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Form **990**

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 2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 20	010 calend	ar year, or tax year beginning , 2010, and ending	g		,	
В	Check if app				D Employ	er Identif	cation Number
	Address	s change	ANSONIA ROD & GUN CLUB		06-0	50692	233
	Name c	-	94 BROOK STREET ANSONIA, CT 06401		E Telepho	ne numb	er
	Initial re	-	203	203-735-8048			
	\vdash						
	Termina			I,	C •		155,744.
	Amende	ed return	- HODACE BRIDLE ID		G Gross re		177
	Applicat	tion pending	Trains and data out of principal strains.	H(a) Is this a H(b) Are all a			
_			BROOK SIREEI ANSONIA, CI 00401		ttach a list		
<u></u>	Tax-exem	pt status	501(c)(3) X 501(c) (7) (Insert no) 4947(a)(1) or 527				
J	Website	e: ► N/	A	H(c) Group ex	kemption ni	ımber 🟲	
ĸ	Form of or	rganization	Corporation Trust Association Other ► L Year of Formati	ion	Мs	tate of le	gal domicile
P	art I	Summar	ν				
ĽŸ.			be the organization's mission or most significant activities The organ	nizatio	n pro	mote	s interest of
			of rod & gun for the benefit of membership. T				
ဦ	مريد ا	COMOTAS	the education of the general public, particu	larly	the vo	un i	n safe.
'n.	1 2	ncider	able and lawful use of land and stream.				
Š	2 Che	ock this bo	x If the organization discontinued its operations or disposed of more	e than 25%	of its ne	et asse	ts.
ĕ	3 Nun	mber of vo	ting members of the governing body (Part VI, line 1a)			3	23
•ජ ග			dependent voting members of the governing body (Part VI, line 1b)			4	23
Ę			of individuals employed in calendar year 2010 (Part V, line 2a)			5	0
Activities & Governance			of volunteers (estimate if necessary)			6	50
ĕ	7a Tota	al unrelate	d business revenue from Part VIII, column (C), line 12			7 a	0.
			business taxable income from Form 990-T, line 34			7 b	0.
	,			Pr	ior Year		Current Year
	8 Cor	ntributions	and grants (Part VIII, line 1h)				
Ē	1		ice revenue (Part VIII, line 2g)		148,0	04.	155,145.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		9	95.	599.
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		148,9	99.	155,744.
			milar amounts paid (Part IX, column (A), lines 1-3)				10,650.
			to-or for-members (Part IX, column (A), line 4)		_		
1		- N - N - N - N - N - N - N - N - N - N	mpensation, employee benefits (Part IX, column (A), lines 5-10)				
se			fundralsing fees (Part IX, column (A), line 11e)			1	
Etxperses			1001		***************************************		············
19			ing expenses (Part IX, column (D), line 25) ►				
			es (Pa紹화, column (A), lines 11a-11d, 11f-24f)		104,8		93,071.
ļ	HE TOU	al-expense	Add lines 13-17 (must equal Part IX, column (A), line 25)		104,8		103,721.
_	19 Te	venue less	expenses Subtract line 18 from line 12		44,1	00.	52,023.
8				Beginning	of Curren	t Year	End of Year
* 2	20 Tot	al assets ((Part X, line 16)		661,3	52.	713,375.
48	21 Tot	al liabilitie	s (Part X, line 26)		3	00.	300.
Ž	22 Net	t accete nr	fund balances. Subtract line 21 from line 20		661,0	52.	713,075.
Ī₽.			re Block				
				a the heat of r	nu knowlod	and he	alsof at as true, correct, and
CO	der penalties nplete Declar	of perjuty, I c ration of prep	eclare that I have examined this return, including accompanying schedules and statements, and to arer (other than officer) is based on all information of which preparer has any knowledge	o the nest of i	ny knowieu	ge and be	mer, it is tibe, correct, and
_		7/	- IN Roll O				
c:		Signatu	re of officer	Date	·		· · · · · · · · · · · · · · · · · · ·
21	gn ere	11	a VIPall To To a	00	-25-	-11	
111	51 C	Type or	print name and title	<u> </u>	20.	- / /	
_		<u> </u>	<u> </u>			1 . IF	PTIN
		1			Check	」"	
	aid	Tammy	L. Burrell, CPA Tammy L. Burrell, CPA 5/19/	11 :	self employe	ed [I	N/A
	eparer	Firm's name					
U	se Only	Firm's addre	ess ► 64 Clifton Avenue	F	Firm's EIN		
			Ansonia, CT 06401		Phone no	(203)_734-5989
Ma	v the IRS	discuss th	is return with the preparer shown above? (see instructions)				X Yes No

