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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

2011

Open to Public Inspection

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
BARRE FISH & GAME CLUB, INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O BOX 130

City or town | state or country | ZIP + 4
BARRE | VT | 05641-0130

D Employer identification number
03-6009005

E Telephone number
(802) 229-1005

F Group Exemption Number ▶

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

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

I **Website:** ▶ N/A

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

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 ▶ $ 78,639

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	675
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	757
	4	Investment income		4	697
	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	
	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	75,618	
	c	Less direct expenses from gaming and fundraising events	6c	37,178	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	38,440
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	892
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	41,461
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	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	
	14	Occupancy, rent, utilities, and maintenance		14	34,684
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	6,883
	17	**Total expenses.** Add lines 10 through 16 ▶		17	41,567
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-106
	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	225,521
	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	225,415

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	86,621	22	86,515
23	Land and buildings	138,900	23	138,900
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	225,521	25	225,415
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	225,521	27	225,415

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? PROMOTE HERITAGE OF ROD AND GUN AND ENJOYMEN
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

28 GUNNER BROOK DERBY FISHING TOURNAMENT FOR CHILDREN

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 SKEET LEAGUE TO PROMOTE AND EDUCATE GUN SAFETY

(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

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
ROB BOROWSKE 21 CURTIS ROAD BARRE VT 05641	Title PRES Hr/WK			
DAN MOYER 155 RICHARDSON ROAD BARRE VT 05641	Title 1ST VP Hr/WK			
DEVON CRAIG 503 MIDDLE ROAD PLAINFIELD VT 05667	Title 2ND VP Hr/WK			
DENNIS DIEGO 120 RIVER ST BARRE VT 05641	Title SEC Hr/WK			
JEREMY SALVATORI 30 3RD STREET BARRE VT 05641	Title TREAS Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			
	Title Hr/WK			

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	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 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)?	35a		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	35b		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	35c		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			
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 ► _____ , 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		
41	List the states with which a copy of this return is filed ► _____			
42 a	The organization's books are in care of ► JEREMY SALVATORI Telephone no ► (802) 249-8257			
	Located at ► 30 3RD STREET City BARRE ST VT ZIP + 4 ► 05641			
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 ► _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
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			
			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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 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

			Yes	No
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	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 ☐

			Yes	No
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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) 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 None Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

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 5/14/12

Type or print name and title JEREMY SALVATORI TREASURER

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
MICHAEL WILLETT	MICHAEL WILLETT	5/7/2012		P00104850

Firm's name ▶ MICHAEL WILLETT PLLC Firm's EIN ▶27-3754975

Firm's address ▶ 62 BRULE ROAD, BARRE, VT 05641 Phone no (802) 461-4450

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

2011

Open to Public Inspection

Name of the organization

BARRE FISH & GAME CLUB, INC

Employer identification number

03-6009005

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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				

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 GUN SHOW (event type)	(b) Event #2 3LIC SKEET & LEAC (event type)	(c) Other events 8 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	32,559	9,210	33,849	75,618
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	32,559	9,210	33,849	75,618
Direct Expenses	4 Cash prizes			4,400	4,400
	5 Noncash prizes	160		745	905
	6 Rent/facility costs	6,070		2,838	8,908
	7 Food and beverages	1,099		2,217	3,316
	8 Entertainment				
	9 Other direct expenses	5,537	6,497	7,615	19,649
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(37,178)
	11 Net income summary Combine line 3, column (d), and line 10			▶	38,440

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	

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 ▶ $ ---------- and the amount of gaming revenue retained by the third party ▶ $ ----------

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to 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 ▶ $

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

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

Name of the organization

BARRE FISH & GAME CLUB, INC

Employer identification number

03-6009005

Form 990-EZ, Part I, Line 8, Other Revenue MISCELLANEOUS 892

Form 990-EZ, Part I, Line 16, Other Expenses HUNTER ED/SAFETY PROGRAMS 401

Form 990-EZ, Part I, Line 16, Other Expenses SICKNESS & DISTRESS 528

Form 990-EZ, Part I, Line 16, Other Expenses ALL OTHER 129

Form 990-EZ, Part I, Line 16, Other Expenses SCHOLARSHIPS 1,500

Form 990-EZ, Part I, Line 16, Other Expenses DONATIONS 4,325

Name of the organization	Employer identification number
BARRE FISH & GAME CLUB, INC	03-6009005

