Form 8879-E	0
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IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning ______, 2012, and ending ______, 20

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service
Name of exempt organization

• Do not send to the IRS. Keep for your records.

Employer identification number

SECRETARY

26-1361395

PREMIER BIRD HUNTING TOURNAMENTS OF WISCONSIN INC Name and title of officer

TERI STEINBACH

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 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here ► X b Total revenue, if any (Form 990-EZ, line 9)	2b	94,492
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here 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 2012 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's consent to electronic funds withdrawal.

Officer's PIN: check one box only

HTA

filed with a st entioned ERO officer of the or urn. If I have i s as part of the	ERO tax year 2012 ele ate agency(ies) ro to enter my PIN o ganization, I will e ndicated within th e IRS Fed/State p	ND GOESSL LLP firm name ectronically filed re egulating charitie on the return's dis enter my PIN as r is return that a co program, I will ent	eturn. If I have i s as part of the sclosure conser ny signature or ppy of the return	IRS Fed/Stat nt screen. n the organiza n is being fileo	tion's ta d d tion's ta d with a closure	am, I also autho ax year 2012 el state agency(ie	os oy of the return orize the ectronically es) regulating
filed with a st entioned ERO officer of the or urn. If I have i s as part of the	ate agency(ies) re to enter my PIN of ganization, I will endicated within th e IRS Fed/State p	egulating charitie on the return's dis enter my PIN as r is return that a co	s as part of the sclosure conser ny signature or ppy of the return	IRS Fed/Stat nt screen. n the organiza n is being filed he return's dis	e progration's ta tion's ta d with a sclosure	am, I also autho ax year 2012 el state agency(ie	orize the ectronically es) regulating
urn. If I have i s as part of the	ndicated within th e IRS Fed/State p	is return that a co	ppy of the return	n is being fileo he return's dis	d with a closure	state agency(ie	es) regulating
tification ar				Date	►		
tification ar							
	d Authenticat	ion					
•	•	•				397012 do not ente	
I confirm that	am submitting th	nis return in accor	dance with the				
TAMMY HA	NSEN			Date	▶	7/9	/2013
1	bllowed by you bove numeric I confirm that I n for Authorize	bllowed by your five-digit self-se above numeric entry is my PIN, I confirm that I am submitting th n for Authorized IRS <i>e-file</i> Provi	bllowed by your five-digit self-selected PIN. above numeric entry is my PIN, which is my signal I confirm that I am submitting this return in accord n for Authorized IRS <i>e-file</i> Providers for Business <u>TAMMY HANSEN</u>	above numeric entry is my PIN, which is my signature on the 20 I confirm that I am submitting this return in accordance with the n for Authorized IRS <i>e-file</i> Providers for Business Returns.	billowed by your five-digit self-selected PIN. above numeric entry is my PIN, which is my signature on the 2012 electronica I confirm that I am submitting this return in accordance with the requirements I for Authorized IRS <i>e-file</i> Providers for Business Returns. <u>TAMMY HANSEN</u> Date	billowed by your five-digit self-selected PIN. above numeric entry is my PIN, which is my signature on the 2012 electronically filed I confirm that I am submitting this return in accordance with the requirements of Pub In for Authorized IRS <i>e-file</i> Providers for Business Returns. <u>TAMMY HANSEN</u> Date ►	billowed by your five-digit self-selected PIN. do not enter above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the of I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Moderr n for Authorized IRS <i>e-file</i> Providers for Business Returns.

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

File a separate application for each return.

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). ٠

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 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