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06-6069233

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
3	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	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
7	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	_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11a	X	
ı	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	11 b		х
•	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	11 c		Х
	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	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, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	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		Х
	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
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
ا	o If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

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 Х 23 Schedule I 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and Х complete Schedule K. If 'No, 'go to line 25 24a 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 any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a 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 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 26 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 committee member, or to a person related to such an individual? If 'Yes,' complete 27 Х Schedule L. Part III 28 Was the organization a party to a business transaction 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 28a Х 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 Schedule N. Part II 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 X 35 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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,' complete Schedule R, Part V, line 2 Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI Х

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Form 990 (2010)

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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

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
	(gambling) winnings to prize winners?	1c		
2 a	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3Ь		
	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)?	4 a		Х
0	olf 'Yes,' enter the name of the foreign country.		1	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_ 1	ŧ	v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
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?	6a		Х
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7ь		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
_	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
		7 e	ŧ	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	71		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
H	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12	ı	I	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0.	I	I	
	Section 501(c)(12) organizations. Enter.	I	I	
	Gross income from members or shareholders	I	I	
	Gross income from other sources (Do not net amounts due or paid to other sources	I	I	
	against amounts due or received from them.)	10.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	I	1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		ŧ	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	I	1	
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	I	I	
_	Enter the amount of reserves on hand	. [I	
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	·	14b		
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	140		

[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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a 1a Enter the number of voting members of the governing body at the end of the tax year 23 b Enter the number of voting members included in line 1a, above, who are independent 1_b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a governing body? 7b Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? Х 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Х 12a 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts' c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is done 13 Х 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official Х 15b b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply |X| Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial See Schedule O statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► HORACE BEHRLE JR 94 BROOK STREET ANSONIA CT 06401 203-735-8048

Form 990 (2010)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any. See instructions for definition of 'key employee.'
- 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)	_		. ((•	.		(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza tions in Schedule O)	ndividual trustee or director	institutional trustee	ohec Officer		Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
(1) ART DAVIES Vice President	0_			Х				0.	0.	0.
(2) WARREN CONNORS President	0_			X				0.	0.	0.
(3) SAL PETRUZZELLO Secretary	0			Х				0.	0.	0.
(4) HORACE BEHRLE JR Treasurer	0			Х				0.	0.	0.
_(5)										
_(6)								_		
										<u>-</u>
								<u> </u>		
_(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
							_			

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Part VII Section A. Officers, Directors, Trus	ĭ	Key	Er			ees	, ar			ploye		ont)		
, (A)	(B) Average	Dean	tion () Jacoba	•	hat a	naha.	(D)	(E)	_	(F)			
Name and title	hours per week (describe hours for related organi zations in Sch O)			Officer		employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	amo con f orç ar	stimated unt of other of other of other of other of other other of other	ther on on ed		
(18)														
(19)							_		<u>.</u>	<u> </u>				
(20)														
(21)							-				_			
(22)														
(23)														
(24)														
(25)														
(26)														
(27)														
(28)														
(29)														
1 b Sub-total							▼	0.	0.			0.		
c Total from continuation sheets to Part VII, Section A	L				٠		* *	0.	0.	<u> </u>		0.		
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	to thos	e lisi	ted a	abov	/e) \	who	rece			le comp	ensat			
from the organization 0											Yes	No		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste Idividual	e, k	ey e	mpl	oye	e, o	r hıg	hest compensate	d employee	3		Х		
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	ortable an \$150	com 0,000	pen)? <i>II</i>	satio F'Ye	on a	nd o	othe olete	r compensation fre Schedule J for	om	4		Х		
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' c	mpensa omplete	ation Sch	from	m ar ile J	ny u <i>for</i>	nrel suc	ated h pe	l organization or in	ndıvıdual	5		X		
Section B. Independent Contractors														
 Complete this table for your five highest compensate compensation from the organization. 	ed indep	ende	ent d	cont	ract	ors	that _	received more that	an \$100,000 of					
(A) Name and business addres														
						-								
											_			
												_		
2 Total number of independent contractors (including t \$100,000 in compensation from the organization ►		ımıte	ed to	the	se I	liste	d ab	ove) who received	d more than					

