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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

A For the 2009 calendar year, or tax year beginning **1 May**, **, 2009, and ending** **30 April**, **20 10**

B Check if applicable	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	Grafton County Fish and Game Association, Inc.	02-0306447
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	PO Box 5029	603 675 5890
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	F Group Exemption Number ►
<input type="checkbox"/> Amended return	West Lebanon, NH 03784	
<input type="checkbox"/> Application pending		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ►

I Website: ► WWW.Graftonfishgame.com

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (7) ► (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **49249**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	343
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	45,978
4	Investment income	4	281
5a	Gross amount from sale of assets other than inventory	5a	150
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	150
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ <input type="checkbox"/> of contributions reported on line 1) ► 2482		6a	2482
b Less: direct expenses other than fundraising expenses		6b	2500
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	-18
7a	Gross sales of inventory, less returns and allowances	7a	15
b	Less: cost of goods sold	7b	12
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3
8	Other revenue (describe ►)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	46,737
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	0
14	Occupancy, rent, utilities, and maintenance	14	17,768
15	Printing, publications, postage, and shipping	15	1,566
16	Other expenses (describe ► Clay Pigeons, Donation Susan G. Komen 3-Day for Cure)	16	2,781
17	Total expenses. Add lines 10 through 16	17	22,115
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,622
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	154,960
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	179,582

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	23,0365	22 47658
23	Land and buildings	131,924	23 131,924
24	Other assets (describe ►)	24	
25	Total assets.	154,960	25 179,582
26	Total liabilities (describe ►)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	154,960	27 179,582

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? **Promote shooting sports in Upper Valley**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Sponsor a youth for The Barry Conservation Camp to learn shooting skills for one week

(Grants \$

) If this amount includes foreign grants, check here

**28a****29 Use of club for Hunter Safety Course, 20 personnel.**

(Grants \$

) If this amount includes foreign grants, check here

**29a****30 Local police and Federal Security Guards use the club for firearms training and qualification. 50 personnel**

(Grants \$

) If this amount includes foreign grants, check here

**30a****31 Other program services (attach schedule)**

(Grants \$

) If this amount includes foreign grants, check here

**31a****32 Total program service expenses** (add lines 28a through 31a)**32****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
John Tucker	2-5	0	0	Dues
29 Daniels Dr Enfield, NH 03748				
Jeff Berry	2-5	0	0	Dues
182 Plains Rd Claremont, NH 03743				
Alice Tibbits	8	0	0	Dues
61 Hell Hollow Rd Plainfield, NH 03781				
Lebias R. Gould, Jr	2-5	0	0	
88 Dodge Rd, Plainfield, NH 03781				0
Bob Mariotti	6	0	0	0
24 Oak St. WRJct, VT 05001				
Ad Benware	6	0	0	0
365 N. Main St apt 150 W.Lebanon, NH 03784				
Dana Lapan	2-5	0	0	Dues
11 High St Plainfield, NH 03781				
Bruce Plummer	2-5	0	0	Dues
27 Tallow Hill Rd Plainfield, NH 03781				
Dan Lapan	2-5	0	0	Dues
199 Westgate Rd Plainfield, NH 03781				
John Russ	2-5	0	0	Dues
190 Bank St ext Lebanon, NH 03766				
Lawerence Cromwell	2-5	0	0	0
21 Trescott Rd Etna, NH 03750				
Tom Bubolz	2-5	0	0	Dues
26 Dublin Rd Orford, NH 03777				
Chris Kuzma	2-5	0	0	Dues
21 Kuzma Dr. Cornish, NH 03745				
Wayne Aldrich	2-5	0	0	Dues
10 Park Hurst St #6 Lebanon, NH 03766				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ► _____		
42a The organization's books are in care of ► Lebias R Gould, Jr Telephone no ► 603 675-5890 Located at ► 88 Dodge Rd, Plainfield, NH ZIP + 4 ► 03781		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country. ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? _____ If "Yes," enter the name of the foreign country: ► _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 ► <input type="checkbox"/>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | ✓ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ✓ |
| b If "Yes," was the related organization a section 527 organization? | 49b | ✓ |
| 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | |

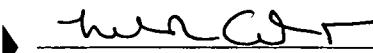
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ► _____

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	► 	27 Aug 2010	Date	
	► Lebias R. Gould, Jr. Treasurer	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ►	
			Phone no ►	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No