OMB No 1545-0047

Department of the Treasury

## **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.

**Open to Public** 

inter	_	ue Service	Go to www.irs.gov/rorm990 for instructions and the latest inform	nauon.		Inspection			
A	For the	<u>e 2018 ca</u>	endar year, or tax year beginning , and ending						
В	Check if	applicable	C Name of organization Wantastiquet Trout Club, Inc	D Employer	identifi	cation number			
$\sqcup$	Address	change	Doing business as						
	Nama ab		Number and street (or PO box if mail is not delivered to street address) Room/suite	03-0165550					
=	Name ch	ange	264 Trout Club Road	E Telephone	numbe	r			
	Initial reti	urn	City or town State ZIP code	(802) 824-58	(802) 824-5822				
$\Gamma$	Fra al satura	. Hanner and and	Weston VT 05161	(002) 024-30	122				
<u> </u>	rinai returr	n/terminated	Foreign country name Foreign province/state/county Foreign postal code						
$\Box$	Amended	d return		G Gross rece	pts \$	215,767			
Г	A nations	on pending	F Name and address of pnncipal officer	a thus a assure return fo		dinates? Yes X No			
<u>.</u>	пррисаці	on pending		s this a group return fo		= =			
				Are all subordinates					
1 1	ax-exem	pt status	501(c)(3) X 501(c) ( 7 ) ◀ (insert no ) 4947(a)(1) or 1 \$27 \$	If "No," attach a list	(see II	nstructions)			
J 1	Vebsite	e: • ww	wwantastiquet com	Group exemption n	umber	<b>&gt;</b>			
_		rganization	X Corporation  Trust  Association  Other ► L Year of for	mation 1904	MS	tate of legal domicile VT			
P	art l	Su	nmary \						
	1	Briefly d	escribe the organization's mission or most significant activities Maintainir	ng a recreation	al fish	ing club for			
ဥ		its mem	pership						
Activities & Governance			***************************************						
ē	,	Chook ti	is box I if the organization discontinued its operations or disposed of mo	ore than 25% o	futon	ot accote			
õ	2			ore man 25 % 0	1 ILS II	el assels			
ori ori	3		of voting members of the governing body (Part VI, line 1a)	<u> </u>	3	9			
S	4		of independent voting members of the governing body (Part VI, line 1b)	-	4	9			
≇	5		mber of individuals employed in calendar year 2018 (Part V, line 2a)		5	1			
츷	6	Total nu	mber of volunteers (estimate if necessary)		6				
, ₹	7a	Total un	elated business revenue from Part VIII, column (C), line 12		7a	0			
5_	b	Net unre	lated business taxable income from Form 990-T, line 38		7b	0			
	] _			Prior Year		Current Year			
3 3	8	Contribu	tions and grants (Part VIII, line 1h)		0	0			
1 <u>2</u>	9		service revenue (Part VIII, line 2g)		0	177,982			
Revenue	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)		0	111			
٦ ه	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	37,674			
_	12		enue—add lines 8 through 11 (must equal Part VIII) column (A); three 12)	··-	ő	215,767			
<del>}</del>				<del></del>	0				
JAIAI S	13	Grants	nd similar amounts paid (Part IX, column (A), lines 1–3)			500			
2	14	Benefits	paid to or for members (Part IX, colu fff (A), line 4), (I, A-ON 5	<del></del>	0	0			
( S	15	Salaries,	other compensation, employee benefits Fart IX column (A) / libes 5-18		0	25,841			
٦ E	16a		onal fundraising fees (Part IX, column(A), line 11e)	<del></del>	0	0			
Expenses	b	Total fur	penses (Part IX, column (D), line 15, 11, 21, 21, 21, 21, 21, 21, 21, 21, 21						
ŵ	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 111-24c)		0	168,101			
	18	Total exp	penses Add lines 13-17 (must equal Part IX, column (A), line 25)		0	194,442			
	19	Revenue	e less expenses Subtract line 18 from line 12		0	21,325			
o s			Begi	nning of Current \	'ear	End of Year			
Net Assets or Fund Balances	20	Total as:	sets (Part X, line 16)	463,	222	497,187			
Ass	21		ollities (Part X, line 26)		85	85			
N Set	22		ets or fund balances Subtract line 21 from line 20	463,		497,102			
	rt II		nature Block	,					
			HALUTE DIOCK  , I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my kno	wlodaa				
			ct, and complete Declaration of preparer (other than officer) is based on all information of which prepa			•			
		1	2111	T T	-9-				
Sig	ın			Doto.					
He	re		Signature of officer	Date	1_	1-19			
			Kilhard C Dale Sr - Measure		50	1201Y			
			Type or print name and title	· · · · · · · · · · · · · · · · · · ·		·			
		Pnnt	Type preparer's name Preparer's signature	ate	م <sub>دا</sub> ٦				
Pai		Non	man E Favor III	I .	eck [ f-emplo	/			
Pre	eparer								
	e Only		s name ► Favor & Co	Firm's EIN					
			s address ► PO Box 1586, Manchester Ctr , VT 05255	Phone no (	802)	362-2691			
May	the IF	RS discus	s this return with the preparer shown above? (see instructions)			X Yes No			