<u> Pa</u>	1 VIII] Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns . 1 a b Membership dues . 1 b c Fundraising events . 1 c d Related organizations e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lns 1a-1f: \$ b Total. Add lines 1a-1f				
OGRAM SERVICE REVENUE	Business Code 2a PROGRAM SERVICES 110000 b Membership Dues & Assessments 110000 c d e f All other program service revenue	120,386. 34,759.	120,386. 34,759.		
PRG	g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross Rents b Less rental expenses	155,145. 599.	599.		
	c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
	9a Gross income from gaming activities. See Part IV, line 19. b Less. direct expenses. c Net income or (loss) from gaming activities.	1		,	
	10a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a				
•	b c d All other revenue e Total. Add lines 11a-11d	155.744	155,744.	0.	0.

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).
--

Do I	, All other organizations must comp not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.	Total expelled	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	10,650.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
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				
	Fees for services (non-employees)				
	Management				
	o Legal				
	Accounting	600.			
	I Lobbying				
	Professional fundraising services See Part IV, line 17		······································		
	Investment management fees				•
	1 Other	50.			
	Advertising and promotion				
	Office expenses	1,345.			
13	·	1,343.			
14	Information technology				
15	Royalties	22,649.			
16	Occupancy	930.			
17	Travel	930.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,919.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,691.			
23	Insurance	8,493.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
ā	PROGRAM SERVICE EXP & PURCHASE	35,191.			
	CONTRIBUTIONS	1,722.			
	TELEPHONE	1,327.			
	Postage and Shipping	1,154.			
					
	All other expenses	İ			
	Total functional expenses. Add lines 1 through 24f	103,721.			
	Joint costs. Check here ► If following				
20	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form 990 (2010)

Pa	ηX	Balance Sheet			
		•	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	96,622.	1	52,038.
	2	Savings and temporary cash investments	67,703.	2	118,302.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
A S	7	Notes and loans receivable, net		7	·
ASSETS	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 811,894.		,	
	ь	Less, accumulated depreciation. 10b 268, 859.	497,027.	10c	543,035.
	11	Investments — publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	661,352.	16	713,375.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue.		19	
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L I T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
Ť	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities, Complete Part X of Schedule D	300.	25	300.
	26	Total liabilities. Add lines 17 through 25	300.	26	300.
Й		Organizations that follow SFAS 117, check here ▶ and complete lines			
Ĕ		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets		27	
ASSETS	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	·····
Q R	İ	Organizations that do not follow SFAS 117, check here ► X and complete			
E		lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
î A	32	Retained earnings, endowment, accumulated income, or other funds	66 <u>1</u> ,052.	32	713,075.
B4.14Z0W	33	Total net assets or fund balances.	661,052.	33	713,075.
<u>\$</u>	34	Total liabilities and net assets/fund balances	661,352.	34	713,375.

