

Form 990EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

WINDHAM GORHAM ROD AND GUN CLUB

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

269 HIGHLAND CLIFF RD

City or town, state or province, country, and ZIP or foreign postal code

Windham, ME 04062

D Employer identification number

01-6019724

E Telephone number

(207) 409-3275

F Group Exemption Number

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: ▶

N/A

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 ▶ \$ 37,427

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 . . . . . <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	20
	2	Program service revenue including government fees and contracts . . . . .	27,025
	3	Membership dues and assessments . . . . .	2,600
	4	Investment income . . . . .	318
	5a	Gross amount from sale of assets other than inventory . . . . .	5c
	b	Less cost or other basis and sales expenses . . . . .	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	
	6	Gaming and fundraising events	6d
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	
	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) . . . . .	
	c	Less direct expenses from gaming and fundraising events . . . . .	
Expenses	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	4,166
	7a	Gross sales of inventory, less returns and allowances . . . . .	7c
	b	Less cost of goods sold . . . . .	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	
	8	Other revenue (describe in Schedule O) . . . . .	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	34,129
	10	Grants and similar amounts paid (list in Schedule O) . . . . .	647
	11	Benefits paid to or for members . . . . .	
	12	Salaries, other compensation, and employee benefits . . . . .	
	13	Professional fees and other payments to independent contractors . . . . .	125
Net Assets	14	Occupancy, rent, utilities, and maintenance . . . . .	2,988
	15	Printing, publications, postage, and shipping . . . . .	
	16	Other expenses (describe in Schedule O) . . . . .	2,739
	17	Total expenses. Add lines 10 through 16 . . . . .	6,499
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	27,630
	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) . . . . .	46,188
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	73,818

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2018)

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	29,112	22	56,880
23 Land and buildings	17,357	23	17,357
24 Other assets (describe in Schedule O)		24	
25 Total assets	46,469	25	74,237
26 Total liabilities (describe in Schedule O).	281	26	27,844
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,188	27	46,393

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?  
ANNUALLY RAISES AND RELEASES APPROX 2000 PHEASANTS IN CONJUNCTION WITH THE STATE OF MAINE  
PHEASANT PROGRAM THIS PROGRAM ALLOWS PHEASANTS TO BE AVAILABLE IN THE WILD FOR HUNTERS  
BIRDWATCHERS AND OTHERS WHO ENJOY THE OUTDOORS AND ALLOWS THE BIRDS TO CONTINUE TO MATURE AND  
MULTIPLY IN AREAS AROUND MAINE ALSO WORKS ON EDUCATING YOUNGER HUNTERS AND PROMOTING GOOD  
HUNTING FISHING & WILDLIFE PRACTICES FOR ALL AGES AND BY PROVIDING GRANTS TO YOUNG PEOPLE FOR  
OBTAINING LIFETIME FISHING HUNTING OR COMBINATION LICENSES

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 See Additional Data Table

(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	27,025

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
KEVIN KING	0 00	0		
PRESIDENT				
CHRIS CLARK	0 00	0		
1ST VICE PRESIDENT				
RICHARD E SOUTHARD JR	0 00	0		
TREASURER				
JOHN HAMMOND	0 00	0		
2ND VICE PRESIDENT				
ROBERT PETRILLO	0 00	0		
SECRETARY				
JOE ROSSI	0 00	0		
BOARD OF DIRECTORS				
ROBERT LIEBERUM	0 00	0		
BOARD OF DIRECTORS				
NAT GERRISH	0 00	0		
BOARD OF DIRECTORS				

**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
<b>33</b> 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 . . . . .	<b>33</b>	No
<b>34</b> 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) . . . . .	<b>34</b>	No
<b>35a</b> 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)? . . . . .	<b>35a</b>	No
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	No
<b>36</b> 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 . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	
<b>38a</b> 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? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	0
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	0
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	
<b>c</b> 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 ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ ME . . . . .		

**42a** The organization's books are in care of ▶ RICHARD E SOUTHARD JR Telephone no ▶ (207) 409-3275  
Located at ▶ 269 HIGHLAND CLIFF RD Windham , ME ZIP + 4 ▶ 04062

	Yes	No
<b>b</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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) . . . . .	<b>42b</b>	No
<b>c</b> 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 ▶ . . . . .	<b>42c</b>	No

**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
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</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 . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</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) . . . . .	<b>45b</b>	No

		<b>Yes</b>	<b>No</b>
<b>46</b>	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 . . . . .	<b>46</b>	No

**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 . . . . . ☐

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

**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
NONE				

**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
NONE		

**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.

<b>Sign Here</b>	***** Signature of officer	2019-07-17 Date
	RICHARD E SOUTHARD JR. TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name WENDY BOWLER	Preparer's signature	Date 2019-07-23	Check <input type="checkbox"/> if self-employed	PTIN P00033083
	Firm's name ► H AND R BLOCK			Firm's EIN ► 04-3384414	
	Firm's address ► 14 MAIN ST GORHAM, ME 04038			Phone no. (207) 839-3317	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ► ☐ Yes ☒ No

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 01-6019724  
**Name:** WINDHAM GORHAM ROD AND GUN CLUB

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

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.)
<b>28</b> SUPPORTS THE RAISING AND RELEASE OF PHEASANTS IN CONJUNCTION WITH THE STATE OF MAINE PHEASANT PROGRAM THIS PROGRAM ALLOWS PHEASANTS TO BE AVAILABLE IN THE WILD FOR HUNTERS BIRDWATCHERS AND OTHERS WHO ENJOY THE OUTDOORS AND ALLOWS THE BIRDS TO CONTINUE TO MATURE AND MULTIPLY IN AREAS AROUND MAINE RECEIVED GRANT FROM STATE OF MAINE \$27,025 EXPENSES FOR PHEASANT PURCHASES AND RAISING \$27,025 PROMOTES HUNTER SAFETY EDUCATION AND HUNTING AND FISHING AS A LIFELONG ACTIVITY  (Grants \$ 27,025) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	27,025

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

WINDHAM GORHAM ROD AND GUN 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

01-6019724

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART 1 EXPENSES LINE 10 GRANTS	LIFETIME HUNTING FISHING LICENSES \$647

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART 1 EXPENSES LINE 16 OTHER	INSURANCE \$2,579

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART 1 LINE 16 OTHER	BANK FEES \$60



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART II LINE 26 OTHER LIABILITIES	UNCASHED CHECKS \$450

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART II LINE 26 OTHER LIABILITIES	BLACKROCK INVESTMENT CHANGE IN VALUE \$369

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART II LINE 26 OTHER LIABILITIES	PHEASANT PROGRAM \$27,025

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART II	ANNUALLY RAISES AND RELEASES PHEASANTS, PROMOTE SAFE HUNTING, FISHING AND WILDLIFE - FAIRS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
EDUCATION, SHOOTING RAND AND TURKEY SHOOT	SAFE HUNTING PRACTICES TAUGHT TO PEOPLE OF ALL AGES, ESPECIALLY YOUNG HUNTERS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
AND ASSISTS PEOPLE IN OBTAINING LIFETIME LICENSES	\$647

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART IV OFFICERS	KEVIN KING - PRESIDENT, CHRIS CLARK - 1ST VICE PRES, JOHN HAMMON - 2ND VICE PRES, RICHARD E SOUTHARD JR - TREASURER, BOB PETRILLO - RECORDING SEC, ANDREA REARDON - CORRESPONDING SEC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
JOE ROSSI, ROBERT LIEBERUN, NAT GERRISH	BOARD OF DIRECTORS