

Critical Messages

None

Electronic Filing

None

Informational Messages

- Preparer 'DAVID A GOESSL CPA'
- Force field entered with data "220.00" on Screen Letter

Missing Data

Prior Year Data

General and Year End Information

Initial return X

Income, Analysis of Activities, Additional Information

Direct public support-cash 708

Extensions

Extension calculate 2
 Extended due date 1st ext 8/17/09

Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning _____, and ending _____

PREMIER BIRD HUNTING TOURNAMENTS OF 26-1361395 WISCONSIN INC

Net Asset / Fund Balance at Beginning of Year		<u>2,515</u>
Revenue		
Contributions	<u>1,105</u>	
Program service revenue	<u>88,541</u>	
Investment income	<u>9</u>	
Capital gain / loss		
Special events:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	_____	
Total revenue		<u>89,655</u>
Expenses		
Program services	_____	
Management and general	_____	
Fundraising	_____	
Total expenses		<u>91,314</u>
Excess / (deficit)		<u>-1,659</u>
Other changes	_____	
Net Asset / Fund Balance at End of Year		<u><u>856</u></u>

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u> </u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u> </u></u>

	Beginning	Ending	Differences
Assets	<u>2,515</u>	<u>856</u>	
Liabilities	_____	_____	
Net assets	<u>2,515</u>	<u>856</u>	<u>-1,659</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/17/10
 Failure to file penalty _____

**DAVID A. GOESSL, CPA
605 E. BROADWAY
MEDFORD, WI 54451
715-748-5544**

April 29, 2010

CONFIDENTIAL

PREMIER BIRD HUNTING TOURNAMENTS OF
WISCONSIN INC
N300 BIRCH DR
THORP, WI 54771

Dear :

We have prepared the following returns from information provided by you without verification or audit.

990-EZ - Short Form of Organization Exempt From Income Tax

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

DAVID A. GOESSL, CPA

**DAVID A. GOESSL, CPA
605 E. BROADWAY
MEDFORD, WI 54451
715-748-5544**

April 29, 2010

CONFIDENTIAL

PREMIER BIRD HUNTING TOURNAMENTS OF
WISCONSIN INC
N300 BIRCH DR
THORP, WI 54771

For professional services rendered in connection with the preparation of the following tax forms
for year ending 12/31/09.

Amount due \$ 220.00

Filing Instructions

PREMIER BIRD HUNTING TOURNAMENTS OF WISCONSIN INC

Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2009

Date Due: May 17, 2010

Remittance: None is required. Your Form 990-EZ for the tax year ended 12/31/09 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

DAVID A. GOESSL, CPA
605 E. BROADWAY
MEDFORD, WI 54451

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990-EZ. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning, 2009, and ending, 20

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

2009

Department of the Treasury
Internal Revenue Service

Name of exempt organization **PREMIER BIRD HUNTING TOURNAMENTS OF WISCONSIN INC** Employer identification number **26-1361395**

Name and title of officer **TERI L STEINBACH
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b 89,655
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **DAVID A. GOESSL, CPA** to enter my PIN **61395** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date **04/28/10**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **39273922646**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning _____, and ending _____				
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top;"> Please use IRS label or print or type. See Specific Instructions. </td> <td style="width: 60%;"> C Name of organization PREMIER BIRD HUNTING TOURNAMENTS OF WISCONSIN INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite N300 BIRCH DR City or town, state or country, and ZIP + 4 THORP WI 54771 </td> <td style="width: 25%;"> D Employer identification number 26-1361395 E Telephone number 715-669-3303 F Group Exemption Number </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PREMIER BIRD HUNTING TOURNAMENTS OF WISCONSIN INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite N300 BIRCH DR City or town, state or country, and ZIP + 4 THORP WI 54771	D Employer identification number 26-1361395 E Telephone number 715-669-3303 F Group Exemption Number
Please use IRS label or print or type. See Specific Instructions.	C Name of organization PREMIER BIRD HUNTING TOURNAMENTS OF WISCONSIN INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite N300 BIRCH DR City or town, state or country, and ZIP + 4 THORP WI 54771	D Employer identification number 26-1361395 E Telephone number 715-669-3303 F Group Exemption Number		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G** Accounting method: Cash Accrual Other (specify) _____

I Website: WWW.PBHT.ORG J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **89,655**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1,105
	2 Program service revenue including government fees and contracts	2	88,541
	3 Membership dues and assessments	3	
	4 Investment income	4	9
	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 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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 _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	89,655	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	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	81,758
	14 Occupancy, rent, utilities, and maintenance	14	9,069
	15 Printing, publications, postage, and shipping	15	487
	16 Other expenses (describe _____)	16	
17 Total expenses. Add lines 10 through 16	17	91,314	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,659
	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	2,515
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	856

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	22	2,515	22	466
23 Land and buildings	23		23	
24 Other assets (describe See Statement 1)	24		24	390
25 Total assets	25	2,515	25	856
26 Total liabilities (describe _____)	26	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	2,515	27	856

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.		
b	Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
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		
40a	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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		X
41	List the states with which a copy of this return is filed. None		
42a	The organization's books are in care of TERI L STEINBACH Telephone no. 715-669-3303 N300 BIRCH Located at THORP, WI ZIP + 4 54771		
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.		X
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: _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		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 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here 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.

Signature of officer: **TERI L STEINBACH** Date: **PRESIDENT**
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: **04/29/10** Check if self-employed: **X** Preparer's Identifying Number (See instr.): **P00055781**

Firm's name (or yours if self-employed), address, and ZIP + 4: **DAVID A. GOESSL, CPA**
605 E. BROADWAY
MEDFORD, WI 54451 EIN: **39-1554543**
 Phone no.: **715-748-5544**

May the IRS discuss this return with the preparer shown above? See instructions ▶ **X** Yes No

Federal Statements

Statement 1 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
EQUIPMENT NOT COMPLETED	\$ _____	\$ _____ 390
	_____	_____ 390

Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt PurposeDescription

PROMOTION AND EDUCATION OF UPLAND BIRD HUNTING AND HUNTING SAFETY AS WELL AS THE VALUE OF SUPPORTING THE PRESERVATION OF PRISITNE UPLAND GAME HABITAT IN WISCONSIN THROUGH LEARNING OPPORTUNITIES TO THE GENERAL PUBLIC AND YOUTH ACADEMIC PROGRAMS AND SCHOLARSHIPS.

Statement 3 - Form 990-EZ, Part III, Line 31 - Statement of Program Service AccomplishmentsDescription

CREATED A FAMILY AWARENESS TO PROMOTE AND EDUCATE THE GENERAL PUBLIC ON UPLAND BIRD HUNTING AND SAFETY THROUGH HUNTING EVENTS. PROVIDED YOUTH OUTDOOR ACTIVITIES AND OPPORTUNITIES. SETUP A COLLECTION FOR "COATS FOR KIDS"