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Form **990-EZ**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 black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009****Open to Public  
Inspection****A** For the 2009 calendar year, or tax year beginning 1/1, 2009, and ending 12/31, 20 09**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**Badger State Sportsmen's Club**

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

**3530 N. Mohawk Valley Rd.**

City or town, state or country, and ZIP + 4

**Stoddard, WI 54658****D** Employer identification number**39-0865248****E** Telephone number**608 788 0175****F** Group Exemption  
Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☒ 501(c) ( 4 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received . . . . .	110
	2	Program service revenue including government fees and contracts . . . . .	
	3	Membership dues and assessments . . . . .	
	4	Investment income . . . . .	49
	5a	Gross amount from sale of assets other than inventory . . . . .	
	5b	Less: cost or other basis and sales expenses . . . . .	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	42931
<b>Expenses</b>	6b	Less: direct expenses other than fundraising expenses . . . . .	22651
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	20280
	7a	Gross sales of inventory, less returns and allowances . . . . .	
	7b	Less: cost of goods sold . . . . .	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	
	8	Other revenue (describe ► _____ )	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	20439
	10	Grants and similar amounts paid (attach schedule) . . . . .	2124
	11	Benefits paid to or for members . . . . .	
<b>Net Assets</b>	12	Salaries, other compensation, and employee benefits . . . . .	
	13	Professional fees and other payments to independent contractors . . . . .	120
	14	Occupancy, rent, utilities, and maintenance . . . . .	16451
	15	Printing, publications, postage, and shipping . . . . .	262
	16	Other expenses (describe ► _____ )	1345
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	20302
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	137
	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) . . . . .	106908
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	
21	Net assets or fund balances at end of year. Compare lines 18 through 20 . . . . .	107045	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

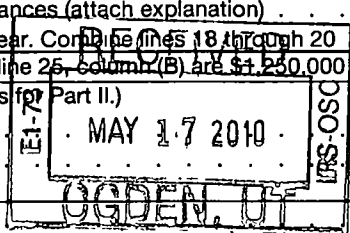
<b>Assets</b>	22	Cash, savings, and investments . . . . .	(A) Beginning of year	18113	(B) End of year	18250
	23	Land and buildings . . . . .	68834	23	68834	
	24	Other assets (describe ► _____ )	19961	24	19961	
	25	<b>Total assets</b> . . . . .	106908	25	107045	
	26	<b>Total liabilities</b> (describe ► _____ )		26		
	27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	106908	27	107045	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

SCANNED JUN 28 2010



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<b>Part III</b>	<b>Statement of Program Service Accomplishments (See the instructions for Part III.)</b>
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## Expenses

**What is the organization's primary exempt purpose?**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28	Hunter's Safety, Take a Kid Fishing, DU, Vernon County Law Enforcement Assoc, ..... ..... ..... (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	28a	1274
29	Crime Stoppers, American Red Cross, Salvation Army, St. Peter's Church ..... ..... (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	350
30	Scholarships ..... ..... (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	500
31	Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ▶	32	2124

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	✓
<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>	
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<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 period covered by this return? . . . . .	<b>38a</b>	✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> 0		
<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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 00		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	✓
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<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>	
<b>41</b>	List the states with which a copy of this return is filed. ▶		
<b>42a</b>	The organization's books are in care of ▶ <u>Larry Lawrynk</u> Telephone no. ▶ <u>608-769-0902</u> Located at ▶ <u>La Crosse, WI</u> ZIP + 4 ▶ <u>54601</u>		
<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)? . . . . .	<b>42b</b>	✓
	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . .	<b>42c</b>	✓
	If "Yes," enter the name of the foreign country: ▶		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	✓
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>45</b>	✓

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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 . . . . .	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? 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>b</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."

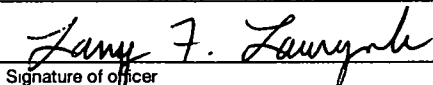
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
n/a				

**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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
n/a		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

<b>Sign Here</b>	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			
	 Signature of officer		5-11-10 Date	
	Larry Lawrynk, Treasurer Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
	Bosshard Parke, Ltd.			608-782-1469

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

BADGER STATE SPORTSMAN'S CLUB  
LIST OF OFFICERS AND DIRECTORS  
2009 TAX RETURN

Bruce Myhre, President  
W876 E. Mohawk Ln.  
Stoddard, WI 54658

Shawn Sackman, VP  
5545 Orion Ct.  
La Crosse, WI 54601

Larry Lawrynk, Treasurer  
4115 Velmer Ct.  
La Crosse, WI 54601

Elliott Place, Secretary  
W479 Sunshine  
Stoddard, WI 54658

Gary Lawrynk  
3016 S. 31<sup>st</sup> St.  
La Crosse, WI 54601

Mark Raymond  
2502 Lincoln Ave.  
La Crosse, WI 54601

Dave Sanger  
2845 21<sup>st</sup> Pl. S.  
La Crosse, WI 54601

Kevin Lueck  
W3718 Cty Rd. YY  
La Crosse, WI 54602

Bob Brown  
1732 Bainbridge  
La Crosse, WI 54603