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)

2016

OMB No. 1545-1150

Department of the Treasury

▶ 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.

Open to Public Inspection

7	A F	or the	2016 calendar year, or tax year beginning October 1 , 2016, and ending	eptembe	er 30 , 20 17
	Вс	Check if a	pplicable C Name of organization D E	nployer ic	lentification number
[\square 4	Address o	change Wisconsin State Council of Trout Unlimited	7	3-7188784
Į	_	Name cha		lephone r	umber
ļ	=	Initial retu	I1326 14th Ave	92	20-499-5307
ļ	=	Fınal retu Amended	rn/terminated	roup Exe	
i	=		Total I	lumber	
	— —			k > [7]	if the organization is not
		Vebsite			tach Schedule B
	J Ta	ax-exer			0-EZ, or 990-PF).
			organization. Corporation Trust Association Other		
			s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assi	ds.	
			umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		90053
i		art I		ruction	80053
١		arti	, , , , , , , , , , , , , , , , , , , ,		· _
-		1 4	Check if the organization used Schedule O to respond to any question in this Part I.		
		1	Contributions, gifts, grants, and similar amounts received	1	14,935
		2	Program service revenue including government fees and contracts	2	0
		3	Membership dues and assessments	3_	0
		4	Investment income	4	537
		5a	Gross amount from sale of assets other than inventory 5a	0	
		Ь	Less: cost or other basis and sales expenses	0	
	İ	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
		6	Gaming and fundraising events		_
	_	а	Gross income from gaming (attach Schedule G if greater than	Ì	
	Ē		\$15,000)	o	
	Revenue	b	Gross income from fundraising events (not including \$ 0 of contributions	Ť	
	3è	ļ	from fundraising events reported on line 1) (attach Schedule G if the	ł	
	-		sum of such gross income and contributions exceeds \$15,000) 6b 27,9	53	
		C	Less: direct expenses from gaming and fundraising events 6c 6,2		
		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	"	
			line 6c) RECEIVED	6d	21,677
		7a			21,011
		ь	Less: cost of goods sold) 1. 2018	32	
		C	Gross profition (loss) from sales of inventory (Subtract line 7b from line 7a)	" -	
		8		7c	332
		9	Other revenue (describe in Schedule O)	8	36,295
-		10	Grants and similar amounts need (list in School its C)	9	73,776
		i .	Grants and similar amounts paid (list in Schedule O)	10	
	,	11	Benefits paid to or for members ·		0
	Ses	12	Salanes, other compensation, and employee benefits		0
	Expenses	13	Professional fees and other payments to independent contractors		500
	χĎ	14	Occupancy, rent, utilities, and maintenance		0
	ш	15	Printing, publications, postage, and shipping		18,460
		16	Other expenses (describe in Schedule O)	16	21,404
_		17	Total expenses. Add lines 10 through 16	17	68,665
	S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,111
	še	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	1	
	AS		end-of-year figure reported on prior year's return)		148,982
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		0
	ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	154,093
7	For		work Reduction Act Notice, see the separate instructions. Cat. No. 10642		Form 990-EZ (2016)
	٠.		Oat. No. 100421		2)

Pa	rt II Balance Sheets (see the instructions to		•			
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			148,932		154,093
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			148,932	_	148,932
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column Statement of Program Service Accom			148,932	27	148,932
Far						Expenses
Mha	Check if the organization used Schedule				(Rer	quired for section
	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mones on the concise of the concise of the concise of the concentration for each of the concentration for each of the concentration for each of the concentration of	nanner, describe the			orga	anizations, optional for ers.)
28	Habitat improvement and other endeavors related to	our mission stateme	nt			
	(O					
~~	(Grants \$) If this amount				28a	42,159
29	Quarterly newspaper					
	·				ļ	
	(Grants \$) If this amount	unaludaa faraign gra	ata abaak bara		20-	40.500
30					29a	16,533
50	Education					
	(Grants \$) If this amount	includes foreign gra	nts check here	▶ □	30a	1,608
31	Other program services (describe in Schedule O)	inolades foreign gra			000	1,000
		includes foreign gra			31a	a 0
32	Total program service expenses (add lines 28a	through 31a)		· · · · <u>·</u>	32	
Par						
	Check if the organization used Schedule					<u> </u>
		(b) Average	(c) Reportable	(d) Health benefits,	T	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MIS)	contributions to employ benefit plans, and		other compensation
		devoted to position	(if not paid, enter -0-	deferred compensatio	n	
Linn	Beck Chairman]				
	Vest 19th Ave, Oshkosh, WI 54902	20		0	0	0
Mike	Kuhr, Vice Chairman				ŀ	
<u>6103</u>	Queensway, Manona, WI 53716	10		0	0	
Tom	Lager, Secretary	1			ĺ	
	Springhill Ct, Neenah, WI 54956	5		D	0	0
	Stoychoff, Treasurer	1				
	14th Ave, Green Bay, WI 54304-3435	5		0	0	
	Lager, Vice Chair, Central Region	1				
	Springhill Ct, Neenah, WI 54956	5		0	0	
	Erdmann, Vice Chair, Northeast Region	1			ļ	
	Woodview Ln, Marinette, WI 54143	5		0	0	
	Vierzba. Vice Chair, Southern Region	_				_
	Country Club Dr. Mequon, WI 53092	5		0	0	
	Horvath. Vice Chair. Western Region	1				
623 V	Vest Pine St, River Falls, WI54806	5		0	0	
		1				
		 		 	+	
		1				
		· · · · · · · · · · · · · · · · · · ·			+	
		1				
		 		 	+	
		1				



Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		<u> </u>
			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		1
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		1
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)?			V
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	V	
	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	•	1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
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			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		
b 40=	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	İ		
	4955, and 4958	1		
d	40c reimbursed by the organization			
	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	40	 	
	List the states with which a copy of this return is filed None	40e	<u></u>	<u> </u>
		920-49	0_530	7
	1 costed at N 1225 14th Ave. Cross Pay Mil	54304		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	3400		No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	100	1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . 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 and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ 🗆
	· · · · · · · · · · · · · · · · · · ·		Yes	No
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		1
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		✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	T -
	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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		1

Page	4

١	5					, .	,,	١٠	(S/R)	Yes	No
		ne organization engage, directly or in adidates for public office? If "Yes," c							46		1
Part \		Section 501(c)(3) organizations				_					
		All section 501(c)(3) organizations	s must answer que	stions 47–49b an	d 52, and	com	iplete th	e tab	les to	or lin	es
		50 and 51. Check if the organization used Sch	nedule O to respond	to any question is	this Parl	\/I					П
		offeck if the organization used oci	reduie O to respond	to any question i	i tilis i tali	VI	<u> </u>	<u>· · · </u>		Yes	No
47	Did th	ne organization engage in lobbying	activities or have a	section 501(h) elec	tion in eff	ect du	inng the	tax			
		If "Yes," complete Schedule C, Part							47		✓
48	Is the	organization a school as described in	section 170(b)(1)(A)(i)? If "Yes," complet	e Schedul	eЕ		. [48		✓
		ne organization make any transfers to			nization?				49a		/
		s," was the related organization a se						ا ا	49b	L	<u> </u>
		olete this table for the organization's oyees) who each received more than									
	empic	Time Time Time Time Time Time Time Time		i		ealth b		e, em	.CI 14	OHE.	
	(a) Name and title of each employee		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	contributions to			stimate er com		
				(cime to 2 rese time	- CC	compensation		auon			
None											
51	Comp \$100,	number of other employees paid over olete this table for the organization' 000 of compensation from the orga Name and business address of each independ	s five highest componization. If there is no	ensated independe		tors		n rece			e than
N			<u></u>				· · · · · · · · · · · · · · · · · · ·				
None				-							
									-		
				1							
		· · · · · · · · · · · · · · · · · · ·				+					-
				†							
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. >						
		he organization complete Scheduleted Schedule A	ile A? Note: All se	ection 501(c)(3) or	ganization	ıs mu	ıst attac		Yes		No
		of perjury, I declare that I have examined this i	return including accompan	wing schedules and state	ements and	to the h	est of my k				
true, con	rect, and	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepar	er has any k	nowled	ge.	·	ige and	Delici	ι, π ισ
	Harry Storchell						1/23	118			
Sign		Signature of officer			<u> </u>	Date		<i>i</i>			
Here		Gary Stoychoff, Treasurer Type or print name and title							<u> </u>		
		Print/Type preparer's name	Preparer's signature		Date		Ch, F-	1.1	PTIN		
Paid							Check L self-emplo	yed			
Prepa Use C		Firm's name				Firm'	s EIN ▶				
	Firm's address ▶ Phone no										
May th	e IRS	discuss this return with the preparer	r shown above? See	instructions				▶ 「	Ves	: IT	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