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 numb	oer, see in	structions	
Type or	Name of exempt organization or other filer		identification number (EIN) or				
print	PREMIER BIRD HUNTING TOURNAM	26-1361395	1395				
- File by the	Number, street, and room or suite no. If a	P.O. box, see ir	nstructions.	Social security n	umber (SS	SN)	
due date for	N300 BIRCH DR						
filing your return. See	City, town or post office, state, and ZIP cod	de. For a foreig	n address, see instructions.				
instructions.	THORP			WI 54	4771		
Enter the	Return code for the return that this applica	tion is for (file	a separate application for each retur	m)		01	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720			09	
Form 990		04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
)-T (trust other than above)	06	Form 8870		12		
for the wh list with th 1 I re unti is for	s for a Group Return, enter the organization ole group, check this box] . If it is for p ension is for. a corporation	part of the group, check this box.	on of time		d attach a	
▶[tax year beginning		, and ending			·	
2 If th	e tax year entered in line 1 is for less than Change in accounting period						
3a If th	is application is for Form 990-BL, 990-PF,	990-T, 4720,	or 6069, enter the tentative tax, less	any			
	refundable credits. See instructions.			3a	\$	0	
	iis application is for Form 990-PF, 990-T, 4		-				
	mated tax payments made. Include any pr				\$	0	
	ance due. Subtract line 3b from line 3a. In			•			
	TPS (Electronic Federal Tax Payment Syst			Зс	. T	0	
	you are going to make an electronic fund with						
For Privac	v Act and Paperwork Reduction Act Notice	e. see instruct	ions.	For	m 8868	(Rev. 1-2013)	

201	2 Electron	ic Filing	Informati	on (990	/PF/EZ/11	(20-POL)
Signature Me		8	1	1		
X Option (1) - Usi	ng Practitioner PIN.	Use Section (A) be	elow.		n prepared 2013	
Option (2) - Sca	anned 8453-EO.				2010	
PIN Inform	ation Enter info	ormation below				
	ĺ		(A) Prac	titioner PIN:		
		PIN (5 Digits)	TP entered	ERO entered	If the ERO entered t	
	Taxpayer PIN:	61395		X	PIN, you must fill o 8879-EO (IRS e Signature Authori: Form).	-file
	ERO PIN:	22646				
EFIN						
Enter your 6-digit EFII EFIN: <u>397012</u>	N number. You can	enter EFINs in the	Paid Preparer Ta	ble (press F3 to	o open.)	
Submission	ID					
you create the e-fil) for this return will b e and will be display 397012201319038	ved here.	natically when			
Name Contro	ol					
(See instructions on th PREM	ne 'Name Control' ta	b)				
Organization	Information					
Organization name PREMIER BIRD HUN	TING TOURNAMEN	ITS OF WISCONS	SIN INC			Employer identification no. 26-1361395
Street address N300 BIRCH DR						Daytime phone 715-669-3303
Address continuation				In care of na	ame	/15-669-5505
City THORP				State WI	ZIP code 54771	Foreign country
Email address				VVI	54771	Foreign phone number
Officer name				Title		Date return signed
TERI STEINBACH				SECRETAF	Y	07/09/2013
Email address				Phone		Authorize third party check ("X") here: X
ERO	(Enter da	ita in the Preparei	r Managor)			
ERO's name	(Enter da		manager)		Check if self-	ERO's SSN or PTIN
TAMMY HANSEN					employed X	
Firm's name				Email addre		ERO's EIN
HANSEN AND GOES	SLLLP			TAMMYH@	HANSENGOESSL	27-3520691 Phone
Address 605 E BROADWAY A	VE					(715) 748-5544
City MEDFORD		State WI	ZIP code 54451	Foreign cou	ntry	Foreign phone number
Paid Prepare) (Enter da	Ita in the Prepare	·•			
Paid preparer's name			manager)	Non-paid pre	p type Check if self- employed X	Preparer's SSN or PTIN
TAMMY HANSEN Firm's name				Email addre	ess	EIN
HANSEN AND GOES	SLLLP			TAMMYH@	HANSENGOESSL	27-3520691
Address 605 E BROADWAY A	VE					Phone (715) 748-5544
City MEDFORD		State WI	ZIP code 54451	Foreign cou	ntry	Foreign phone number