	90 (2018		03-0165550	Page Z
Pa	rt III	<ul> <li>Statement of Program Service Accomplishments</li> <li>Check if Schedule O contains a response or note to any line in this Part III</li> </ul>		
1		describe the organization's mission		
	Mainta	aining a recreational fishing club for its membership		
			•••••	
2	Did the	e organization undertake any significant program services during the year which were not listed on		-
	the pri	or Form 990 or 990-EZ?	Yes	X No
		s," describe these new services on Schedule O		
3		e organization cease conducting, or make significant changes in how it conducts, any program	□ <b>v</b>	<b>□</b>
	service	es / s," describe these changes on Schedule O	Yes	X No
4		the the organization's program service accomplishments for each of its three largest program services,	as measured by	
		ses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo		ı
	the tot	al expenses, and revenue, if any, for each program service reported		
	(0:1			
4a	(Code		**	)
		aining a recreational fishing club for its membership		
41	<u> </u>	) (Farance 6 ) (Farance 6 )		
4b	(Code			
	-			
			,	
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue	•	
46	(Code	) (Expenses \$) (Nevenue	Ψ	/
44	Other	program convices (Describe in Schedulo O.)		
4d		program services (Describe in Schedule O ) uses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e		rogram service expenses   0		



# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	. 1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			l^
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	40-		v
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a		Х
ь	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	j	Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21		Х
	- DOMESTIC DOVERNMENT OF FOR IX. COMMINISTY, THE FEB. COMBINED CONCOUNTS. FUND FUND II	, , ,		/ N

	990 (2018) Wantastiquet Trout Club, Inc	03-0165550	F	age 4
Par	t IV Checklist of Required Schedules (continued)		T	T.:
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<u> </u>	<u> </u>	<del>  ^</del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	}	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		ļ	
h	24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	├	X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	<del></del>	$\vdash$
·	to defease any tax-exempt bonds?	24c	1	l
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d	1	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	į.	1	Ì
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		1	Ì
26	990-EZ? If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b	├	├
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ļ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	00-		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	-	X
D	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	====		<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ŀ	l
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part i</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31	<del> </del>	X
32	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		<u> </u>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	, ,		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		<del>                                     </del>
55	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	]		
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	L
Par		<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V	· · ·		
			I V	No.

Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?



1b

Form 9	90 (2018) Wantastiquet Trout Club, Inc 03-0	<u> 165550</u>	P	age (
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a	1		·
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<del> </del> -
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<del>-</del>		<del> -</del> -
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<del> </del> -	<del> </del> -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	1 .		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114. Report of Foreign Rook and Financial Accounts (FRAR)	- }	}	ļ
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<del></del>	<del> </del>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	<del> </del>	x
b		5b 5c	<del> </del>	├~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	<del></del>	<del>                                     </del>
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		,
<b>L</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa_	<del> </del>	X
b	gifts were not tax deductible?	6ь		[
7	Organizations that may receive deductible contributions under section 170(c).	90	<del>  -</del> -	├─
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
а	and services provided to the payor?	7a	<del></del>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		$\vdash$
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			$\vdash$
·	required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year			<del> </del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	$\vdash$
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a 20,00	ol l		l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	0		
11	Section 501(c)(12) organizations. Enter	7		
а	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources	7		
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			ĺ
b	Enter the amount of reserves the organization is required to maintain by the states in which			ĺ
	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand . [13c]			<b></b>
I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		J	ļ
	excess parachute payment(s) during the year	15		_X_
	If "Yes," see instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes." complete Form 4720. Schedule O			

