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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- 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.

A For the 2011 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 ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ **WWW.HORSEPOND.COM**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ 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 or a section 527 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. ▶ \$ **42,543**

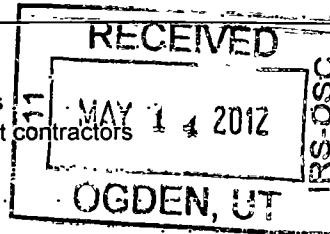
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue		Expenses		Net Assets			
1	Contributions, gifts, grants, and similar amounts received	1	600	10	Grants and similar amounts paid (list in Schedule O)	10	600
2	Program service revenue including government fees and contracts	2	2,589	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3	18,215	12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4	1,063	13	Professional fees and other payments to independent contractors	13	465
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	15,476
5b	Less cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	568
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	16	Other expenses (describe in Schedule O)	16	18,021
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16	17	35,130
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,661
6b	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	10,959	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	109,102
6c	Less direct expenses from gaming and fundraising events	6c	1,092	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9,867	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	114,763
7a	Gross sales of inventory, less returns and allowances	7a	639				
7b	Less cost of goods sold	7b	660				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-21				
8	Other revenue (describe in Schedule O)	8	8,478				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	40,791				

For Paperwork Reduction Act Notice, see the separate instructions.
 (HTA)

Form **990-EZ** (2011)

SCANNED JUN 08 2012



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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	99,546	22 105,207
23 Land and buildings	9,556	23 9,556
24 Other assets (describe in Schedule O)		24
25 Total assets	109,102	25 114,763
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	109,102	27 114,763

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 ☐

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 WATSEEDGE 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		
EARL GELINEAU 12 HORSEPOND AVE NASHUA NH 03063	Title DIRECTOR Hr/WK 5 00	0		
STEVEN WARNER 9 BOOTH ST NASHUA NH 03060	Title DIRECTOR Hr/WK 5 00	0		
RUSSEL DELANEY 8 SUNSHINE CT NASHUA NH 03063	Title DIRECTOR Hr/WK 5 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		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		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?		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?		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		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40b , section 4955 40c		
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		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 41 NH		
42 a The organization's books are in care of 42a RUDOLPH TIMPE III Telephone no 42a (603) 505-1130		
Located at 42a HORSEPOND AVENUE City 42a NASHUA ST 42a NH ZIP + 4 42a 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)? If "Yes," enter the name of the foreign country 42b		X
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 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		
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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
b 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 (see instructions) 45b		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

	Yes	No
46		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 ☐

- 47** 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

	Yes	No
47		
48		
49a		X
49b		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a** 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
Name <u>None</u> Str City <u>ST</u> ZIP <u>00</u>	Title Hr/WK <u>00</u>			
Name <u>None</u> Str City <u>ST</u> ZIP <u>00</u>	Title Hr/WK <u>00</u>			
Name <u>None</u> Str City <u>ST</u> ZIP <u>00</u>	Title Hr/WK <u>00</u>			
Name <u>None</u> Str City <u>ST</u> ZIP <u>00</u>	Title Hr/WK <u>00</u>			
Name <u>None</u> Str City <u>ST</u> ZIP <u>00</u>	Title Hr/WK <u>00</u>			

- f** Total number of other employees paid over \$100,000 0

- 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"

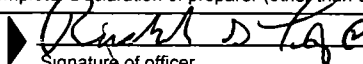
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str City <u>ST</u> ZIP <u>00</u>		
Name <u>None</u> Str City <u>ST</u> ZIP <u>00</u>		
Name <u>None</u> Str City <u>ST</u> ZIP <u>00</u>		
Name <u>None</u> Str City <u>ST</u> ZIP <u>00</u>		
Name <u>None</u> Str City <u>ST</u> ZIP <u>00</u>		

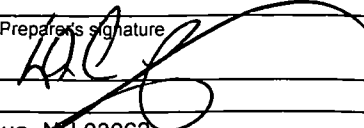
- d** Total number of other independent contractors each receiving over \$100,000 0

- 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		<u>5/9/12</u>
	Signature of officer	Date
	<u>RUDOLPH TIMPE III</u>	<u>TREASURER</u>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	<u>Laurence Szetela</u>		<u>5/7/2012</u>		<u>P01334469</u>
	Firm's name <u>Laurence C Szetela, CPA</u>	Firm's EIN <u>02-0493850</u>			
	Firm's address <u>76 Northeastern Blvd, Nashua, NH 03062</u>	Phone no <u>(603) 880-0588</u>			

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

Name of the organization

**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

2011

**Open to Public
Inspection**

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

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?		(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
		Yes	No			
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 <u>GAME DINNER</u> (event type)	(b) Event #2 <u>RIFLE RAFFLE</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	9,864	1,095	0	10,959
	2 Less Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	9,864	1,095	0	10,959
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	1,092	0	0	1,092
	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)				(1,092)
	11 Net income summary Combine line 3, column (d), and line 10				9,867

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)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2011

**Open to Public
Inspection**

Employer identification number

HORSEPOND FISH & GAME CLUB

02-0352208

Form 990-EZ, Part I, Line 8, Other Revenue. RENTAL INCOME 7,200

Form 990-EZ, Part I, Line 8, Other Revenue. EXPENSE REFUNDS 1,278

Form 990-EZ, Part I, Line 10, Grants Paid, Activity. PUBLIC CHARITY, Grantee. NH WILDLIFE

FEDERATION, Cash Grant 100, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity. PUBLIC CHARITY, Grantee. NASHUA SOUP

KITCHEN, Cash Grant 500, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses. ARCHERY EXPENSE 135

Form 990-EZ, Part I, Line 16, Other Expenses. BONDING INSURANCE 187

Form 990-EZ, Part I, Line 16, Other Expenses. CLUB MAINTENANCE 500

Form 990-EZ, Part I, Line 16, Other Expenses. GROUNDS EXPENSE 218

Form 990-EZ, Part I, Line 16, Other Expenses. INSURANCE 1,972

Form 990-EZ, Part I, Line 16, Other Expenses. KITCHEN EXPENSE 1,674

Form 990-EZ, Part I, Line 16, Other Expenses. MEETING EXPENSE 2,150

Form 990-EZ, Part I, Line 16, Other Expenses. MISCELLANEOUS EXPENSE 725

Form 990-EZ, Part I, Line 16, Other Expenses. NON PROFIT FILING FEE 75

Form 990-EZ, Part I, Line 16, Other Expenses. OFFICE EXPENSE 635

Form 990-EZ, Part I, Line 16, Other Expenses. OKTOBERFEST EXPENSE 2,944

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

Form 990-EZ, Part I, Line 16, Other Expenses. POND IMPROVEMENTS 3,885

Form 990-EZ, Part I, Line 16, Other Expenses. PROPERTY TAXES 1,038

Form 990-EZ, Part I, Line 16, Other Expenses. RANGE EXPENSE 1,060

Form 990-EZ, Part I, Line 16, Other Expenses. SAFETY AND SECURITY 477

Form 990-EZ, Part I, Line 16, Other Expenses. SCHOLARSHIP FUND 75

Form 990-EZ, Part I, Line 16, Other Expenses. TREASURER EXPENSE 109

Form 990-EZ, Part I, Line 16, Other Expenses. WEBSITE EXPENSE 117

Name of the organization

Employer identification number

HORSEPOND FISH & GAME CLUB

02-0352208

Page 1 of 1 of Part IV

Employer identification number

02-0352208

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