

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C LET'S GO FISHING OF MN 1025 19TH AVENUE SW #3 WILLMAR, MN 56201	D Employer Identification Number 48-1259413
		E Telephone number 320-235-8448
		G Gross receipts \$ 1,148,239.

F Name and address of principal officer: Same As C Above	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)
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I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **N/A**

K Form of organization: Corporation Trust Association Other ▶ **L Year of Formation:** **2002** **M State of legal domicile:** **MN**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>PROVIDES FISHING, BOATING AND OTHER RECREATIONAL OUTDOOR ACTIVITIES FOR SENIOR CITIZENS BY PROVIDING PONTOON BOATS, FISHING EQUIPMENT, AND FISHING GUIDES FOR THOSE THAT CAN NO LONGER SAFELY PARTICIPATE IN SUCH ACTIVITIES BY THEMSELVES.</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)..... 3 9
	4 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 8
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)..... 5 8
	6 Total number of volunteers (estimate if necessary)..... 6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12..... 7a 19,264.
	7b Net unrelated business taxable income from Form 990-T, line 34..... 7b 1,650.
	8 Contributions and grants (Part VIII, line 1h)..... 8 662,297. 9 411,700.
9 Program service revenue (Part VIII, line 2g)..... 9 8,817. 10 5,188.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10 113,368. 11 91,288.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 784,482. 12 508,176.	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 784,482. 13 508,176.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 13 227,857. 14 213,137.	
14 Benefits paid to or for members (Part IX, column (A), line 4)..... 14 227,857. 15 213,137.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 15 227,857. 16 213,137.	
16a Professional fundraising fees (Part IX, column (A), line 11e)..... 16a 36,794.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 36,794.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 364,352. 18 382,124.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 18 592,209. 19 595,261.	
19 Revenue less expenses. Subtract line 18 from line 12..... 19 192,273. 20 -87,085.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)..... 20 1,022,427. 21 881,975.
	21 Total liabilities (Part X, line 26)..... 21 289,523. 22 254,162.
	22 Net assets or fund balances. Subtract line 21 from line 20..... 22 732,904. 23 627,813.

Part II Signature Block

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 JOE HOLM	Date
	Type or print name and title. President & CEO	

Paid Preparer Use Only	Print/Type preparer's name DAVID M. EUERLE, CPA	Preparer's signature DAVID M. EUERLE, CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00315895
	Firm's name ▶ Westberg Eischens, PLLP	Firm's EIN ▶ 41-1792388			
	Firm's address ▶ 217 SW Hwy 40 / PO Box 362 Willmar, MN 56201	Phone no. (320) 235-3727			
	May the IRS discuss this return with the preparer shown above? (see instructions)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				