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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , 2013, 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) Room/suite
PO Box 081333
 City or town, state or province, country, and ZIP or foreign postal code
Racine, WI 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) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ salmonunlimitedwisconsin.com

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **139204**

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 ☐

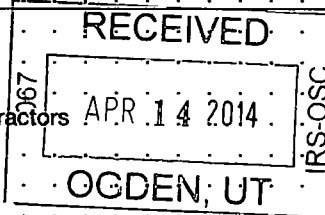
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4871
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3965
	4	Investment income	4	3049
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	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		9999
b	Gross income from fundraising events (not including \$ 4871 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		112171	
c	Less: direct expenses from gaming and fundraising events 6c		101212	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		20958	
7a	Gross sales of inventory, less returns and allowances 7a		5149	
b	Less: cost of goods sold 7b		3906	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c		1243	
8	Other revenue (describe in Schedule O) 8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		34086	
Expenses	10	Grants and similar amounts paid (list in Schedule O) 10		5553
	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		
	14	Occupancy, rent, utilities, and maintenance 14		
	15	Printing, publications, postage, and shipping 15		2128
	16	Other expenses (describe in Schedule O) 16		3913
	17	Total expenses. Add lines 10 through 16 ▶ 17		11594
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		22492
	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		179467
	20	Other changes in net assets or fund balances (explain in Schedule O) 20		278
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		202237

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2013)

SCANNED MAY 02 2014



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	176932	22 200057
23 Land and buildings		23
24 Other assets (describe in Schedule O)	2535	24 2180
25 Total assets	179467	25 202203
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	179467	27 202237

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? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 <u>Granted 3 scholarships to Stevens Point College Students who are active in conservation programs</u> <u>(Ian Hackett, Jacob Richter & Zebadiah Woik)</u>		
(Grants \$ <u>3600</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3600
29 <u>Vets Outing where members of the club took about 30 disabled Veterans from Milwaukee fishing for a day,</u> <u>provided lunch and had their catch smoked to take back to the veterans home.</u>		
(Grants \$ <u>863</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	863
30 <u>Kids Clinic were we sponsor a day with the kids at Quarry Park to teach them various fishing skills and them</u> <u>let them fish for trout. We provide lunch for the kids and their parents</u>		
(Grants \$ <u>678</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	678
31 <u>Other program services (describe in Schedule O)</u>		
(Grants \$ <u>412</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	412
32 Total program service expenses (add lines 28a through 31a)	32	5553

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Shane Schneidewind President	5	0	0	0
Eric West Vice President	2	0	0	0
Allen Scheef Treasure	5	0	0	0
MaryLee Hetland Secretary	3	0	0	0
Tracy Gemmel Editor	2	0	0	0
Amy Hanson Board of directors	1	0	0	0
Paul Issacson Board of directors	1	0	0	0
Jeff Kinsfield Board of directors	1	0	0	0
Jim Lafortune Board of directors	1	0	0	0
Trad Schluechterman Board of directors	1	0	0	0
Chuck Bodecker Board of directors	1	0	0	0
Bob Weidman Board of directors	1	0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
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	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
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	40b	
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	40e	
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 Road, 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)? 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 .	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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)	45b	✓

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

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

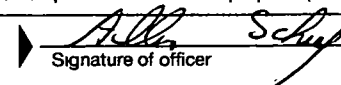
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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** Date 4/8/2014
Allen Scheef Treasurer
Type or print name and title

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 ▶		Phone no.	
Firm's address ▶				

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

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

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Salmon Unlimited of Wisconsin, Inc

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 type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input 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 entry (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.

		(a) Event #1 <u>SAR Fish Contest</u> (event type)	(b) Event #2 <u>Banquet</u> (event type)	(c) Other events <u>8</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	86092	5685	20394	112171
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	86092	5685	20394	112171
Direct Expenses	4 Cash prizes	42411		17969	60380
	5 Noncash prizes	694	600	3549	4843
	6 Rent/facility costs	2950	150		3100
	7 Food and beverages	7873	3079	698	11650
	8 Entertainment	3290		50	3340
	9 Other direct expenses	13822	192	3885	17899
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				101212
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				112171

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <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) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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: _____

Schedule O Attachments Tax Year 2013:

Salmon Unlimited of Wisconsin, Inc. EIN: 39-1280503

Line 6a	Gross Revenue:	(revenue)	(raffle)	(clothing)	Line 6b	Gross Revenue Expense:	(expense)	(COGS)
	Banquet income	5685				Banquet expense	4021	
	Clothing			186		Fishing Contest	1425	
	Kids clinic	67				Kids Contest	390	
	2-boat, Sslam, SSS	12547				Raffle	4150	
	Ice fishing	755	1945			Ice fishing	1191	
	SU Open fishing	5500				SU Opner	4429	
	GreatLake Series	270				SAR*	71040	3906
	Raffle	0	8054			Picnic	1255	
	Picnic	1255				GreatLake Series	300	
	SAR*	86092		4963		2-boat, Sslam, SSS	12247	
	Total	<u>112,171</u>	<u>9,999</u>	<u>5,149</u>		Misc expenses -fees	764	
						Total	<u>101,212</u>	<u>3,906</u>
Line 10	Grants:							
	Scholarships (3) @ Steven Point U			3600				
	Vets Outing			863				
	Kids Clinic			678				
	Weir Day			412				
	Total Grants:			<u>5,553</u>				
Line 16	Other Expenses							
	Dues to other organizations			100				
	Plaques -Logos-Parade			1071				
	Insurance			1477				
	Internet - Website			144				
	Meeting expense			742				
	Office supplies			119				
	Permit			70				
	Misc Equipment, computer			78				
	Misc			83				
	Sunshine			<u>29</u>				
	Total			<u>3,913</u>				
Line 20	Other changes in assets			<u>278</u>				
	A correction was made in 2013 for an error made in recording CD Interest in 2012 resulting in increase beginning asset value							
Line 24	Other Assets							
	Salmon Unlimited shirts & hats held for sale			<u>2,180</u>				
	Inv Value at cost on 12/31/2012							
	Inv Value at cost 1/1/2013		2535					