				=	_	ants		
Phone solicitations				Special fundraising	events			
In-person solicitations	_							
2a Did the organization have written or employees listed in Form 990, Par	r oral agreeme	nt with any	/ individual	(including officers, dire	ectors, tru	istees or key	Yes	No
] 140
b If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti e organization	ties (fundr	aisers) pur	rsuant to agreements ur			er is to be	
		Ι			(v) Am	ount paid to		
(i) Name of individual	(ii) Activity		fundraiser dy or control	(iv) Gross receipts	(Or re	etained by) iser listed in	(vi) Amount paid (or retained by	
or entity (fundraiser)			ibutions?	from activity		col (i)	organization	
	 	<u> </u>			 		- garman	
		Yes	No	!				
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Total			<u> </u>					
List all states in which the organization or licensing.	ation is register	ed or licen	sed to soil	cit funds or has been no	otified it is	s exempt from	registration	
or neerising.								
					. -			
			-					
		-	-					
					. – – – <i>–</i>			
								
-		- -				_		
							 _	
						 _		

		G (Form 990 or 990-EZ) 2009 VT Fed	the organization a	nswered 'Yes' to Fo	23-73	ne 18. or
		reported more than \$15,000 on F	(a) Event #1 Banquet&Pundralser	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
Ĕ			(event type)	(event type)	(total number)	
REVERUE	1	Gross receipts	44,348.			44,348.
E	2	Less. Charitable contributions			· · · · · · · · · · · · · · · · · · ·	
	3	Gross income (line 1 minus line 2)	44,348.			44,348.
	4	Cash prizes				
_	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
E P	8	Entertainment .				
EXPENSES	9	Other direct expenses	22,571.	<u></u>		22,571.
S	10	Direct expense summary. Add lines 4- ti	nrough 9 in column (d)			22,571.
	11	Net income summary. Combine lines 3, o			<u> </u>	21,777.
Par	<u>t III</u>	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye i.	s' to Form 990, Par	rt IV, line 19, or re	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))
N U			-			
E	_1	Gross revenue				
E	2	Cash prizes		<u> </u>		
EXPENSES TECT	3	Non-cash prizes				
S		Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
		Direct expense summary Add lines 2 thr	<i>a.</i>	<u> </u>	<u> </u>	
	8	Net gaming income summary. Combine I	ines 1, column (d) and I	ine 7	<u></u>	YES NO
		er the state(s) in which the organization op ne organization licensed to operate gaming				9a
		lo,' explain	,			
10 a	– – – – Wer	e any of the organization's gaming license	s revoked, suspended o	r terminated during the t	 tax year?	10a
		es,' explain:		2	-	
	 					
11	Doe	s the organization operate gaming activities	es with nonmembers?			11

Schedule G (Form 990 or 990-EZ) 2009 VT Federation of Sportsmens Clubs	23-7398926	F	2age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in.			
a The organization's facility			
b An outside facility			
14 Enter the name and address of the person who prepares the organization's gaming/special events books an	d records:		
Name. •			<u> </u>
Address:	·		
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue		5a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$	ne amount		_
c If 'Yes,' enter name and address of the third party			
Name. ►	·		
Address:			
16 Gaming manager information			
Name· •	· 		
Gaming manager compensation ► \$			
Description of services provided	· -		
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?	1	7 a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the		
organization's own exempt activities during the tax year > \$		205 7=	1 000-
BAA TEEA3703 02/05/10 Sched	lule G (Form 990 or	r 990-EZ	.) 2009

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172

2009

Attachment Sequence No

Identifying number

Name(s) shown on return

23-7398926 VT Federation of Sportsmens Clubs 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 \$250,000. Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 3 \$800,000. Threshold cost of section 179 property before reduction in limitation (see instructions) 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 5 separately, see instructions 6 (b) Cost (business use only) (C) Elected cost (a) Description of property Listed property Enter the amount from line 29 7 R 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 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 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 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 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 16 18. MACRS Depreciation (Do not include listed property.) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 999. 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 (f) Method (b) Month and (d) (e) Convention (g) Depreciation year placed in service (business/investment use Recovery period 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 g 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 yrs 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 S/L 12 yrs c 40-year MM S/L 40 yrs 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

1,017.

22

Form 4562 (2009) 23-7398926 VT Federation of Sportsmens Clubs Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for 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 No 24b If 'Yes,' is the evidence written? 24a Do you have evidence to support the business/investment use claimed? Yes Yes No (c) Business/ investment (h) (i) (b) Basis for depreciation (business/investment use only) Elected section 179 cost Type of property (list vehicles first) Date placed in service Cost or other basis Recovery Method/ Convention Depreciation deduction use 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 26 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 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 **(f)** (b) **(d)** (e) (a) (c) Total business/investment miles driven 30 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes Yes Yes Yes No No Yes Nο No No Yes No Was the vehicle available for personal use 34 during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person? 36 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). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 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? 41 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)** Amortization period or percentage Date amortization begins Amortizable amount Code Amortization for this year Description of costs Amortization of costs that begins during your 2009 tax year (see instructions) 43 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

Additional Information

VT Federation of Sportsmens Clubs

The information on this tax return was prepared with the Quicken reports that were provided by Bill Brunelle. There may be additional investment income which was not recorded as 1099s were not made available to him. Bill became Treasurer April of 2006 so he has only knowledge of income from that date.

The income and expenses as well as net worth equal the quicken books held by Bill.