Dick Dale

264 Trout Club Road, Weston, VT 05161

orm 990 (2018)	Wantastiquet Trout Club, Inc 03-0	165550	Page <b>7</b>
Part VII	· Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated		
•	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with or within	the	

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos neck ss pe	rson	than of the than or employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Deborah Hennessey	As Required									
President	0 00	X	<b>├</b> —	Х	ļ			0	0	0
(2) Ray Hancock VP	As Required 0 00	Х		Х				0	0	0
(3) David Swift	As Required									
Secretary	0 00	X	┡	X	<u> </u>		<u> </u>	0	0	0
(4) Richard Dale Treasurer	As Required 0 00	Х		Х				0	0	0
(5) Ray Riley	As Required									
Director	0 00	X		X				0	0	0
(6) Annie Fujii	As Required									
Diredtor	0 00	X	<u> </u>				L_	0	0	0
(7) Mary Ann Alberino	As Required			,				_		_
Director	0 00	Х	<u> </u>	_			ļ	0	0	0
(8) Chuck Sweetman	As Required			١.,	}			,		•
Director (2)	0 00	<u>X</u> _	┢					0	0	0
(9) Jim Slade Director	As Required 0 00	Х	ļ					٥	0	0
	As Required	<del>  ^</del>	┢┈						<u> </u>	0
Director	0 00	х	[					0	o	o
(11)								<u>_</u>		
(12)				L						
(13)										
(14)								<del></del> -		

Page 8

	. (A) Name and title	(B) Average hours per	box,	unle: er an	Pos neck ss pe	erson Irrect	than is both	n an tee)	(D) Reportable compensation	(E) Reportable compensation	) 	Est	(F) imated	
	-	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		comp fro orga and	other eensation the inization relate nization	on d
(15)														
(16)														
(17)											_			
(18)									*-					
(19)						_					+			
(20)										<del></del>	$\dagger$			
(21)			_			ļ.— <u>.</u>					$\dagger$			
(22)											+		•	
(23)											+			
(24)											+			
(25)							4				+			
1b c	Sub-total  Total from continuation sheets to Part VII, Se  Total (add lines 1b and 1c)	ection A						<b>A A A</b>	0 0		0			0
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a		=) w	/ho	recei	ved	<u> </u>	,000 of	<u></u>			
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Schedu	ctor, or trustee, k	•	•	- oye	e, o	r high	nest	compensated			Y	/es	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual									)		-		X
5	Did any person listed on line 1a receive or accrefor services rendered to the organization? If "Ye									idual			_	X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest compe	nsated independ	lent c	onti	act	ors	that r	ece	wed more than \$	100 000 of				
	compensation from the organization Report coryear										s tax			
	(A) Name and business addr	ess		<u> </u>					(B)  Description of servi	ices	Com	(C) pensa	ation	
None									<del></del>				_	<u>0</u> 0
														0
	<del></del>													0
2	Total number of independent contractors (include more than \$100,000 of compensation from the		ed to	thos	e li	sted	l abo	ve)	who received	•				