Part II (Sch G (990/990EZ)) - Events

		75,618		75,618	4,400	905	8,908	3,316		19,649
	Event type	Line 1 Gross receipts	Line 2 Less (Charitable contributions)	Line 3 Gross income (line 1 minus line 2)	Line 4 Cash prizes	Line 5 Noncash prizes	Line 6 Rent/facility costs	Line 7 Food and beverages	Line 8 Entertainment	Line 9 Other direct expenses
1	GUN SHOW	32,559		32,559		160	6,070	1,099		5,537
2	PUBLIC SKEET & LEAGUE	9,210		9,210						6,497
3	RANGE FEES	14,015		14,015						320
4	CHICKEN BBQ	3,113		3,113				2,116		641
5	GREEN MOUNTAIN CONSERVATION CAMP	1,000		1,000						2,700
6	GUNNER BROOK DERBY	100		100						1,206
7	OUTDOOR DREAMS	2,425		2,425		715				381
8	SPECIAL SHOOTS	235		235				101		464
9	VENISON FEED	850		850						187
10	LOTTERY RAFFLE	12,111		12,111	4,400	30	2,838			1,716
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

BARRE FISH AND GAME CLUB, INC.
P.O. BOX 130 - BARRE, VT 05641
TEL. 802 - 479 - 1266

2012 OFFICERS AND TRUSTEES

PRESIDENT - ROB BOROWSKE
1ST VICE PRESIDENT - DAN MOYER
2ND VICE PRESIDENT - DEVON CRAIG
SECRETARY - DENNIS DIEGO
TREASURER - JEREMY SALVATORI

1. KALE BARBIERI				26. JOEL PERRIGO	H	485 - 4151
2. ROB BOROWSKE		476 - 3375			C	839 - 0283
3. SEAN BROE	H	476 - 9299		27. CHRIS POWERS		
	C	793 - 3117		28. FRANK PRATT		223 - 7818
4. ALAN CLARK		479 - 1938		29. CAROLLE RICHARDSON		479 - 7317
5. CHRIS CHAFFEE				30, MOE RICHARDSON		479 - 0410
6. DEVON CRAIG	H	454 - 8596		31. KEVIN SAIRE		
	C	793 - 1595		32. JEREMY SALVATORI		249 - 8257
	W	479 - 3373		33. MATT SCHWOEGLER		
7. DENNIS DIEGO	H	476 - 8525		34. JOHN SIMANSKAS		223 - 2541
	C	279 - 0633		35. CHARLIE SMITH		476 - 5785
8. DOUG DOENGES		229 - 4380		36. LEO STACY		479 - 0200
9. JOHN DOON	H	479 - 9663		37. BOB STARR	H	476 - 3120
	C	522 - 2303			C	413-348-8807
10. BOB DUPREY		485 - 8740		38. LARRY WHEELER		456 - 1622
11. DON FAIR		456 - 1745		39. JUSTIN WHITE		498 - 4727
12. PAT FINNIE		479 - 9645		40. TOM WHITE		479 - 2324
13. DOUG FULLER		479 - 3191		41. TOMMY WHITE		479 - 2485
14. ROBERT GEORGE		479 - 9810		42. ROB WHITE		479 - 9070
15. BRAD HERRING		793 - 5847		43. CARL YALICKI		229 - 5642
16. EVAN HUGHES	C	272 - 8544		44. ERIC YOUNG		229 - 9908
17. DENIS JACQUES		476 - 5314		45		
18. MIKE JACQUES		476 - 6798		46		
19. CYNDY JONES	H	479 - 9889		47		
	W	229 - 0005		48		
20. BERNARD KING				49		
21. CHRIS MCNAMARA	H	476 - 4647		50		
	C	522 - 4555				
22. ROD MORIN						
23. BYRON MOYER		476 - 3663				
24. DAN MOYER		476 - 3663				
25. DAVE OLES		479 - 0826				

HONORARY TRUSTEES

NORM GREARSON		479 - 1473	HARRY NADEAU		476 - 3595
VALENTINO LAVINE		476 - 5897	JIM RICHARDSON		527 - 0734
OTIS MCKINSTRY		479 - 9111	BOB SALIBA		615-595-9271
RAY MCLEOD		479 - 2282	AL JONES		479 - 9889
DICK BULLARD		229 - 4313	PETE QUINLAN		476 - 5501
AL MCNAMARA		476 - 4647			