

Forms 990 / 990-EZ Return Summary

For calendar year 2011, or tax year beginning _____, and ending _____

PREMIER BIRD HUNTING TOURNAMENTS OF26-1361395 WISCONSIN INC

Net Asset / Fund Balance at Beginning of Year 4,163

Revenue

Contributions	<u>2,885</u>	
Program service revenue	<u>130,936</u>	
Investment income	<u>3</u>	
Capital gain / loss		
Special events:		
Gross revenue		
Direct expenses		
Net income		
Other income		
Total revenue		<u>133,824</u>

Expenses

Program services		
Management and general		
Fundraising		
Total expenses		<u>131,816</u>
Excess / (deficit)		<u>2,008</u>

Other changes -63

Net Asset / Fund Balance at End of Year 6,108

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	

	Beginning	Ending	Differences
Assets	<u>4,163</u>	<u>6,108</u>	
Liabilities			
Net assets	<u>4,163</u>	<u>6,108</u>	<u>1,945</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 08/15/12
 Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____, 20 _____

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

▶ **See instructions on back.**

2011

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 being filed with 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 <u>133,824</u>
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, Part I, line 3c or Part II, line 8c)	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 2011 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) the reason for any delay in processing the return or refund, and (c) 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 **HANSEN AND GOESSL LLP** 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 2011 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 2011 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 ▶ **08/13/12**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3956622646
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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.

Short Form Return of Organization Exempt From Income Tax

2011

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.

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

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

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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 ▶

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.PBHT.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(**4**) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a 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 ▶ \$ **133,824**

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

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	2,885	
	2 Program service revenue including government fees and contracts	2	130,936	
	3 Membership dues and assessments	3		
	4 Investment income	4	3	
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$_____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a Gross sales of inventory, less returns and allowances	7a			
b Less: cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8 Other revenue (describe in Schedule O)	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	133,824		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	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	10,419	
	14 Occupancy, rent, utilities, and maintenance	14	18,691	
	15 Printing, publications, postage, and shipping	15	53	
	16 Other expenses (describe in Schedule O)	16	102,653	
17 Total expenses. Add lines 10 through 16	17	131,816		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,008	
	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	4,163	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-63	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	6,108	

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)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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. 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
42b 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.
42c 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 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

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 Yes No
46

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

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 Yes No
47

48 Is the organization 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 ▶ _____

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
 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.

Sign Here	Signature of officer TERI L STEINBACH	Date PRESIDENT			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DAVID A GOESSL CPA	Preparer's signature DAVID A GOESSL CPA	Date 07/09/13	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00055781
	Firm's name ▶ HANSEN AND GOESSL, LLP			Firm's EIN ▶ 27-3520691	
	Firm's address ▶ 605 E. BROADWAY MEDFORD, WI 54451			Phone no. 715-748-5544	
	May the IRS discuss this return with the preparer shown above? See instructions Yes No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

**PREMIER BIRD HUNTING TOURNAMENTS OF
WISCONSIN INC**

Employer identification number

26-1361395

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION **AMOUNT**

EXPENSES

OFFICE	\$	353
INTEREST	\$	4
MEETING EXPENSE	\$	355
CREDIT CARD MERCHANT FEES	\$	1,408
SUPPLIES	\$	44,206
EVENT EXPENSES	\$	35,367
SANCTION FEES	\$	12,115
BANK CHARGES	\$	35
TRAVEL	\$	1,478
PROMOTIONAL ITEMS	\$	6,387
LICENSE AND PERMITS	\$	20
EQUIPMENT FUEL	\$	860
DEDUCTIBLE MEALS @ 50%	\$	65
TOTAL	\$	102,653

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION **AMOUNT**

NON DEDUCTIBLE MEAL EXPENSE **\$** **-63**

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION **BEG. OF YEAR** **END OF YEAR**

EQUIPMENT NOT COMPLETED **\$** **1,310** **\$** **1,610**

Name of the organization

PREMIER BIRD HUNTING TOURNAMENTS OF

Employer identification number

26-1361395

TOTAL \$ 1,310 \$ 1,610

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

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.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

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.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

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.