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Form 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
HORSEPOND FISH & GAME CLUB

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
12 HORSEPOND AVENUE

City or town | state or country | ZIP + 4
NASHUA | NH | 03063

D Employer identification number
02-0352208

E Telephone number
603-889-5327

F Group Exemption Number ▶

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

I **Website:** ▶ WWW HORSEPOND COM

J **Tax-exempt status** (check only one) — [ ] 501(c)(3) [X] 501(c) (7) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 49,423

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	3,974
	2	Program service revenue including government fees and contracts		2	3,520
	3	Membership dues and assessments		3	21,110
	4	Investment income		4	1,055
	5a	Gross amount from sale of assets other than inventory	5a		
	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	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	11,252	
	c	Less direct expenses from gaming and fundraising events	6c	2,500	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	8,752
	7a	Gross sales of inventory, less returns and allowances	7a	1,462	
	b	Less cost of goods sold	7b	1,415	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	47
	8	Other revenue (describe in Schedule O)		8	7,050
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	45,508
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	1,150
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	445
	14	Occupancy, rent, utilities, and maintenance		14	10,881
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	13,775
	17	**Total expenses.** Add lines 10 through 16	▶	17	26,251
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	19,257
	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	89,845
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶	21	109,102

Part II Balance Sheets. (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	80,289	22	99,546
23	Land and buildings	9,556	23	9,556
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	89,845	25	109,102
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	89,845	27	109,102

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this 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?

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	(Grants $) If this amount includes foreign grants, check here ► ☐	28a	
29	(Grants $) If this amount includes foreign grants, check here ► ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses.** (add lines 28a through 31a) ►	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this 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
RAYMOND SMITH 19 BRIAND DR NASHUA NH 03063	Title PRESIDENT Hr/WK 5 00	0		
JAMES DUBOWICK 1 HILLSIDE DR NASHUA NH 03064	Title VICE PRESIDENT Hr/WK 5 00	0		
DANIEL POIRIER 26 MCKENNA DR NASHUA NH 03062	Title RECORDING SEC Hr/WK 5 00	0		
RUDOLPH TIMPE III 78 FORDWAY EXT DERRY NH 03038	Title TREASURER Hr/WK 5 00	0		
DENNIS DEAN 22 DORA ST NASHUA NH 03063	Title FINANCIAL SEC Hr/WK 5 00	0		
PHILIP JACQUES 1 WATERSEDGE DR HUDSON NH 03051	Title DIRECTOR Hr/WK 5 00	0		
KEN TIMPE 15 WOODBURN DR LITCHFIELD NH 03052	Title DIRECTOR Hr/WK 5 00	0		
JUDD BODWELL 120 WALNUT ST NASHUA NH 03063	Title DIRECTOR Hr/WK 5 00	0		
KEITH FREDETTE 140 CONCORD ST NASHUA NH 03063	Title DIRECTOR Hr/WK 5 00	0		
RON SIMARD P O BOX 567 BROOKLINE NH 03033	Title DIRECTOR Hr/WK 5 00	0		
STEVEN WARNER 9 BOOTH ST NASHUA NH 03060	Title DIRECTOR Hr/WK 5 00	0		
LYLE BENNETT 10 HORSEPOND AVE NASHUA NH 03063	Title DIRECTOR Hr/WK 5 00	0		
MARC DUBE 54 CHEYENNE DR NASHUA NH 03063	Title DIRECTOR Hr/WK 5 00	0		

Part V **Other Information** (Note the statement requirements in the instructions for Part V)
Check if the organization used Schedule O to respond to any question in this Part V . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		X
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 1,600			
40 a	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ NH			
42 a	The organization's books are in care of ▶ RUDOLPH TIMPE III Telephone no ▶ (603) 505-1130			
	Located at ▶ HORSEPOND AVENUE City NASHUA ST NH ZIP + 4 ▶ 03063			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X
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			

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
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?		
b	If "Yes," was the related organization a section 527 organization?		