BAA

Form **990** (2010)

Forr	n 990 (2010) ANSONIA ROD & GUN CLUB	<u>06-6</u>	<u>069233</u>		<u>Р</u> а	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	1	.55,7	744.
2	Total expenses (must equal Part IX, column (A), line 25)	_	2		03,	
3	Revenue less expenses. Subtract line 2 from line 1	_	3			023.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	F	4		61,0	
5	Other changes in net assets or fund balances (explain in Schedule O)	`	5		<u> </u>	0.
,		F	<u> </u>			<u> </u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		6	7	13,0	<u> </u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response to any question in this Part XII					
					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.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	b Were the organization's financial statements audited by an independent accountant?			2b		X
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the	audıt,	2c		
	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 i separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ssued	on a			
				1		İ
3.	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Sin	gle	3a		X
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the	require	d audit	3b		

BAA

Form 990 (2010)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2010

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Employer identification number

ANSONIA ROD & GUN CLUB 06-6069233 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other No purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat X Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b 13 b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes Nο and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. See Part XIV Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ▶\$

Schedule D (Form 990) 2010 ANSON Part III Organizations Mainta	VIA ROD & GU	N CLUB	ariaal Transuras a	06-606		Page 2				
 Using the organization's acquisition items (check all that apply). a Public exhibition 	on, accession, and		ck any of the following of exchange programs	that are a significant us	e of its collec	ction				
b Scholarly research		e Other	in exchange programs							
c Preservation for future generations										
4 Provide a description of the organ Part XIV.		ns and explain how	they further the organiz	zation's exempt purpose	: in					
5 During the year, did the organizat assets to be sold to raise funds re	ather <u>than to be m</u>	<u>aintained as part of</u>	the organization's colle	ection?	Yes	No				
Part IV Escrow and Custodia 9, or reported an amo	Arrangement unt on Form 9	ls. Complete if 90, Part X, line	organization answe 21.	ered 'Yes' to Form	990, Part	IV, line				
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary	for contributions or othe	er assets not	Yes	No				
b If 'Yes,' explain the arrangement	in Part XIV and co	mplete the followin	g table.	F						
					Amount					
c Beginning balance				1 c						
d Additions during the year		•		1 d						
e Distributions during the year										
f Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21?										
	b If 'Yes,' explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.									
Part V Endowment Funds. Co						6 1				
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ears back				
1a Beginning of year balance										
b Contributions										
 c Net investment earnings, gains, and losses 										
d Grants or scholarships										
 Other expenditures for facilities and programs 										
f Administrative expenses										
g End of year balance	<u> </u>	_								
2 Provide the estimated percentage										
a Board designated or quasi-endow		%								
b Permanent endowment ►	%									
c Term endowment ►	%									
3a Are there endowment funds not in organization by	n the possession o	f the organization t	hat are held and admini	stered for the	Yes	s No				
(i) unrelated organizations					3a(i)					
(ii) related organizations					3a(ii)					
b If 'Yes' to 3a(II), are the related o	rganizations listed	as required on Sch	redule R?		3b					
4 Describe in Part XIV the intended										
Part VI Land, Buildings, and			art X, line 10.							
Description of investment	(a) C	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book					
1 a Land	<u> </u>		260,515.			0,515.				
b Buildings	<u> </u>		225,788.	38,515.	-	7,273.				
c Leasehold improvements	<u> </u>		137,433.	74,614.		2,819.				
d Equipment	<u> </u>		188,158.	155,730.	3	2,428.				
e Other		000 5 111	1 (5) 1			2 025				
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	orm 990, Part X, co	iumn (B), line 10(c).)			3,035.				
BAA				Sched	dule D (Form	33U) 2U10				

