

# Short Form Return of Organization Exempt From Income Tax

**2011**

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.

**Open to Public  
Inspection**

**A For the 2011 calendar year, or tax year beginning** , 2011, and ending , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**GLACIER LAKES CHAPTER OF ACBS INC**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**N168 21860 MAIN ST 26**  
 City or town, state or country, and ZIP + 4  
**Jackson, WI 53037**

**D** Employer identification number  
**27-2314286**

**E** Telephone number

**F** Group Exemption Number ▶ **0001**

**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: ▶ **www.glacbs.org**

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or section 527 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 ▶ \$ **31,297**

<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>R</b> <b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>4,490</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>3,160</b>
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	<b>23,647</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>31,297</b>	
<b>E</b> <b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>4,500</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>697</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>3,514</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>20,448</b>
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>29,159</b>	
<b>A</b> <b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>2,138</b>
	<b>19</b> 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)	<b>19</b>	<b>8,474</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>701</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>11,313</b>

**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	4,043	5,976
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	28,835	28,835
25 Total assets	32,878	34,811
26 Total liabilities (describe in Schedule O)	24,404	23,498
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,474	11,313

**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? Education and Preservation

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>Semiannual workshops have been held regarding clean water runoff from agriculture, the history of Evinrude outboard motors and the history of the Century Boat Company</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	2,201
29 _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
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	2,201

**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) Reportable compensation (Form 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
JA Schneiberg N168 W21860 Main St Unit 26, Jackson WI 53037	Commodore 3	0	0	0
Rich Lepping 1634 Sherman Avenue, Madison WI 53704	Vice Commodore 2	0	0	0
Sue Rechcygl W286 N3082 Lakeside Rd., Pewaukee WI 53072	Secretary 0	0	0	0
Mary Willis 18875 Black Forest Dr, Brookfield WI 53045	Treasurer 2	0	0	0
Marc Daniloff 329 South Judge Drive, Saukville WI 53080	1st Year Term Director 1	0	0	0
Howard Schneider W186 S6850 Jewel Crest Dr, Muskego WI 53150	2nd Year Term Director 1	0	0	0
Mark Willis 18875 Black Forest Dr, Brookfield WI 53045	3rd Year Term Director 2	0	0	0
Jay Wagner N7897 Ski Slide, Oconomowoc WI 53066	Director at Large 2	0	0	0
Peter Miesbauer 119 Evarts St, Belleville WI 53508	Director at Large 2	0	0	0
Mark Walters 4439 Beale St, Madison WI 53711	Past Commodore 0	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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	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	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 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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
NONE		

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.

<b>Sign Here</b>	<b>J.A. Schneiberg</b> Signature of officer	Date
	<b>J.A. Schneiberg, Commodore</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>J A Schneiberg</b>	Preparer's signature	Date <b>11-14-2013</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00017359</b>
	Firm's name <b>SCHNEIBERG ENTERPRISES LTD</b>	Firm's EIN			
	Firm's address <b>N168 W21860 MAIN ST Jackson WI 53037</b>	Phone no. <b>262-689-7934</b>			

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Open to Public Inspection**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number

GLACIER LAKES CHAPTER OF ACBS INC

27-2314286

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions) )	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) National MS Society	39-0000001	Research		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		4,000
(B) Blackhawk Chapter of	36-0000001	Education		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		500
(C)									
(D)									
(E)									
<b>Total</b>									<b>4,500</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

EEA

Schedule A (Form 990 or 990-EZ) 2011

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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.

**Open to Public  
Inspection**

GLACIER LAKES CHAPTER OF ACBS INC

Employer identification number

27-2314286

01. Description of other revenue (Part I, line 8)

Description	Amount
Pier Fund-General	575
Poster Sales	25
Fall Workshop	843
Spring Workshop	640
Winter Workshop	973
Summer Outing	1,020
Advertising Revenue	145
Madison Boat Exhibit Income	5,433
Pewaukee Boat Exhibit Income	13,993

02. List of grants and similar amounts paid (Part I, line 10)

Activity	Blackhawk Annual Lake Geneva Event
Grantee	Blackhawk Chapter ACBS
Address	2010 Villanova Drive
	McHenry IL 60051
Relationship	Peer Chapter
Amount	500

Activity	Annual Donation
Grantee	National MS Society-Wisconsin Chapt
Address	1120 James Dr Ste A
	Hartland WI 53029
Amount	4,000

Name of the organization

Employer identification number

GLACIER LAKES CHAPTER OF ACBS INC

27-2314286

## 03. Description of other expenses (Part I, line 16)

Description	Amount
Depreciation from 4562	4,119
Pewaukee Exhibit Expenses	9,956
Madison Exhibit Expenses	1,510
Awards-General	382
Members Name Badges	444
Licenses and fees	900
Summer Workshop Meeting	460
spring Workshop Meeting	558
Annual Meeting Expense	851
Speaker Expense	332
Winter Workshop Expense	936