Form 990-EZ, Pa				
Other expenses	(des	cribe)		
Bank Charge		3,150,	335.	
Dining			<u>296.</u>	
Dues & Subs	cri	ntions	90.	
Education			21.	
Entertainme	nt		144.	
Mixers	11 C		1,063.	
			1,017.	
Depreciation Clothing	11		264.	
			707.	
Advertising		-d T	161.	
		nd Insurance		
Licenses &			15.	
Tax - Busin	ess	Entity	<u>250.</u>	
Sales Tax			407.	
Internet			204.	
Telephone			73.	
Office			842.	
Lobbying		_ 	95.	
Breach Insu	anc	e Refund	<u>-107.</u>	
				
			_ 	
			·	
			- <u></u> -	
				
				
Total			<u>5,877.</u>	
		=		
Form 990-EZ, P. Grants and Sim				
Purpose of Payr	nent	NRA Day		
	_			
			Grantee's	
Class of Activi	ty	Grantee's Name and Address	Relationship	Amount Given
		Business Person		
National Riff	fle	Various Sportsmen Clubs	Clubs under the	
Day		See Attached for addresses	umbrella of the Vt	
		address VT 05452	Fed of Sportsman	7,500.
If property other Description of P		n cash was given, the following additional in		
Book Value		How Book Value	Determined	
FMV		How FMV Det	ermined	

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

Continued

Purpose of Payme	ent Refuse to be a Victi	.m		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given	
Refuse to be	Business Person X Michael MacDuff	none		
a Victim	address VT 05452		1,052.	
If property other the Description of Property Date of Gift	nan cash was given, the following additional in perty	nformation needs to be	provided:	
Book Value	How Book Value	Determined		
FMV	How FMV De	termined		
Purpose of Payme	ent Women on Target			
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given	
Women on Targe	Business Person t Various Sportsmen Clubs Various addresses see attached address VT 05452	none	3,000.	
If property other the Description of Pro Date of Gift	nan cash was given, the following additional in	nformation needs to be	provided.	
Book Value	How Book Value	Determined		
FMV	How FMV Determined			

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
Savings Beginning Balance	12,750.
To Savings from Checking	25,937.
Checkbook Balance	5,990.

Missisquoi Valley Sportsmen's Club PO Box 636 Enosburg Falls, VT 05450

Robin Adler, Criminal Justice Professor Norwich University 158 Harmon Drive Northfield VT 05663

Precision Valley Fish and Game Assoc. c/o Alan S. Nass PO Box 188 Reading, VT 05062

North Country Sportsmen's Club PO Box 5598 Essex Junction, VT 05495

Lamoille Valley Fish & Game Club c/o Robert Boivin 10 Maple Hill Road Johnson, VT 05656

Vermont State Rifle & Pistol Assoc. c/o Chris Bradley 454 South Main Street Northfield, VT 05663

Green Mountain Practical Shooters c/o Lee Gillies 109 North Road Richmond, VT 05477

Barre Fish & Game Club PO Box 130 Barre, VT 05641

Hale Mountain Fish and Game Club c/o Jim Logan Pace Road Bennington, VT 05201

NRA GRANTS - EXP.:Refuse to be a Victim - Last year:2 1/1/2009 through 12/31/2009

Description

MICHAEL MACDUFF

3/25/2010

Date

1/1/2009 - 12/31/2009

11/2/2009

Num

122

Category Clr Amount

NRA GRANT . R -1,052 49
-1,052.49

LINFLOWS 0.00

TOTAL INFLOWS	0.00			
TOTAL OUTFLOWS	-1,052.49			
NET TOTAL	-1,052.49			

Page 1

NRA GRANTS - EXP.:Women on Target - Last year:2 1/1/2009 through 12/31/2009

			11 112000 among 1210 112000				
<i>1</i> 2010 -	Date	Num	Description	Category	Clr	Amount	
	4/24/2009	269	NORTH COUNTRY SPORTSMEN'S CLUB	NRA GRANT	R	-1,000 00	
	6/2/2009	104	VERMONT STATE RIFLE AND PISTOL AS	NRA GRANT	R	-1,000 00	
	6/2/2009	105	HALE MOUNTAIN FISH & GAME CLUB	NRA GRANT.	R	-500 00	
	6/18/2009	109	BARRE FISH & GAME CLUB	NRA GRANT .	R	-500 00	
	1/1/2009 - 12/3	31/2009				-3,000.00	
			TOTAL	LINFLOWS		0.00	
			TOTAL	TOTAL OUTFLOWS		-3,000.00	
			NETT			-3,000.00	

NRA GRANTS - EXP.:NRA Day - Last year:3

1/1/2009 through 12/31/2009

040			17 172000 till 00gil 12/0 1/2000			
010 —	Date	Num	Description	Category	Clr	Amount
4	1/24/2009	265	MISSISQUOI VALLEY SPORTSMEN'S CLUB	NRA GRANT .	R	-500 00
4	/24/2009	266	NORWICH UNIVERSITY	NRA GRANT.	R	-1,000 00
4	/24/2009	267	PRECISION VALLEY FISH & GAME ASSOC.	NRA GRANT	R	-1,000 00
4	/24/2009	268	NORTH COUNTRY SPORTSMEN'S CLUB	NRA GRANT	R	-1,000 00
4	/24/2009	270	Lamoille Valley Fish & Game Club	NRA GRANT.	R	-1,000 00
4	/24/2009	271	VERMONT STATE RIFLE AND PISTOL ASSOCI	NRA GRANT	R	-1,000 00
4	/24/2009	272	GREEN MOUNTAIN PRACTICAL SHOOTERS	NRA GRANT	R	-1,000 00
6	/18/2009	108	BARRE FISH & GAME CLUB	NRA GRANT	R	-1,000 00
Ĩ	/1/2009 - 12/3	31/2009				-7,500.00
			TOTA	TOTAL INFLOWS		
			TOTA	TOTAL OUTFLOWS		-7,500.00
			NET 1	OTAL		-7,500.00