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## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

Open to Public  
Inspection

<b>A For the 2013 calendar year, or tax year beginning</b>		, 2013, and ending	
<b>B Check if applicable</b>		<b>C Name of organization</b> <i>Plaistow Fish and Game Womans Organization</i>	
<input type="checkbox"/> Address change		<b>D Employer identification number</b> <i>02-0391758</i>	
<input type="checkbox"/> Name change		<b>E Telephone number</b>	
<input type="checkbox"/> Initial return		<b>F Name and address of principal officer</b>	
<input type="checkbox"/> Terminated		<b>G Gross receipts \$</b>	
<input type="checkbox"/> Amended return		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Application pending		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I Tax-exempt status</b> <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) <b>► (insert no.)</b> <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website: ►</b>	
<b>K Form of organization</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of formation</b>	
		<b>M State of legal domicile</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities:		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	6
	3 Number of voting members of the governing body (Part VI, line 1a)	4	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	6	
	6 Total number of volunteers (estimate if necessary)	7a	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	
	b Net unrelated business taxable income from Form 990-T, line 34		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ►		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
	19 Revenue less expenses. Subtract line 18 from line 12		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20		

**Part II Signature Block**

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.

<b>Sign Here</b>	<i>Sherrie Peterson</i> Signature of officer	<i>10-07-14</i> Date
	► <i>Sherrie Peterson President</i> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2013)