			Short Form		1	OMB No. 1545-1150
Fo	rm 99		- ଅଭ ା ୩ ୩			
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)			2012
			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 instruction All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000	s).	C	pen to Public
		the Treasury	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 requirem	nonto		Inspection
A			dar year, or tax year beginning , and ending	nems.		
B		if applicable:	C Name of organization	D Empl	oyer id	lentification number
	Addres	s change	PREMIER BIRD HUNTING TOURNAMENTS OF WISCONSIN INC		26	6-1361395
	Name o	change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep		
	Initial re	eturn				
	Termin		N300 BIRCH DR			5-669-3303
	4	ed return	City or town state or country ZIP + 4	F Grou		mption
	Applica	ation pending	THORP WI 54771		ber 🕨	
G		nting Method:				if the organization is
I	Websi	te: • www				o attach Schedule B
J	Tax-exe	mpt status (che	ck only one) — $501(c)(3)$ X 501(c) (4) \triangleleft (insert no.) 4947(a)(1) or 527	(FOIII 9	90, 99	0-EZ, or 990-PF).
κ	Check	► if the	organization is not a section 509(a)(3) supporting organization or a section 527 organizatio	n and its g	ross re	eceipts are normally
			00. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may	y be require	ed (see	e instructions). But
		-	ooses to file a return, be sure to file a complete return.			
L			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total mn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	94,492
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		T	
			the organization used Schedule O to respond to any question in this Par			
	1	Contributio	ns, gifts, grants, and similar amounts received		1	812
	2		rvice revenue including government fees and contracts		2	93,677
	3	Membershi	p dues and assessments		3	
	4		income	· ·	4	3
	5a		unt from sale of assets other than inventory	_		
	b c		or other basis and sales expenses	_	5c	0
	6	•	d fundraising events	· ·	50	0
	a		ne from gaming (attach Schedule G if greater than			
evenue						
ver	b		ne from fundraising events (not including <u>\$</u> of contributions			
Re			ising events reported on line 1) (attach Schedule G if the			
			n gross income and contributions exceeds \$15,000) 6b			
	c d		expenses from gaming and fundraising events	[
					6d	0
	7a		s of inventory, less returns and allowances			
	b		of goods sold			
	С	•	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8		nue (describe in Schedule O)		8	04 400
	9 10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. . <td></td> <td>9 10</td> <td><u>94,492</u> 500</td>		9 10	<u>94,492</u> 500
	11		id to or for members		11	500
ŝ			her compensation, and employee benefits		12	
Expenses	13	Professiona	al fees and other payments to independent contractors		13	593
<u>x</u> pe	14		, rent, utilities, and maintenance		14	14,369
ш	-		blications, postage, and shipping		15	498
	16 17		nses (describe in Schedule O)		16 17	<u>83,075</u> 99,035
	10		nses. Add lines 10 through 16		17	-4,543
iets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	· ·		,0+0
Ass			figure reported on prior year's return).		19	6,108
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	🗌	20	
	21		or fund balances at end of year. Combine lines 18 through 20	►	21	1,565
Eo	r Panor	work Reduct	ion Act Notice, see the separate instructions.			Form 990-EZ (2012)

