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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016**Open to Public
Inspection**

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-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , and ending		D Employer identification number	
B Check if applicable	C Name of organization	02-0352208	
☐ Address change	HORSEPOND FISH & GAME CLUB	E Telephone number	
☐ Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	603-889-5327	
☐ Initial return	12 HORSEPOND AVENUE	F Group Exemption Number ▶	
☐ Final return/terminated	City or town State ZIP code		
☐ Amended return	NASHUA NH 03063		
☐ Application pending	Foreign country name Foreign province/state/county Foreign postal code		
G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
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			
K Form of organization ☒ Corporation ☐ 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 ▶ \$ 60,255			

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	1 Contributions, gifts, grants, and similar amounts received	1	2,612
	2 Program service revenue including government fees and contracts	2	2,077
	3 Membership dues and assessments	3	31,955
	4 Investment income	4	353
	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	0
	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	13,007
c Less direct expenses from gaming and fundraising events	6c	4,353	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	8,654	
7a Gross sales of inventory, less returns and allowances	7a	828	
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	828	
8 Other revenue (describe in Schedule O)	8	9,423	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55,902	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	1,050
	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	550
	14 Occupancy, rent, utilities, and maintenance	14	10,877
	15 Printing, publications, postage, and shipping	15	762
	16 Other expenses (describe in Schedule O)	16	22,236
	17 Total expenses. Add lines 10 through 16	17	35,475
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,427
	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	154,710
	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	175,137

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990-EZ** (2016)

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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	145,154	22	165,581
23 Land and buildings	9,556	23	9,556
24 Other assets (describe in Schedule O)		24	
25 Total assets	154,710	25	175,137
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	154,710	27	175,137

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? CONSERVE RESTORE AND MANANGE FISH/WILDLIFE

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, optional for others.)

28 TO GENERATE FRIENDLY RELATIONS WITH LANDOWNERS AND SPORTSMEN, COOPERATE IN OBTAINING RESPECT FOR AND OBSERVATION OF FISH AND GAME LAWS, EDUCATE MEMBERS AND PUBLIC IN USE OF WILDLIFE RESOURCES AND SAFE HANDLING OF FIREARMS (Grants \$) If this amount includes foreign grants, check here ☐	28a	35,475
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	35,475

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
RAYMOND SMITH PRESIDENT	Hr/WK 5 00			
JAMES DUBOWICK VICE PRESIDENT	Hr/WK 5 00			
RUDOLPH TIMPE IV RECORDING SEC	Hr/WK 5 00			
RUDOLPH TIMPE III TREASURER	Hr/WK 5 00			
DENNIS DEAN FINANCIAL SEC	Hr/WK 5 00			
PHILIP JACQUES DIRECTOR	Hr/WK 5 00			
KEN TIMPE DIRECTOR	Hr/WK 5 00			
KEITH FREDETTE DIRECTOR	Hr/WK 5 00			
EARL GELINEAU DIRECTOR	Hr/WK 5 00			
STEVEN WARNER DIRECTOR	Hr/WK 5 00			
RUSSEL DELANEY DIRECTOR	Hr/WK 5 00			
GARY CHARBONNEAU DIRECTOR	Hr/WK 5 00			

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
35 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		
35 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		
37 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
38 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
c At any time during the calendar year, did the organization maintain an office outside the United States? 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 43 ☐ and enter the amount of tax-exempt interest received or accrued during the tax year		
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

- 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 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 ☐

- 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		
49b		

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

- 49 a 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
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

- 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"

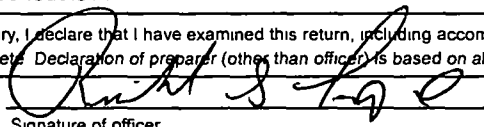
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

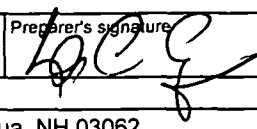
- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations 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		3/8/17
	Signature of officer	Date
	RUDOLPH TIMPE III	TREASURER
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	Laurence C Szetela		4/29/2017		P01334469
	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

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

HORSEPOND FISH & GAME CLUB

Employer identification number

02-0352208

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | (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" on 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 GAME DINNER (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	13,007		0	13,007
	2 Less Contributions			0	0
	3 Gross income (line 1 minus line 2)	13,007		0	13,007
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages	4,353		0	4,353
	8 Entertainment			0	0
	9 Other direct expenses			0	0
	10 Direct expense summary Add lines 4 through 9 in column (d)				(4,353)
	11 Net income summary Subtract line 10 from line 3, column (d)				8,654

Part III Gaming. Complete if the organization answered "Yes" on 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 Subtract line 7 from line 1, column (d)				0

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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.** 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 provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HORSEPOND FISH & GAME CLUB

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.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

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 2,034

Form 990-EZ, Part I, Line 8, Other Revenue PRIOR YEAR ITEMS 189

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 1,459

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 1,663

Form 990-EZ, Part I, Line 16, Other Expenses ARCHERY EXPENSE 23

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

Form 990-EZ, Part I, Line 16, Other Expenses GROUNDS EXPENSE 1,934

Form 990-EZ, Part I, Line 16, Other Expenses KITCHEN EXPENSE 1,968

Form 990-EZ, Part I, Line 16, Other Expenses MEETING EXPENSE 3,450

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

Form 990-EZ, Part I, Line 16, Other Expenses PERMITS 50

Form 990-EZ, Part I, Line 16, Other Expenses RANGE EXPENSE 1,911

Form 990-EZ, Part I, Line 16, Other Expenses REAL ESTATE TAXES 1,030

Form 990-EZ, Part I, Line 16, Other Expenses TREASURER/SECRETARY EXPENSE 511

Form 990-EZ, Part I, Line 16, Other Expenses SMALL EQUIPMENT 2,411

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 3,733

Form 990-EZ, Part I, Line 16, Other Expenses MISCELLANEOUS EXPENSE 453

Form 990-EZ, Part I, Line 16, Other Expenses JANITORIAL EXPENSE 586

Form 990-EZ, Part I, Line 16, Other Expenses 211

Form 990-EZ, Part I, Line 16, Other Expenses SAFETY AND SECURITY 516

Form 990-EZ, Part I, Line 16, Other Expenses SHOOTING LEAGUE EXPENSE 65

Name of the organization

Employer identification number

HORSEPOND FISH & GAME CLUB

02-0352208

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Employer identification number

02-0352208

[illegible]