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ORIGINAL

OMB No 1545-1150

Form **990-EZ****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.

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 1/1/2009 , and ending 12/31/2009							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td>C Name of organization GRAND RIVER MARSH TURKEY CLUB INC</td> <td>D Employer identification number 39-1696344</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite W13675 REEDS CORNER RD</td> <td>E Telephone number (920) 748-5249</td> </tr> <tr> <td>City, town, or country State ZIP + 4 RIPON WI 54971</td> <td>F Group Exemption Number ►</td> </tr> </table>	C Name of organization GRAND RIVER MARSH TURKEY CLUB INC	D Employer identification number 39-1696344	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite W13675 REEDS CORNER RD	E Telephone number (920) 748-5249	City, town, or country State ZIP + 4 RIPON WI 54971	F Group Exemption Number ►
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- **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. **\$ 44,186**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	7,140
	4 Investment income	4	98
	5a Gross amount from sale of assets other than inventory 5a		0
	b Less cost or other basis and sales expenses 5b		0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> 6a		
	a Gross revenue (not including \$ 0 of contributions reported on line 1) 6a		36,948
b Less direct expenses other than fundraising expenses 6b		39,931	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c		-2,983	
7a Gross sales of inventory, less returns and allowances 7a			
b Less cost of goods sold 7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c		0	
8 Other revenue (describe ►) 8		0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9		4,255	
Expenses	10 Grants and similar amounts paid (attach schedule) 10		4,125
	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		80
	14 Occupancy, rent, utilities, and maintenance 14		
	15 Printing, publications, postage, and shipping 15		299
	16 Other expenses (describe ►) 16		0
	17 Total expenses. Add lines 10 through 16 17		4,504
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		-249
	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		18,110
	20 Other changes in net assets or fund balances (attach explanation) 20		0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 21		17,861

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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	18,110	17,861
23 Land and buildings		
24 Other assets (describe ►)	0	0
25 Total assets	18,110	17,861
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	18,110	17,861

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

Form **990-EZ** (2009)

(HTA)

SCANNED APR 23 2010

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Expenses

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

Form **990-EZ** (2009)

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
35	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		
a	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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		
b	Did the organization file Form 1120-POL for this year?		X
38a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9.		
b	Gross receipts, included on line 9, for public use of club facilities.		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
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.		X
c	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		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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.		X
41	List the states with which a copy of this return is filed. WI		
42a	The organization's books are in care of DARWIN EBERT Telephone no. (920) 748-5249		
	Located at W13675 REEDS CORNER RD City, RIPON ST, WI ZIP + 4 54971		
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)?		X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S? If "Yes," enter the name of the foreign country:		X
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 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	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		X

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.

- 46** 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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47** **48** **49a** **49b**
- 48** Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E **46** **47** **48** **49a** **49b**
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **46** **47** **48** **49a** **49b**
- b** If "Yes," was the related organization a section 527 organization? **46** **47** **48** **49a** **49b**
- 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
Name None Str	Title			
City ST ZIP	Hr/WK	.00	0	0
Name Str	Title			
City ST ZIP	Hr/WK	.00	0	0
Name Str	Title			
City ST ZIP	Hr/WK	.00	0	0
Name Str	Title			
City ST ZIP	Hr/WK	.00	0	0
Name Str	Title			
City ST ZIP	Hr/WK	.00	0	0

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
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

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

Sign Here	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 <i>Darwin Ebert</i>		Date <i>3-30-10</i>	
Paid Preparer's Use Only	Type or print name and title <i>DARWIN EBERT</i>			
	Preparer's signature <i>Ken Koffarnus</i>	Date <i>3/29/2010</i>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) <i>P00018050</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>KEN KOFFARNUS 108 WATSON STREET, RIPON, WI 54971</i>		EIN	Phone no

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

GRAND RIVER MARSH TURKEY CLUB

Marquette, WI 53947

Grand River Marsh Turkey Club Mar. 23, 2010 Officers



Mark Dugenske	265 Charlevoix	Markesan, WI.	53946 394-3396	President	2008
Chad Klatt	W4916 Cty Hwy H	Markesan, WI.	53946 394-3785	Board of director	2008
Fred Lang	P.O. Box 93	Dalton, WI.	53926 394-3955	Vice President	2008
Steve Lang	W3725 Cty. BB	Markesan, WI.	53946 398-2786	Board of director	2008
Kevin Ward	W 4896 Cty Rd B	Markesan, WI.	53946 229-6792	Board of director	2008
Jason Chapman	W 6655 Cty B	Dalton, WI.	53926 394-9353	Board of director	2009
Darwin Ebert	W 13675 Reeds Corners Rd	Ripon, WI.	54971 748-5249	Secretary/Treas.	2009
Les Lang	W 5002 Gale Ave	Montello, WI.	53949 608-297-9693	Board of director	2009
Russell Neumann	98 E Summit	Markesan, WI.	53946 398-3253	Board of director	2009
Walter Walker	207 S Vine	Kingston, WI.	53939 394-3817	Board of director	2009
Ronald Fligel	P.O.Box 144 230 Lake St.	Marquette, WI.	53947 394-9364	Board of director	2010
Jim Hannemann	Box 116	Marquette, WI.	53947 584-0037	Board of director	2010
Curtis Klatt	W4916 Cty Hwy H	Markesan, WI.	53946 394-3785	Board of director	2010
Randy Klawitter	Box 61	Kingston, WI.	53939 360-0027	Board of director	2010
Mike Madel	W2701 Cty Rd Hh	Dalton, WI.	53926 394-3396	Board of director	2010