	Form 990-EZ (2012) PREMIER BIRD HUNTING TOURNAMENTS OF WISCONSIN INC 26-13613 Part II Balance Sheets. (see the instructions for Part II)					1395	Page 2
, a			espond to any question in	this Part II			X
	5				Beginning of year		(B) End of year
22	Cash, savings, and investn	nents			4,498	22	400
23	Land and buildings					23	
24	Other assets (describe in S				1,610		1,610
25	Total assets				6,108		2,010
26	Total liabilities (describe in	,			C 100	26 27	445
27 De	Net assets or fund balance art III Statement of Progra		hments (see the instruction		6,108	27	1,565 Expenses
Га		•	o respond to any question			(Rec	quired for section
Wha	at is the organization's primar						c)(3) and 501(c)(4) nizations and section
	cribe the organization's progr			largest program servi	ces.	4947	7(a)(1) trusts; optional
	neasured by expenses. In a c	•				for o	thers.)
	sons benefited, and other rele						
28	PROMOTION AND EDUCA				_AS		
	THE VALUE OF SUPPORT	ING THE PRESERVATI	ON OF PRISITNE UPLA	ND GAME HABITAT			
					·····		
-	(Grants \$) If this amount	t includes foreign grants,		🕨 🔄	28a	99,035
29							
	(Grants \$) If this amount	t includes foreign grants,	check here		29a	
30						250	
	(Grants \$) If this amount	t includes foreign grants,	check here	🕨 🗌	30a	
31	Other program services (des						
	(Grants \$		t includes foreign grants,			31a	
	Total program service exp					32	99,035
Pa			ey Employees List each			ruction	is for Part IV)
	Check if the organiza	tion used Schedule O to	respond to any question	-	1		
			(1-) A	(c) Reportable			
			(b) Average	compensation	 (d) Health benefit contributions to 	ts	(e) Estimated amount of
TEE	(a) Name and	title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employee benefit pla	ans,	(e) Estimated amount of other compensation
		title	hours per week	compensation	contributions to	ans,	
	RI L STEINBACH	title	hours per week devoted to position	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit pla and deferred compens	ans,	
PRE	RI L STEINBACH ES/TREAS	title	hours per week	Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit pla and deferred compens	ans,	
PRE CR/	RI L STEINBACH	title	hours per week devoted to position Hr/WK 10.0	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)) 5,588	contributions to employee benefit pla and deferred compens	ans,	
PRE CRA VIC	RI L STEINBACH ES/TREAS AIG STEINBACH	iitle	hours per week devoted to position Hr/WK 10.0	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)) 5,588	contributions to employee benefit pla and deferred compens	ans,	
PRE CRA VIC RIC	RI L STEINBACH ES/TREAS AIG STEINBACH E PRES/SECRETARY	Liitle	hours per week devoted to position Hr/WK 10.0	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)) 5,588) 5,589	contributions to employee benefit pla and deferred compens	ans,	
PRE CRA VICI RIC DIR	RI L STEINBACH ES/TREAS AIG STEINBACH E PRES/SECRETARY HARD HYNES		hours per week devoted to position Hr/WK 10.0 Hr/WK 10.0	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)) 5,588) 5,589	contributions to employee benefit pla and deferred compens	ans,	
PRE CRA VICI RIC DIR LINI DIR	RI L STEINBACH ES/TREAS AIG STEINBACH E PRES/SECRETARY HARD HYNES ECTOR DA BOOMSMA ECTOR	title	hours per week devoted to position Hr/WK 10.0 Hr/WK 10.0	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)) 5,588) 5,589	contributions to employee benefit pla and deferred compens	ans,	
PRE CR/ VICI RIC DIR LINI DIR KEV	RI L STEINBACH ES/TREAS AIG STEINBACH E PRES/SECRETARY HARD HYNES ECTOR DA BOOMSMA ECTOR /IN KIMMES		hours per week devoted to position Hr/WK 10.0 Hr/WK 10.0 Hr/WK 1.0 Hr/WK 55	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)) 5,588) 5,589) 5,589	contributions to employee benefit pla and deferred compens	ans,	
PRE CR/ VICI RIC DIR LINI DIR KEV	RI L STEINBACH ES/TREAS AIG STEINBACH E PRES/SECRETARY HARD HYNES ECTOR DA BOOMSMA ECTOR		hours per week devoted to position Hr/WK 10.0 Hr/WK 10.0	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)) 5,588) 5,589) 5,589	contributions to employee benefit pla and deferred compens	ans,	
PRE CR/ VICI RIC DIR LINI DIR KEV	RI L STEINBACH ES/TREAS AIG STEINBACH E PRES/SECRETARY HARD HYNES ECTOR DA BOOMSMA ECTOR /IN KIMMES		hours per week devoted to position Hr/WK 10.0 Hr/WK 10.0 Hr/WK 1.0 Hr/WK .5	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)) 5,588) 5,589) 5,589	contributions to employee benefit pla and deferred compens	ans,	
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PRE CR/ VICI RIC DIR LINI DIR KEV	RI L STEINBACH ES/TREAS AIG STEINBACH E PRES/SECRETARY HARD HYNES ECTOR DA BOOMSMA ECTOR /IN KIMMES		hours per week devoted to position Hr/WK 10.0 Hr/WK 10.0 Hr/WK 1.0 Hr/WK .5 Hr/WK .5 Hr/WK Hr/WK	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)) 5,588) 5,589) 5,589	contributions to employee benefit pla and deferred compens	ans,	
PRE CR/ VICI RIC DIR LINI DIR KEV	RI L STEINBACH ES/TREAS AIG STEINBACH E PRES/SECRETARY HARD HYNES ECTOR DA BOOMSMA ECTOR /IN KIMMES		hours per week devoted to position Hr/WK 10.0 Hr/WK 10.0 Hr/WK .5 Hr/WK .5 Hr/WK .5 Hr/WK .5	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)) 5,588) 5,589) 5,589	contributions to employee benefit pla and deferred compens	ans,	
PRE CR/ VICI RIC DIR LINI DIR KEV	RI L STEINBACH ES/TREAS AIG STEINBACH E PRES/SECRETARY HARD HYNES ECTOR DA BOOMSMA ECTOR /IN KIMMES		hours per week devoted to position Hr/WK 10.0 Hr/WK 10.0 Hr/WK .5 Hr/WK .5 Hr/WK .5 Hr/WK .5	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)) 5,588) 5,589) 5,589	contributions to employee benefit pla and deferred compens	ans,	
PRE CR/ VICI RIC DIR LINI DIR KEV	RI L STEINBACH ES/TREAS AIG STEINBACH E PRES/SECRETARY HARD HYNES ECTOR DA BOOMSMA ECTOR /IN KIMMES		hours per week devoted to position Hr/WK 10.0 Hr/WK 10.0 Hr/WK 1.0 Hr/WK .5 Hr/WK .5 Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)) 5,588) 5,589) 5,589	contributions to employee benefit pla and deferred compens	ans,	