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
Name None Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

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

Sign Here

▶ Signature of officer — Date 5/11/11

▶ RUDOLPH TIMPE III — TREASURER

Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Laurence Szetela		5/5/2011	☒	PO1334469

Firm's name ▶ Laurence C Szetela, CPA — Firm's EIN ▶

Firm's address ▶ 76 Northeastern Blvd , Nashua, NH 03062 — Phone no (603) 880-0588

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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 Form 990 or Form 990-EZ ▶ See separate instructions

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

HORSEPOND FISH & GAME CLUB

Employer identification number

02-0352208

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total ▶				0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000

		(a) Event #1 DINNERS (event type)	(b) Event #2 RIFLE RAFFLE (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	10,152	1,100	0	11,252
	2 Less Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	10,152	1,100	0	11,252
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	2,500	0	0	2,500
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	0	0	0
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(2,500)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				8,752

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				0

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ 0 and the amount of gaming revenue retained by the third party ▶ $ 0

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ 0

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 retain the state gaming license? ☐ Yes ☐ No

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 ▶ $ 0

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)

Part I, Line 16 (990-EZ) - Other Expenses

1	Travel	1	13,775
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	ARCHERY EXPENSE	13	250
14	ASSEMBLY PERMIT	14	50
15	BONDING INSURANCE	15	170
16	CHILDRENS CHRISTMAS PARTY	16	625
17	CLUB MAINTENANCE	17	1,254
18		18	
19	INSURANCE	19	3,295
20	KITCHEN EXPENSE	20	950
21	MEETING EXPENSE	21	3,434
22	MISCELLANEOUS EXPENSE	22	440
23	NON PROFIT REPORT	23	102
24	OFFICE EXPENSE	24	22
25	PERMITS	25	45
26	POND EXPENSE	26	265
27	PROPERTY TAXES	27	1,010
28	RANGE EXPENSE	28	500
29	REFUNDS	29	100
30	REPAIRS	30	399
31	SCHOLARSHIP FUND	31	830
32	TREASURER EXPENSE	32	34
33		33	
34		34	
35		35	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information
► **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
HORSEPOND FISH & GAME CLUB	02-0352208

Form 990-EZ, Part I, Line 8, Other Revenue RENTAL INCOME 7,050

Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee NASHUA SOUP KITCHEN, Cash Grant 500, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee SANTA FUND, Cash Grant 500, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee OTHER CHARITIES, Cash Grant 150, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses ARCHERY EXPENSE 250

Form 990-EZ, Part I, Line 16, Other Expenses ASSEMBLY PERMIT 50

Form 990-EZ, Part I, Line 16, Other Expenses BONDING INSURANCE 170

Form 990-EZ, Part I, Line 16, Other Expenses CHILDRENS CHRISTMAS PARTY 625

Form 990-EZ, Part I, Line 16, Other Expenses CLUB MAINTENANCE 1,254

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 3,295

Form 990-EZ, Part I, Line 16, Other Expenses KITCHEN EXPENSE 950

Form 990-EZ, Part I, Line 16, Other Expenses MEETING EXPENSE 3,434

Form 990-EZ, Part I, Line 16, Other Expenses MISCELLANEOUS EXPENSE 440

Form 990-EZ, Part I, Line 16, Other Expenses NON PROFIT REPORT 102

Form 990-EZ, Part I, Line 16, Other Expenses OFFICE EXPENSE 22

Form 990-EZ, Part I, Line 16, Other Expenses PERMITS 45

Form 990-EZ, Part I, Line 16, Other Expenses POND EXPENSE 265

Form 990-EZ, Part I, Line 16, Other Expenses PROPERTY TAXES 1,010

Form 990-EZ, Part I, Line 16, Other Expenses RANGE EXPENSE 500

Form 990-EZ, Part I, Line 16, Other Expenses REFUNDS 100

Form 990-EZ, Part I, Line 16, Other Expenses REPAIRS 399

Form 990-EZ, Part I, Line 16, Other Expenses SCHOLARSHIP FUND 830

Form 990-EZ, Part I, Line 16, Other Expenses TREASURER EXPENSE 34

Name of the organization	Employer identification number
HORSEPOND FISH & GAME CLUB	02-0352208