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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: FALMOUTH ROD & GUN CLUB INC. Number and street (or P O box, if mail is not delivered to street address): PMB 1240 89 AUBURN STREET. City or town, state or province, country, and ZIP or foreign postal code: PORTLAND, ME 04103

D Employer identification number: 01-0527659. E Telephone number. F Group Exemption Number

G Accounting Method: Cash [] Accrual [x] 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) [] 527 []

K Form of organization: Corporation [x] Trust [] Association [] Other []

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$65,014

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]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 46,718, 5,859, 16, 10,687, 629, 10,058, 1,734, 64,385, 723, 6,590, 19,508, 26,821, 37,564, 395,504, -264,836, 168,232.

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	21,518	22 52,390
23 Land and buildings	414,532	23 153,174
24 Other assets (describe in Schedule O)	8,029	24
25 Total assets	444,079	25 205,564
26 Total liabilities (describe in Schedule O)	48,575	26 37,332
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	395,504	27 168,232

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?
TO PRESERVE AND PROMOTE OUTDOOR SPORTS, PARTICULARY THOSE RELATED TO FIREARMS, HUNTING, AND FISHING THE ORGANIZATION ALSO CONSERVES AND PROMOTES OPEN SPACES AND THE PRESERVATION OF WILDLIFE HABITAT

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 TO PRESERVE AND PROMOTE OUTDOOR SPORTS, PARTICULARY THOSE RELATED TO FIREARMS, HUNTING, AND FISHING THE ORGANIZATION ALSO CONSERVES AND PROMOTES OPEN SPACES AND THE PRESERVATION OF WILDLIFE HABITAT

(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

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 title	(b) 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
See Additional Data Table				

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

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes a table with Yes/No columns and input fields for amounts and names.

	Yes	No
46		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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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		
48		
49a		
49b		

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

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 title of each employee	(b) 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

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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 2014-11-14
 CHRIS MADDEN TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name LORRAINE DARLING
 Preparer's signature
 Date 2014-11-16
 Check if self-employed
 PTIN P01200942
 Firm's name LORRAINE L DARLING CPA
 Firm's EIN 51-0637576
 Firm's address 26 UNION PARK
 Phone no (207) 798-4808
 TOPSHAM, ME 04086

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

Additional Data

Software ID:

Software Version:

EIN: 01-0527659

Name: FALMOUTH ROD & GUN CLUB INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TOM LEAVITT PRESIDENT	3 00	0		
DAVE SOKASITS 1ST VP, ACTI	3 00	0		
JOEL JAMES 2ND VP, FACI	3 00	0		
PAUL ROGERS 3RD VP, MEMB	3 00	0		
CHRIS MADDEN TREASURER	3 00	0		
PETER BURBANK RANGE COORDI	3 00	0		
JANET JAMES RECORDING SE	3 00	0		
ALEX ROGERS CORRES SEC/W	3 00	0		

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
FALMOUTH ROD & GUN CLUB INC

Employer identification number

01-0527659

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I	
FORM 990-EZ, PART I, LINE 8	OTHER REVENUE 1,734 TOTAL 1,734
FORM 990-EZ, PART I, LINE 16	EXPENSES 713 INTEREST 3,034 4,637 BANK FEES 5 SUPPLIES 2,243 ANNUAL FILING 35 PROPERTY TAXES 7,879 REIMBURSEMENTS 962 TOTAL 19,508
FORM 990-EZ, PART II, LINE 24	SECURITY DEPOSIT/OTHER 8,029 0 TOTAL 8,029 0
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 48,575 35,532 SECURITY DEPOSIT 0 1,800
FORM 990-EZ, PART III	TO PRESERVE AND PROMOTE OUTDOOR SPORTS, PARTICULARLY THOSE RELATED TO FIREARMS, HUNTING, AN D FISHING THE ORGANIZATION ALSO CONSERVES AND PROMOTES OPEN SPACES AND THE PRESERVATION O F WILDLIFE HABITAT

TY 2013 Compensation Explanation

Name: FALMOUTH ROD & GUN CLUB INC

EIN: 01-0527659

Person Name	Explanation
TOM LEAVITT	
DAVE SOKASITS	
JOEL JAMES	
PAUL ROGERS	
CHRIS MADDEN	
PETER BURBANK	
JANET JAMES	
ALEX ROGERS	