		26-136139	5 Page 3
Part			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	1 this Par	tV.
		۲	Yes No
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.	33	Х
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)	34	Х
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)?	35a	Х
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	35b	
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.	35c	x
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.	. 36	Х
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?	. 37b	
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?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
а	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	. 40b	Х
С	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	-	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-	V
41	transaction? If "Yes," complete Form 8886-T.	40e	X
		= = = = = = = = = = = = = = = = = = = =	
42 a	The organization's books are in care of ► TERI STEINBACH Telephone no. ►	715-669	9-3303
	Located at ► N300 BIRCH DR City THORP ST WI ZIP + 4 ► 54	1771	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	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.		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	Х
	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		
		<u> </u>	Yes No
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	44a	Х
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	44b	Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c	Х
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	5 5 6 (7,7,7	45a	X
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).	45b	Х

Form	99	<u>0-</u>	F7	(201	21
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Form 9	90-EZ (2012) PRI	EMIER BIRD HUNTIN	IG TOURNAMENT	S OF W	ISCONSIN INC			26-13613	95	Page 4
									Yes	No
46	Did the organization engage									
D 1	to candidates for public off			tl				. 46		Х
Part) organizations or (3) organizations m		stions 4	7–49b and 52, and	d compl	ete the table	s for line	S	
	Check if the organ	nization used Sche	dule O to respor	nd to an	y question in this I	Part VI				
					<i>,</i> ,				Yes	No
47	Did the organization engage	ge in lobbying activitie	es or have a sectior	n 501(h)	election in effect dur	ng the ta	ax		100	
	year? If "Yes," complete S							. 47		
48	Is the organization a school	ol as described in sec	tion 170(b)(1)(A)(ii)	? If "Yes	s," complete Schedul	еЕ		. 48		
49 a	Did the organization make	any transfers to an e	xempt non-charitat	ole relate	ed organization?			. 49a		
b	If "Yes," was the related or	•	•					-		
50	Complete this table for the									
	employees) who each rece	eived more than \$100	,000 of compensat	ion from	the organization. If t	here is n	one, enter "No	ne."		
	(a) Name and title of each paid more than \$100		(b) Average hours per wee devoted to posit		(c) Reportable compensation (Forms W-2/1099-MISC)	contribu benefit p	Health benefits, utions to employee plans, and deferred pmpensation	(e) Estima other co	ated amo ompensa	
Name	None									
Title			Hr/WK	.00						
Name			_							
Title			Hr/WK	.00						
Name			-							
Title			Hr/WK	.00						
Name				.00						
Title			Hr/WK	.00						
Name Title			Hr/WK	.00						
	Total number of other emp	lovees paid over \$10			. ►			l		
51	Complete this table for the				ndent contractors wh	io each r	eceived more	than		
	\$100,000 of compensation	n from the organizatio	on. If there is none,	enter "N	lone."					
	(a) Name and address of each	independent contractor pai	d more than \$100,000		(b) Type of serv	vice	(c) Compensa	tion	
Name	None	Str								
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
Name		StrST	ZIP							
City d	Total number of other inde			r \$100.0	00	•				
52	Did the organization comp nonexempt charitable trust	lete Schedule A? Not	te: All section 501(c)(3) org	anizations and 4947			► 🗌 Ye	es X	No
Under p	penalties of perjury, I declare that I I	nave examined this return, i	ncluding accompanying	schedules	and statements, and to the	best of my	knowledge and be	lief, it is		
	prrect, and complete. Declaration of						-			
Sign		er					Date			
Here										
	Type or print nam					_		DTIN		
Paid	Print/Type preparer's		Preparer's sigr		Dat		Check X			
	TAMMY HANSE			ANSEN	7	//9/2013	self-employed			
-		HANSEN AND GOES					Firm's EIN ► 27			
	Firm's address ► 6 he IRS discuss this return v	605 E BROADWAY A						15) 748-5 ▶		No
iviay l		with the preparer SHOV	in above : See IIISI							
								Form 9	9U-E2	Z (2012)