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Form 990 (2018) Wantastiquet Trout Club, Inc. 03-0165550 Part VIII ·Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Total revenue Unrelated Revenue evemot business excluded from function revenue tax under sections revenue 512-514 0 Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 0 Membership dues 1b 0 Fundraising events 1c С 1d 0 Related organizations Government grants (contributions) 1e 0 All other contributions, gifts, grants, and similar amounts not included above 1f n 0 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 0 **Business Code** Program Service Revenue 2a Membership Dues 900099 76,135 76,135 Capital Assessment 900099 48,897 48,897 Special Assessment 900099 31.680 31,680 20,000 900099 20,000 d Initiation Fees 0 1,270 1,270 All other program service revenue Total. Add lines 2a-2f 177,982 3 Investment income (including dividends, interest, and other similar amounts) 111 0 Income from investment of tax-exempt bond proceeds 5 0 Royalties . (ı) Real (II) Personal 6a Gross rents 37.674 **b** Less rental expenses 37,674 0 c Rental income or (lóss) ▶ 37,674 d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of 0 assets other than inventory 0 b Less cost or other basis and sales expenses 0 0 0 c Gain or (loss) ▶ 0 Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ \_\_\_\_\_0 of contributions reported on line 1c) See Part IV, line 18 0 0 **b** Less direct expenses 0 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 а 0 0 b Less direct expenses 0 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 0 а 0 b Less cost of goods sold 0 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 0 11a 0 0

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

0

0

177,982

215,767

	t IX Statement of Functional Expenses	<del></del>	<del></del>								
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all			<u>omplete column (A)</u>							
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	domestic governments See Part IV, line 21	500	500								
2	Grants and other assistance to domestic										
	ındıvıduals See Part IV, line 22	0									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors,										
	trustees, and key employees	0		0							
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0									
7	Other salaries and wages	23,700	23,700								
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	0									
9	Other employee benefits	0									
10	Payroll taxes	2,141	2,141		<del></del>						
11	Fees for services (non-employees)										
а	Management	0									
b	Legal	51,387	51,387								
C	Accounting	3,860	3,860								
d	Lobbying	0									
e	Professional fundraising services. See Part IV, line 17	0			<u></u>						
f	Investment management fees	0									
g	Other (If line 11g amount exceeds 10% of line 25, column										
4.0	(A) amount, list line 11g expenses on Schedule O)	0	4 407	0							
12	Advertising and promotion	1,467	1,467		<del></del>						
13	Office expenses	2,732	2,732	· <del>-</del> -	<del></del>						
14	Information technology	0									
15	Royalties	23,780	22 790								
16 17	Occupancy Travel	23,760	23,780								
	Payments of travel or entertainment expenses	<del></del>	<del></del>								
18	for any federal, state, or local public officials	o									
19	Conferences, conventions, and meetings	0			<del></del>						
20	Interest .	0	<del></del>	·- ·-							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	23,915	23,915	0							
23	Insurance	12,318	12,318								
24	Other expenses Itemize expenses not covered										
- •	above (List miscellaneous expenses in line 24e If										
	line 24e amount exceeds 10% of line 25, column			ļ							
	(A) amount, list line 24e expenses on Schedule O)	ľ		ľ							
а	Fish & Supplies	19,868	19,868								
b	Repairs & Maintenance	23,336	23,336								
c	Caretaker Expenses	3,751	3,751								
d	Board Meetings	1,122	1,122								
e	All other expenses	565	565								
25	Total functional expenses. Add lines 1 through 24e	194,442	194,442	0	C						
26	Joint costs. Complete this line only if the	<u> </u>									
	organization reported in column (B) joint costs			ļ							
	from a combined educational campaign and			ļ							
	fundraising solicitation Check here ▶ if		(	(							
_	following SOP 98-2 (ASC 958-720)										

