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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

B Check if applicable:

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

C Name of organization

Salmon Unlimited of Wisconsin Inc

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

PO Box 081333

Room/suite

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

Racine Wisconsin 53408-1333

D Employer identification number

39-1280503

E Telephone number

262-898-8218

F Group Exemption
Number ►**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► salmonunlimitedwisconsin.com**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

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Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3382
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	6675
	4	Investment income	4	2528
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	50883
Expenses	b	Gross income from fundraising events not including \$3382 of contributions from fundraising events reported on line 1 (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	64144
	c	Less: direct expenses from gaming and fundraising events	6c	107413
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7614
	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	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	20199
	10	Grants and similar amounts paid (list in Schedule O)	10	5776
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	0
13		Professional fees and other payments to independent contractors	13	0
14		Occupancy, rent, utilities, and maintenance	14	1000
15		Printing, publications, postage, and shipping	15	2705
16		Other expenses (describe in Schedule O)	16	2719
17		Total expenses. Add lines 10 through 16	17	12200
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7999	
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	161945	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	169944	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2010)

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	161945	22 169944
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	161945	25 169944
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	161945	27 169944

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? Promote & maintain interest in Great Lakes sport fishery
 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.

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

28 Granted 3 scholarships to Stevens Point students who are active in conservation programs see attached schedule for names of students		
(Grants \$ 3351) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3351
29 Provide free day of salmon fishing for disabled vets		
(Grants \$ 962) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	962
30 Provided food and demonstrations to public at WI DNR October Weir day		
(Grants \$ 519) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	519
31 Other program services (describe in Schedule O)		
(Grants \$ 944) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	944
32 Total program service expenses (add lines 28a through 31a)	32	5776

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Mr. Thomas Pietila 8217 Stanley Rd Caledonia WI 53108	President 12 hrs /wk	0	0	0
Mr. Eric West 4655 Bluffsides Drive Racine WI 53402	Vice-President 5 hr/wk	0	0	0
Mr. Allen Scheef 6411 Bald Eagle Rd Racine WI 53406	Treasurer 5 hr/wk	0	0	0
Ms. Mary Lee Both-Hetland 4633 Ridgecrest Drive Racine WI 53403	Secretary 7 hr/wk	0	0	0
Mr. Chris Heather 5033 Ruby Ave Racine WI 53402	Board 2 hr /wk	0	0	0
Mr. Paul Issacson 231 Hwy V Sturtevant WI 53177	Board 2 hr /wk	0	0	0
Mr. Jeff Kingsfield 5903 Regency Hills Drive Racine WI 53406	Board 2 hr /wk	0	0	0
Mr. Paul Lohman 2501 Indian Trail Racine WI 53402	Board 2 hr /wk	0	0	0
Mr. Chuck Boedecker 900 Shoreline Drive Racine WI 53402	Board 2 hr /wk	0	0	0
Mr. R.J. Guarascio 6522 62nd Ave Kenosha WI 53142	Board 2 hr /wk	0	0	0
Mr. Chris Skreczko 3101 Oakwood Drive Racine WI 53406	Board 2 hr /wk	0	0	0
Mr. Greg Seitz 123 Globe Heights Drive Racine WI 53406	Board 2 hr /wk	0	0	0
Mr. Chris Strege 1904 Grand Ave Racine WI 53403	Board 2 hr /wk	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		✓
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 tax year covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3) 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.		✓
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ Allen Scheef Telephone no. ▶ 262-898-8218 Located at ▶ 6411 Bald Eagle Rd Racine WI ZIP + 4 ▶ 53406		
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)?	Yes	No
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: ▶		✓
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		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a 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)	45a	<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

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 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 ☐

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

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

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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer <u>Allen Scheef</u>		Date <u>3/13/2011</u>		
	Type or print name and title <u>ALLEN SCHEEF - TREASURER</u>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

39-1280503

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SAR Fish Contest	CL/SS Fish Contest	4	(add col (a) through col (c))	
		(event type)	(event type)	(total number)		
	1	Gross receipts	46802	10050	7292	64144
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	46802	10050	7292	64144
Direct Expenses	4	Cash prizes	33325	8390	2250	43965
	5	Noncash prizes	0	0	1150	1150
	6	Rent/facility costs	1949	0		1949
	7	Food and beverages	0	0	2797	2797
	8	Entertainment	0	0	200	200
	9	Other direct expenses	3802	0	789	4591
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(54652)
	11	Net income summary. Combine line 3, column (d), and line 10 ▶				9492

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
	1	Gross revenue	50883	0	0	50883
Direct Expenses	2	Cash prizes	40025			40025
	3	Noncash prizes	0			0
	4	Rent/facility costs	7100	7100		7100
	5	Other direct expenses	5636	5636		5636
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ►					(52761)
8	Net gaming income summary. Combine line 1, column d, and line 7 ►					-1878

9 Enter the state(s) in which the organization operates gaming activities: Wisconsin

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☒ Yes ☐ No

b If "Yes," explain: As of 12/31/2010 we ended our Bingo Gaming due to loss of revenue. We did not renew our license for 2011

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|-------|
| a The organization's facility | 13a | 0 % |
| b An outside facility | 13b | 100 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Chuck BodeckerAddress ▶ 900 Shoreline Drive Racine WI 53402

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:Name ▶ Chuck BodeckerGaming manager compensation ▶ \$ 0Description of services provided ▶ Organize and oversee bingo operation☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 5776

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule O Attachments Tax Year 2010:**Salmon Unlimited of Wisconsin, Inc. EIN: 39-1280503**

Line 6a	Gross Revenue:				Line 6b	Gross Revenue Expense:	
	Banquet income	3047				Banquet expense	3477
	Bingo Income	50883				Bingo prizes	40025
	Cash-on-line/SuperS	10050				Bingo rent	7100
	Fishing contests	968				Bingo Other Allowed	4161
	Challenge Series	2490				Bingo Expense Non-Al	1475
	Picnic	787				Cash-on-line	218
	SAR	46802				Fishing contest	783
	Total	<u>115,027</u>				SAR	39076
						Picnic	458
						Challenge Series	2250
						2inBoat/SuperSweep	8390
						Total	<u>107,413</u>
Line 10	Grants:						
	Scholarships (3) @ Steven Point U						
	Lucas Nathan	1,000					
	Benjamin Kissinger	1,000					
	Ron Purtree	1,000					
	Scholarship Misc	351					
	Total Scholarships			3,351			
	Vets Outing			962			
	Wisconsin Dept Of Natural Resources:			519			
	Kids Clinic			325			
	Kids Contest			619			
	Total Grants:			<u>5,776</u>			
Line 16	Other Expenses						
	Dues to other organizations			100			
	Plaques -Logos-Parade			830			
	Insurance			749			
	Internet - Website			253			
	Meeting expense			433			
	Office supplies			275			
	Permit			35			
	Investment fees			35			
	Misc			-3			
	Sunshine			12			
	Total			<u>2,719</u>			