

# 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><br><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><br><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><br><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><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 2,201 |
| 29 _____<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 29a |       |
| 30 _____<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 30a |       |
| 31 Other program services (describe in Schedule O) _____<br>(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<br>N168 W21860 Main St Unit 26, Jackson WI 53037  | Commodore<br>3   | 0   | 0   | 0  |
| Rich Lepping<br>1634 Sherman Avenue, Madison WI 53704           | Vice Commodore<br>2                                      | 0   | 0   | 0  |
| Sue Rechcygl<br>W286 N3082 Lakeside Rd., Pewaukee WI 53072      | Secretary<br>0   | 0   | 0   | 0  |
| Mary Willis<br>18875 Black Forest Dr, Brookfield WI 53045       | Treasurer<br>2   | 0   | 0   | 0  |
| Marc Daniloff<br>329 South Judge Drive, Saukville WI 53080      | 1st Year Term Director<br>1                              | 0   | 0   | 0  |
| Howard Schneider<br>W186 S6850 Jewel Crest Dr, Muskego WI 53150 | 2nd Year Term Director<br>1                              | 0   | 0   | 0  |
| Mark Willis<br>18875 Black Forest Dr, Brookfield WI 53045       | 3rd Year Term Director<br>2                              | 0   | 0   | 0  |
| Jay Wagner<br>N7897 Ski Slide, Oconomowoc WI 53066              | Director at Large<br>2                                   | 0   | 0   | 0  |
| Peter Miesbauer<br>119 Evarts St, Belleville WI 53508           | Director at Large<br>2                                   | 0   | 0   | 0  |
| Mark Walters<br>4439 Beale St, Madison WI 53711                 | Past Commodore<br>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

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
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 a 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)?
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
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
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed. WI,
42 a The organization's books are in care of Mary Willis Telephone no. 262-389-0529 Located at 18875 Black Forest Dr Brookfield, WI ZIP + 4 53045
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.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 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)

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

|                               |   |                               |                           |   |                          |
|-------------------------------|---|-------------------------------|---------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>J A Schneiberg</b>               | Preparer's signature          | Date<br><b>11-14-2013</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00017359</b> |
|                               | Firm's name<br><b>SCHNEIBERG ENTERPRISES LTD</b>                  | Firm's EIN                    |                           |   |                          |
|                               | Firm's address<br><b>N168 W21860 MAIN ST<br/>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<br>McHenry IL 60051 |
| Relationship | Peer Chapter                             |
| Amount       | 500                                      |

|          |  |
|----------|--|
| Activity | Annual Donation                          |
| Grantee  | National MS Society-Wisconsin Chapt      |
| Address  | 1120 James Dr Ste A<br>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





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 Part I. Row 1: Maximum amount. Row 2: Total cost of section 179 property. Row 3: Threshold cost of section 179 property. Row 4: Reduction in limitation. Row 5: Dollar limitation for tax year. Row 6: Description of property, Cost, Elected cost. Row 7: Listed property amount. Row 8: Total elected cost. Row 9: Tentative deduction. Row 10: Carryover of disallowed deduction. Row 11: Business income limitation. Row 12: Section 179 expense deduction. Row 13: Carryover of disallowed deduction to 2012.

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 Part II. Row 14: Special depreciation allowance. Row 15: Property subject to section 168(f)(1) election. Row 16: Other depreciation (including ACRS) with value 4,119.

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

Section A

Table with 2 rows for Section A. Row 17: MACRS deductions for assets placed in service in tax years beginning before 2011. Row 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

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

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Row 21: Listed property amount. Row 22: Total amount with value 4,119. Row 23: Portion of the basis attributable to section 263A costs.

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

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