		state Council of Trout Unlimite						88784
Par		Reason for Public Cha		<u>-</u>		<u>.</u>		ons.
	_	zation is not a private founda			-	-	•	
1		church, convention of churc						
2	=)
3		hospital or a cooperative ho						
4		medical research organization		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_		ospital's name, city, and stat					,	
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	al unit described in
6	□ A	federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b))(1)(A)(v).	
7		n organization that normally			port from	n a gover	nmental unit or fron	n the general public
	d	escribed in section 170(b)(1)	(A)(vi). (Complet	te Part II.)				
8	□ A	community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		n agricultural research organ	ization described	in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
	uı	r university or a non-land-gra niversity:					-	_
10	✓ A	n organization that normally i	receives: (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membershi	p fees, and gross
	re Si	eceipts from activities related upport from gross investmen	to its exempt tu t income and un	nctions—subject to c related business taxal	ertain exc	ceptions, ne fless si	and (2) no more tha	n 331/3% of its
	a	equired by the organization a	fter June 30, 19	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)	Dualifeases
11		n organization organized and						
12		n organization organized and	operated exclus	sively for the benefit o	f, to perfe	orm the fu	unctions of, or to car	rry out the purposes
	of	one or more publicly suppo	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
	С	heck the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	organizati	on and complete line	es 12e, 12f, and 12g.
а		Type I. A supporting organ	ization operated	l, supervised, or contr	olled by	its suppo	rted organization(s),	typically by giving
		the supported organization	(s) the power to	regularly appoint or e	lect a ma	ajority of t	the directors or trust	ees of the
		supporting organization. Y	ou must comple	ete Part IV, Sections	A and B	•		
b		Type II. A supporting organ	nızation supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of	the supporting o	rganization vested in	the same	persons	that control or man	age the supported
		organization(s). You must	-	•				
С	L.J	Type III functionally integ its supported organization(rated. A supports) (see instructio	ting organization oper ns). You must comp l	rated in c lete Part	onnection IV. Section	n with, and function: ions A. D. and E.	ally integrated with,
d		Type III non-functionally i						orted organization(s)
		that is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	d an attentiveness
		requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
е		Check this box if the organ	zation received	a written determination	on from ti	he IRS th	at it is a Type I, Typi	e II, Type III
		functionally integrated, or 1	Type III non-func	tionally integrated sup	oporting	organizat	ion.	, , ,
f		er the number of supported o						
<u>g</u>	Pro	vide the following information	about the supp	orted organization(s).				
	(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		·
(A)								
	one							
(B)								
(C)								
(D)	_				-			
(E)								
Total			少少之族,政治教育的政治		Mar Sara	15.82 - 18 -		
·VIAI				Control of the second second	图 :	严整法院	i	l

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	driddi tilo toc	no notou bon	in, piedeo ee	piete i a. i i		
_	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2013	(0) 2014	(6) 2010	(u) 2010	(6) 2017	(i) rotar
•	received. (Do not include any "unusual grants.")	24700	20700	27570	39906	35720	184760
2	Gross receipts from admissions, merchandise	34798	36766	37570	39306	35720	104/00
_	sold or services performed, or facilities			i	ĺ		
	furnished in any activity that is related to the	İ		_	_ {	_1	_
_	organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	20274	38090	38627	42250	43796	183037
4	Tax revenues levied for the					1	
	organization's benefit and either paid to						
	or expended on its behalf	0	O	0	0	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the			1		1	
	organization without charge	o	o	ol	o	o	0
6	Total. Add lines 1 through 5	55072	74856	76197	82156	79516	367797
7a	Amounts included on lines 1, 2, and 3		7.1555				
	received from disqualified persons .	o	o	اه	o	o	0
b	Amounts included on lines 2 and 3				- 9		
IJ	received from other than disqualified				ļ		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	, <u> </u>			ا		, ,
_	·	0	0	0	0	0	
C	Add lines 7a and 7b	0	0	0	0	U	<u> </u>
8				•			
Casti	line 6.)	l		I			367797
	on B. Total Support	() 0040	#13.004.4 T	(-) 0045	(-D 004C	(-) 0017	40 Tetal
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	55072	74856	76197	82156	79516	367797
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	294	492	484	497	537	2304
b	Unrelated business taxable income (less					Į	
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	294	492	484	497	537	2304
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	00	0	0	0
12	Other income. Do not include gain or						(
	loss from the sale of capital assets						
	(Explain in Part VI.)	o	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	55366	75348	76681	82653	80053	370101
14	First five years. If the Form 990 is for the	e organization	's first, secon			ear as a sectio	
	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8			3. column (f))		15	99 %
16	Public support percentage from 2016 Sch	• • •	-			16	99 %
	on D. Computation of Investment In			· · · · · · · · · · · · · · · · · · ·			
17	Investment income percentage for 2017 (v line 13. colur	nn (fl)	17	.006 %
18	Investment income percentage from 2016			•		18	1 %
19a	331/3% support tests—2017. If the organ						
130	17 is not more than 331/3%, check this box	and ston here	The organization	on qualifies as a	a publicly supp	orted organizati	ion . ▶ 📝
b	331/3% support tests—2016. If the organiz						
D	line 18 is not more than 33½%, check this l						
20			_				
20	Private foundation. If the organization di	u not check a	DUX ON IINE 14	, ı⊎a, or ≀9D, 0	MICON HIIS DOX	ariu see msiru	CHUHO 🚩 📙

SCHEDULE_'O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer Identification number
Line 10	Habitat im
Lina 0	
Line 8	
Sale of TU License plates: \$11,075	
Youth Camp: \$4,250	
Youth Camp: \$4,250	
Travel reimbursement from TU National: \$2,000	
Advocacy Training: \$6,000	
Advocacy Training: \$6,000	
Rebate from TU National: \$9,710	
Tax overpayment refund: \$225	
Advertising in quarterly newspaper: \$3,035	
•	
Line 10	
Habitat improvement: \$12,200	
Stream access purchase: \$4,500	
Sueam access purchase. 44,300	
Donations to other non-profit organizations: \$11,600	
Line 16	
Meetings: \$2,038	
Travel: \$2,000	
Operating expenses: \$945	
W. d. C	
Youth Camp: \$8,301	
Advocacy Training: \$5,558	
Education: \$1.600	
Education: \$1,608	
Awards: \$954	