Part VII Investments—Other Securities. Se			ne i	12. N/A	
(a) Description of security or category		(b) Book value		(c) Method of valuat	tion.
(including name of security)		_		Cost or end-of-year mark	ket value
(1) Financial derivatives	-				
(2) Closely-held equity interests	<u> </u>				
(3) Other	+-				
(A)					
(B)					
(C)					
(E)					
(F)				-	
(G)					
(H)					
(i)					
Total (Column (b) must equal Form 990 Part X, column (B) line 12.)					
Part VIII Investments-Program Related. (S	See For	m 990, Part X,	line	e 13) N/A	
(a) Description of investment type		(b) Book value		(c) Method of valuat	tion.
				Cost or end-of-year mark	ket value
(1)					
(2)					
(3)					
(4)					
<u>(5)</u> (6)					
(7)					
(8)					
(9)	\neg				
(10)	\neg				
Total (Column (b) must equal Form 990, Part X, column (B) line 13)	P		,,,,,		
Part IX Other Assets. (See Form 990, Par	t X, line	e 15) N/A			
(a	a) Descrip	tion			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10) Total. (Column (b) must equal Form 990, Part X, column	n(R) line	15)			
Part X Other Liabilities. (See Form 990, I					
(a) Description of liability		(b) Amount	Т	······································	
(1) Federal income taxes		· /-			
(2) MEMBERSHIP BONDS		30	0.		
(3)					
(4)					
(5)					
(6)					
(7)			_		
(8)			_		
(9)			[
(10)			_		
(11)			\mathbf{H}		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<u> </u>	30	<u>U.</u> [

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sche	edule D (Form 990) 2010 ANSONIA ROD & GUN CLUB	06-606	<u> </u>	Page 4
Pal	* XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A	
1	Total revegue (Form 990, Part VIII, column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)		ļ	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments		ļ	
5	Donated services and use of facilities .			
6	Investment expenses			
7	Prior period adjustments .			
8	Other (Describe in Part XIV).		ļ	
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		L	
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe		n N/A	
	Total revenue, gains, and other support per audited financial statements.	1		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
	Net unrealized gains on investments	- ¹	ĺ	
	Donated services and use of facilities . 2b			
	Recoveries of prior year grants	⊣		
	Other (Describe in Part XIV)	┙╻╵	ľ	
	e Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
	Investments expenses not included on Form 990, Part VIII, line 7b	 		
	Other (Describe in Part XIV.)	┥ .!		
	: Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		N/A	
	† XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	1	N/A	
	Total expenses and losses per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities 2a			
		\dashv !		
	The year asjachient	\dashv		
		\dashv !		
	,			
	Add lines 2a through 2d Subtract line 2e from line 1	3		
	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			
	O Other (Describe in Part XIV)	-		
	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		
Pa	t XIV Supplemental Information			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple additional information.	√, lines 1 te this pa	b and 2b, irt to provide	
	Part II, Line 9 - Organization Reporting Of Conservation Easements			
	The organization holds the easement as part of the cost of land on	its_b	<u>alance s</u> h	<u> </u>
	The organization did not pay any funds or receive any funds to hol	<u>.d the</u>	<u>easement</u>	t
	·			

Schedule D	(Form 990) 2010 ANSONIA ROD & GUN CLUB	06-6069233	Page 5
Part XIV	(Form 990) 2010 ANSONIA ROD & GUN CLUB Supplemental Information (continued)		
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-			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545 0047

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Employer identification number

2010

on X (h) Purpose of grant or assistance Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ⊢¥es Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 06-6069233 (g) Description of non cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 6,000 (d) Amount of cash grant (c) IRC section if applicable Part II can be duplicated if additional space is needed Part I General Information on Grants and Assistance e) EIN (1) ANS RESCUE MEDICAL SER 1 (a) Name and address of organization ANSONIA ROD & GUN CLUB ANSONIA, CT 06401 or government Part | <u>e</u> 1 | 8 ଫ୍ର 쥣 ক্র ଞ୍ଚ

2 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 10/29/10

Schedule 1 (Form 990) 2010

06-6069233

Page 2 Schedule I (Form 990) 2010 ANSONIA ROD & GUN CLUB

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
m					
4					
· · · ·					
9					
7					
Part IV Supplemental Information. Comp	Complete this part to	provide the information required in Part I	ation required in P	line 2,	and any other additional information.
			! ! ! ! !		

BAA

Schedule I (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Employer identification number 06-6069233 ANSONIA ROD & GUN CLUB Form 990, Part VI, Line 11b - Form 990 Review Process The Form 990 is reviewed by the Treasurer of the organization prior to filing. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available All documents including governing documents, financial information and tax returns are available to the public upon request.