Form 990 (2018) Wantastiquet Trout Club, Inc
Part X Balance Sheet

	<u> </u>						
		Check if Schedule O contains a response of	note to	any line in this Part X			
					(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash—non-interest-bearing			5,228	1	3,219
	2	Savings and temporary cash investments			112,328	2	100,439
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			48	4	0
	5	Loans and other receivables from current and f	ormer of	ficers, directors,			
	1	trustees, key employees, and highest compens	ated em	ployees			
		Complete Part II of Schedule L .			0	5	
	6	Loans and other receivables from other disqualified pers	ons (as de	efined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contrib	outing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	employees	beneficiary			,
ets		organizations (see instructions) Complete Part II of Sche	edule L	<u> </u>	0	6	
Assets	7	Notes and loans receivable, net		L	0	7	0
⋖	8	Inventories for sale or use		<u> </u>	0	_ 8	
	9	Prepaid expenses and deferred charges		L	0	9	
	10a	Land, buildings, and equipment cost or		}			
		other basis Complete Part VI of Schedule D	10a	620,623			
	b	Less accumulated depreciation	10b	227,093	345,618		393,529
	11	Investments—publicly traded securities	•	_	0	11	0
	12	Investments—other securities See Part IV, line		·			0
	13	Investments—program-related See Part IV, line	e 11	<u> -</u>	0 12 0 13 0 14 0 15 463,222 16	0	
	14	Intangible assets		-		_	0
	15	Other assets See Part IV, line 11					0
	16	Total assets. Add lines 1 through 15 (must equ	al line 34	1)			497,187
	17	Accounts payable and accrued expenses		<b>}</b>			85
	18	Grants payable	•	<del> </del>			
	19	Deferred revenue		-			
	20	Tax-exempt bond liabilities	D4 D./ -	£ 0 = h = d = D			
,n	21	Escrow or custodial account liability Complete		_		21	
Liabilities	22	Loans and other payables to current and forme		· · · · · · · · · · · · · · · · · · ·	,		
ii		trustees, key employees, highest compensated disqualified persons. Complete Part II of Sched		es, and  -			
<u>ie</u>	22	Secured mortgages and notes payable to unrela		1 nortice			0
_	23 24	Unsecured notes and loans payable to unrelate					0
	25	Other liabilities (including federal income tax, pa					
	23	parties, and other liabilities not included on lines	.,				
		of Schedule D	<i>.,</i> – 1,	Complete Factor	0 13 0 14 0 15 0 15 463,222 16 497, 85 17 0 18 0 19 0 20 0 21 0 21 0 23 0 24	0	
	26	Total liabilities. Add lines 17 through 25					85
		Organizations that follow SFAS 117 (ASC 958	2) obook	here > and			
S		complete lines 27 through 29, and lines 33 ar	-	There D and			
nce	27		IU 57.	-	<del></del>		<del> </del>
ala	27	Unrestricted net assets		<del> </del>	<del></del>		<del></del>
B	28 29	Temporarily restricted net assets Permanently restricted net assets		<del></del>		<del></del>	
ŭ	23	•		·		<del></del>	
Ē		Organizations that do not follow SFAS 117 (ASC958),	check he	re 🕨 🔀 and	[	- [	[
Net Assets or Fund Balances		complete lines 30 through 34.		ļ <u>.</u>			
set	30	Capital stock or trust principal, or current funds			463,137	30	497,102
As	31	Paid-in or capital surplus, or land, building, or en			0	31	<del></del>
et	32	Retained earnings, endowment, accumulated in	icome, o	r otner tunas	0	32	407.400
z	33	Total net assets or fund balances		ļ	463,137	33	497,102 497,187
	34	Total liabilities and net assets/fund balances			463,222	J4	497.107

Form 9	990 (2018) Wantastiquet Trout Club, Inc	0	<u> 3-0165550                                 </u>	Page	<u>e 12</u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.	•		. [	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		215,	,767
2	Total expenses (must equal Part IX, column (A), line 25)	2		194,	,442
3	Revenue less expenses Subtract line 2 from line 1	3		21,	,325
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		463,	,137
5	Net unrealized gains (losses) on investments .	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O) .	9		12,	<u>,640</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		497,	,102
Part				-	_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. L</u>	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		-	-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1 1	1	l
	reviewed on a separate basis, consolidated basis, or both				-
	Separate basis Donsolidated basis Both consolidated and separate basis		_	_	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both			ł	1
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				$\neg$
	Schedule O			_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (2	2018)

