

# Short Form

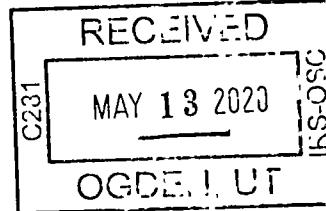
## Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form, as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A For the 2019 calendar year, or tax year beginning</b>		, 2019, and ending		20
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>
<input type="checkbox"/> Address change		<b>BADGER STATE SPORTSMANS CLUB INC</b>		39-0865248
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address)		<b>E Telephone number</b>
<input type="checkbox"/> Initial return		<b>N3530 MOHAWK ROAD</b>		608-769-0902
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		<b>F Group Exemption Number</b>
<input type="checkbox"/> Amended return		<b>STODDRARD WI 54658</b>		04
<input type="checkbox"/> Application pending				
<b>G Accounting Method</b>		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		
<b>I Website:</b> ►				
<b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ▲ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H Check</b> ► <input type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>K Form of organization</b>		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b>				► \$ 61,579
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)				
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>				
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	503	
	2 Program service revenue including government fees and contracts . . . . .	2		
	3 Membership dues and assessments . . . . .	3		
	4 Investment income . . . . .	4	24	
	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		
b Gross income from fundraising events (not including \$ 503 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	61,076		
c Less direct expenses from gaming and fundraising events . . . . .	6c	37,109		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	23,967		
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			
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	24,494		
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	3,200	
	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	3,738	
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	14,535	
	15 Printing, publications, postage, and shipping . . . . .	15		
	16 Other expenses (describe in Schedule O) . . . . .	16	6,189	
	<b>17 Total expenses.</b> Add lines 10 through 16 ►	17	27,135	
<b>Net Assets</b>	18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18	-3,168	
	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	119,592	
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20		
	<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20</b> ►	21	116,424	



KS-050

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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

**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

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, optional for others.)

28	Promote archery activities for young adults including target shoots, hunting safety & education programs. Served 750 persons		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	7,103
29	Improving wildlife habitat in the Stoddard, WI, Mississippi river area by providing nesting boxes for waterfowl served entire hunting population in the Stoddard/Genoa WI area		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	2,135
30			
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .		32

**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
<b>See attached List of Officers</b>				
<b>Directors</b>				
<b>no compensation or health benefits have been paid to members, directors, or officers.</b>		0	0	0

AGO

**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

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?  38a

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?  38b  39a  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 ►  40b

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  40c  40d  40e

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  40f

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40g

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  40h

41 List the states with which a copy of this return is filed ► **Wisconsin**

42a The organization's books are in care of ► **Larry Lawrynk** Telephone no. ► **608-769-0902**  
Located at ► **4115 Velmer Court, La Crosse, WI** ZIP + 4 ► **54601**  42b  42c

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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  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

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

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

		Yes	No
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"/> <input 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

	Yes	No
47	47	
48	48	
49a	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 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 ►

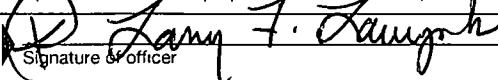
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
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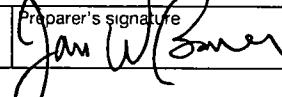
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 must attach a completed Schedule A
► <input type="checkbox"/> Yes <input type="checkbox"/> 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 ► Larry Lawrynk Treasurer	5-7-20 Date 05/ /2020
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name James Bannen	Preparer's signature 	Date 3/6/2020	Check <input checked="" type="checkbox"/> if self-employed	PTIN 00626861
	Firm's name ► Bannen Tax Service		Firm's EIN ►		
	Firm's address ► 106 South 19th Street South, La Crosse WI 54601		Phone no	608 769 3957	

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" on Form 990, Part IV, line 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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

Badger State Sportsman's Club Inc

Employer identification number

390965248

**Part I. Fundraising Activities.** Complete if the organization answered "Yes" on 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 checked="" 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b If "Yes," list the 10 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						
<b>Total</b>						

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.

Wisconsin

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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>Dinner Banquet</u> (event type)	(b) Event #2 <u>Chicken Q</u> (event type)	(c) Other events <u>Archery Meet</u> (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts . . .	41,578	4,550	14,948	61,076
2 Less Contributions . . .				
3 Gross income (line 1 minus line 2) . . . . .				
4 Cash prizes . . .				
5 Noncash prizes . . .	16,908			16,908
6 Rent/facility costs . . .				
7 Food and beverages . . .	4,063	2,112	13,306	19,481
8 Entertainment . . .				
9 Other direct expenses . . .	720			720
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				37,109
11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				23,967

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
1 Gross revenue . . .				
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	[REDACTED]
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 conducts gaming activities \_\_\_\_\_  
 a Is the organization licensed to conduct 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 \_\_\_\_\_  
 \_\_\_\_\_

11 Does the organization conduct 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 conducted in.

a The organization's facility . . . . .  13a %

b An outside facility . . . . .  13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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 ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

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 ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** 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 provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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.

► Attach to Form 990 or 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization

Badger State Sportsmans Club Inc

Employer identification number

390965248

**Form 990 EZ, Line 10 detail**

Scholarships	\$1,000.00
Mississippi River Clean up	150.00
Charitable contributions to Horse sence for special needs riders, Friends fo NRA, Hunters	
Safty classes, Salvation Army, St Judes, Wounded Warrior Program, Vernon County Crime	
Stoppers, Red Cross, La Crosse Youth Trap Shooters, Wafer Food Pantry, Toys for Tots.	2,050.00
<b>Total Scholarship and contributions</b>	<b>Form \$3,200.00</b>

**Form 990 EZ, Line 16 detail**

<b>Gift Items purchased for 2020 banquet</b>	<b>\$ 5,662.00</b>
<b>Printing costs/ micor</b>	<b>527.00</b>
<b>TOTAL OTHER EXPENSES</b>	<b>\$ 6,189.00</b>

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Name of the organization

**Employer identification number**