## 04. Other changes in net assets or fund balances (Part I, line 20)

Description	Amount
Adjustments to net equity	701

## 05. Description of other assets (Part II, line 24)

Category	Beginning	
	of Year	End of Year
Docking System for Exhibits	28,835	28,835

## 06. Description of total liabilities (Part II, line 26)

Beginning

Name of the organization

Employer identification number

GLACIER LAKES CHAPTER OF ACBS INC

27-2314286

Category	of Year	End of Year
Depreciation Reserve-Dock	9,612	13,731
Note Payable Dock System	14,792	9,767



Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

See separate instructions. Attach to your tax return.

2011
Attachment Sequence No. 179

GLACIER LAKES CHAPTER OF ACBS IN

FORM 990EZ - 1

Identifying number
27-2314286

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for election details and 13 rows for property listing with columns for description, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table with 3 rows for special depreciation allowance, property election, and other depreciation, with a total of 4,119.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for MACRS deductions and a checkbox for general asset accounts.

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year, Basis, Recovery period, Convention, Method, Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Classification, Month/year, Basis, Recovery period, Convention, Method, Depreciation deduction. Rows include Class life, 12-year, and 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for summary totals, including a total of 4,119 and a row for section 263A costs.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

● If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

● If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>GLACIER LAKES CHAPTER OF ACBS INC</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>27-2314286</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>N168 21860 MAIN ST</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Jackson, WI 53037</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ **JA Schneiberg N168 W21860 Main St 26, WI 53037**

Telephone No. ▶ **262-689-7934** FAX No. ▶ **262-247-0614**

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **11-15**, 20**12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 20**11** or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Name(s) as shown on return

FEIN

GLACIER LAKES CHAPTER OF ACBS INC

27-2314286

Donations

Description	Amount
Donations-Pier Fund-Pewaukee Show	\$ 3,490
Donation-Blackhawk Chapter ACBS	1,000
<b>Total:</b>	<b>\$ 4,490</b>

Maintenance

Description	Amount
Equipment rental and maintenance	\$ 373
Storage Rental	324
<b>Total:</b>	<b>\$ 697</b>

Postage and Printing

Description	Amount
Postage-general	\$ 27
Newsletter production	2,447
Newsletter postage	845
Website costs	195
<b>Total:</b>	<b>\$ 3,514</b>

Cash Accounts Beginning of the Year

Description	Amount
Chapter General Account	\$ 346
Pewaukee Show Account BMO	1,378
Madison Show Account Anchor Bank	2,319
<b>Total:</b>	<b>\$ 4,043</b>

Cash-End of Year

Description	Amount
Chapter General Account BMO	\$ 1,354
Pewaukee Show Account BMO	2,381
Madison Show Account Anchor Bank	2,241
<b>Total:</b>	<b>\$ 5,976</b>

# Depreciation Detail Listing

990 EZ

For your records only

**2011**

PAGE 1

\* Item was disposed  
of during current year.

Name(s) as shown on return

Social security number/EIN

GLACIER LAKES CHAPTER OF ACBS INC

27-2314286

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	Mod-U-Doc Pier and	02/08/2008	28,835		100.00		28,835	7	S/L HY	14.286	4,119	17,850			4,119
<b>Totals</b>			28,835			28,835					4,119	17,850			4,119

Land Amount  
Net Depreciable Cost

28,835

ST ADJ:

**FOR TAX YEAR 2011**

GLACIER LAKES CHAPTER OF ACBS INC

SCHNEIBERG ENTERPRISES LTD

N168 W21860 MAIN ST

Jackson, WI 53037

(262) 689-7934

**Federal Filing Instructions****2011**

Name(s) as shown on return

Your Social Security Number

GLACIER LAKES CHAPTER OF ACBS INC

27-2314286

**Date to file by:** 8-15-2012**Form to be filed:** Form 990-EZ and supplemental forms and schedules**Sign and date:** An officer must sign and date Form 990-EZ on page 4.**Address to file:** Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0027**Refund:** Neither a refund nor a balance due**Other Instructions:** If the return is not filed by the due date (including any extension granted), attach a statement giving the reason for not filing on time.

**Federal Filing Instructions****2011**

Name(s) as shown on return

Your Social Security Number

GLACIER LAKES CHAPTER OF ACBS INC

27-2314286

**Date to file by:** 8-15-2012**Form to be filed:** Form 990-T and supplemental forms and schedules**Sign and date:** An officer must sign and date Form 990-T on page 2.**Address to file:** Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0027**Refund:** Neither a refund nor a balance due**Other Instructions:** If the return is not filed by the due date (including any extension granted), attach a statement giving the reason for not filing on time.