SCHEDULE O	Supplemental Information to Form 990 or 9	990-F7	OMB No. 1545-0047
(Form 990 or 990-EZ)	••		2012
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	is on	Open to Public Inspection
Name of the organization		Employer identi	fication number
PREMIER BIRD HUN	TING TOURNAMENTS OF WISCONSIN INC	26-1361395	
Form 990-EZ, Part I, I	ine 16, Other Expenses: Travel: 2,474		
Form 990-EZ, Part I, I	ine 16, Other Expenses: Meals and entertainment: 95		
Form 990-EZ, Part I, I	ine 16, Other Expenses: Fundraising: 2,307		
Form 990-EZ, Part I, I	ine 16, Other Expenses: Conferences, conventions, and meetings: 1,023		
Form 990-EZ, Part I, I	ine 16, Other Expenses: Supplies: 57,992		
Form 990-EZ, Part I, I	ine 16, Other Expenses: MERCHANT SERVICE FEES: 1,412		
Form 990-EZ, Part I, I	ine 16, Other Expenses: SANCTION FEES: 6,550		
Form 990-EZ, Part I, I	ine 16, Other Expenses: BANK FEES: 45		
Form 990-EZ, Part I, I	ine 16, Other Expenses: MANAGEMENT FEES: 11,177		
Form 990-EZ, Part II,	Line 24, Other Assets: EQUIPMENT: Beginning of year: 1,610, End of year:		
1,610			
Form 990-EZ, Part II,	Line 26, Liabilities: ACCOUNTS PAYABLE: Beginning of year: 0, End of		
year: 445			
Form 990-EZ Part I			

Schedule O	(Form 990	or 990-EZ)	(2012)
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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
PREMIER BIRD HUNTING TOURNAMENTS OF WISCONSIN INC	26-1361395
	20 1001000

PREMIER BIRD HUNTING TOURNAMENTS OF WISCONSIN INC

Perjury Statement

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that I have examined a copy of the exempt organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the exempt organization's return to the IRS and to receive from the IRS (a) an acknowledgment 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.

Officer's Signature

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 61395

Date: 7/9/2013

ERO Declaration

I declare that the information contained in this electronic return is the information furnished to me by the corporation. If the exempt organization furnished me a completed return, I declare that the information contained in this electronic return is identical to that contained in the return provided by the exempt organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this tax return by entering my PIN below:

ERO's PIN <u>39701222646</u> (Enter EFIN plus 5 self-selected numerics)

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

	Noncash contributions		
	Membership dues and assessments (contributions from the public)		
	Government contributions (grants)		
	Commercial co-venture		
	Special events contributions (Line 6 - Special Events).		0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	812

Pa	art I, Line 4 (990-EZ) - Investment Income		
	Interest on savings and temporary cash investments		
2	Dividends and interest from securities	2	
3	Gross rents	. 3	
4	Other investment income	4	
5	Total	5	3