#### **SCHEDULE D** (Form 99Q)

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

2018

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name	or the organization		Employer identification number
Want	astiquet Trout Club, Inc	<u> </u>	03-0165550
Part		r Advised Funds or Other Similar F	
	Complete if the organization answe	ered "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	onor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, done	<del>-</del>	
	only for charitable purposes and not for the b		
	conferring impermissible private benefit?	,	Yes No
Part	Conservation Easements.		
		ered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held I		<del></del>
•	Preservation of land for public use (e.g.,		on of a historically important land area
			• •
	Protection of natural habitat	Preservati	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease	ements	2b
С	Number of conservation easements on a cert		2c
d	Number of conservation easements included		
	historic structure listed in the National Regist		2d
3	Number of conservation easements modified	l, transferred, released, extinguished, or ter	minated by the organization during
	the tax year		
4	Number of states where property subject to o		
5	Does the organization have a written policy re		
_	violations, and enforcement of the conservati		Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing con	servation easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization re	ports conservation easements in its revenu	e and expense statement, and
	balance sheet, and include, if applicable, the		ancial statements that describes the
	organization's accounting for conservation ea		011-01-1
Part	III Organizations Maintaining Collec		
		red "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other sim		
	public service, provide, in Part XIII, the text of		
b	If the organization elected, as permitted under	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other sim		tion, or research in furtherance of
	public service, provide the following amounts		
	(i) Revenue included on Form 990, Part VIII,	line 1	. ► \$ ► \$
	(ii) Assets included in Form 990, Part X	•	
2	If the organization received or held works of a		
	following amounts required to be reported un	·	tems
а	Revenue included on Form 990, Part VIII, line	e 1	<b>▶</b> \$
b	Assets included in Form 990, Part X		▶ \$

ciicu	Adie D (Folili 990) 2010 VVantas	tiquet Trout Club,	<u>inc</u>					03-010	00000	_	Page Z
Pari	t III Organizations Mai	ntaining Colle	ctions of A	rt, Histo	rical Tre	asures, or	Other	Similar Asse	ts (conti	nued)	
3	Using the organization's ac										
	collection items (check all the	-	·		•		Ū	Ū			
а	Public exhibition			d [	Loan or	exchange p	rogram	s			
b	Scholarly research			e 🗀	Other		_				
				_ د	, cuici						
C	Preservation for future	-			Al E		4.			4	
4	Provide a description of the XIII	e organization's co	ollections and	ı expiain n	ow they it	urtner the org	janizati	on's exempt pur	pose in Pa	art	
_											
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar						1				
							No				
ar	art IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form										
		anization answe	erea "Yes" c	on Form	990, Pan	1V, line 9, 0	or repo	orted an amoui	nt on Hoi	m	
	990, Part X, line 21										
1a	Is the organization an agen		ıan or other ır	ntermediai	y for cont	ributions or o	ther as	sets not			1
	included on Form 990, Part								Y∙	es 🗀	No
b	If "Yes," explain the arrange	ement in Part XIII	and complete	e the follo	wing table	:		<del></del>			
							-		Amount		
C	Beginning balance						1				
d	Additions during the year						1.				
e	Distributions during the year 1e										
f	Ending balance						1				0
2a	Did the organization include	e an amount on F	orm 990, Par	t X, line 2	1, for escr	ow or custod	ial acco	ount liability?	Y€	s 🔀	No
b	If "Yes," explain the arrange	ement in Part XIII	Check here	if the expl	anation ha	as been prov	ided or	Part XIII			]
art	V Endowment Funds	5.	-		-						
	Complete if the orga	anization answe	ered "Yes" o	n Form 9	90, Part	IV, line 10.	_				
		(a)	Current year	(b) Pn	or year	(c) Two years	back	(d) Three years bad	ck (e) Fo	ur years	back
1a	Beginning of year balance										
b	Contributions					l L					
C	Net investment earnings, ga	ains,				ļ					
	and losses	<u> </u>				ļ					
d	Grants or scholarships	<u> </u>									
е	Other expenditures for facili	ities				ļ	-				
	and programs			ļ							
f	Administrative expenses	<u> </u>									
g	End of year balance .	L	0		0		0		_0		0
2	Provide the estimated perce	_	ent year end	balance (	line 1g, co	olumn (a)) hel	ld as				
а	Board designated or quasi-	endowment	•	<u>%</u>							
b	Permanent endowment		<u>%</u>								
С	Temporarily restricted endo		%								
_	The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the										
3a		s not in the posse	ssion of the c	organizatio	n that are	neid and ad	ministe	rea for the	1	Van	NI-
	organization by	_							20/3	Yes	No
	(i) unrelated organization:	s .		•					3a(i)		
	(ii) related organizations		-4		l on Cobo	dulo BO		•	3a(ii) 3b		<u> </u>
b	If "Yes" on line 3a(ii), are the	-		•					30		
	Describe in Part XIII the inte			S Elluowi	nent lunus	<u> </u>					
arı	VI Land, Buildings, an Complete if the organic			n Form (	On Part	IV line 11a	200	Form 000 Par	t Y line	10	
	Description of property	′	(a) Cost or ot (investm			or other basis other)		Accumulated depreciation	(a) 80	ook valu	5
 la	Land	<del></del>	(	0	<u> </u>	0					0
ia b	Buildings		<del>                                     </del>	0		507,978		155,045		35	2,933
C	Leasehold improvements			0		0		135,045			0
d	Equipment				<del></del>	112,645		72,049	·		0,596
e	Other .			0		112,043		72,043			0,030
	I. Add lines 1a through 1e (C	Column (d) must e	gual Form 99		column (l	<u></u>		<u> </u>		39	3,529

Part VII	Investments—Other Securities.	ared IIVeell on Ferm 000	Port IV line 11h Con Form 000 Port V line 12	
			Part IV, line 11b. See Form 990, Part X, line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
	al derivatives	0		
	held equity interests	0	)	
	,			
(B)	·····		<del></del>	_
(C)	·····		<del></del>	
	·		<del>                                     </del>	_
				_
(C)			<del></del>	
(H)			<del></del>	_
	nn (b) must equal Form 990, Part X, col (B) line 12)	<b>D</b>	)	_
Part VIII		<u> </u>	<u> </u>	
T WIT VIII	•	ered "Yes" on Form 990.	Part IV, line 11c See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation	_
	(a) Description of investment	(b) Book value	Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)	····		<u> </u>	
(8)				
(9)	<u> </u>			
	nn (b) must equal Form 990, Part X, col (B) line 13)	<u>▶</u> 0	<u>'l</u>	
Part IX	Other Assets.		Part IV 15 - 44 d. O France 200 Part V. Iva - 45	
			Part IV, line 11d. See Form 990, Part X, line 15	
	(a)	Description	(b) Book value	
(1)	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	
(2)			<del></del>	_
(3)				
<u>(4)</u> <u>(5)</u>	<del></del>	<del></del>		_
(6)	<del></del>			_
(7)				_
(8)	······································	···································		_
(9)				
	mn (b) must equal Form 990, Part X, col (B)	line 15) .	<b>•</b>	0
Part X	Other Liabilities.			
		ered "Yes" on Form 990,	Part IV, line 11e or 11f See Form 990, Part X,	
	line 25.	·		
1.	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes			
(2)				
(3)				
(4)				
(5)			,	
<u>(6)</u>				
(7)			4	
(8)		<u> </u>	-	į
(9)				1
	n (b) must equal Form 990, Part X, col (B) line 25)			!
•	The state of the s		organization's financial statements that reports the	

Par	Reconciliation of Revenue per Audited Financial Staten		e per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	<del></del>	
1	Total revenue, gains, and other support per audited financial statements.		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a	Net unrealized gains (losses) on investments .	2a	i	
þ	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		_
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	1 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII )			
_	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	<del></del>	5	0
Part	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990,		ses per Return.	
1	Total expenses and losses per audited financial statements	<u> </u>	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	* *	
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b	,	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)	5	
art	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			
		- <b></b>		

#### SCHEDULE O (Form 990.or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### 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 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Employer identification number

Wantastiquet Trout Club, Inc	03-0165550			
Part VI - Line 11b				
Form 990 is prepared by a certified public accounting firm and reveiwed by the treasurer for accuracy before signing and filing				
Part VI - Line 19				
The organization's documents are made available to the public upon written reque	est			
•				
Part XI - Line - Line 9				
Net change in membership certificates				
	······································			
•				
<u>-</u>				