

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

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

2012

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

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

Name and title of officer TERI STEINBACH	SECRETARY
--	-----------

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	94,492
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 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 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 2012 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 2012 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 ▶ _____

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.

39701222646 <small>do not enter all zeros</small>

I certify that the above numeric entry is my PIN, which is my signature on the 2012 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 ▶ TAMMY HANSEN Date ▶ 7/9/2013

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

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **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 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	Name of exempt organization or other filer, see instructions. PREMIER BIRD HUNTING TOURNAMENTS OF WISCONSIN INC	Employer identification number (EIN) or 26-1361395
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. N300 BIRCH DR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. THORP WI 54771	

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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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 ▶ TERI STEINBACH

Telephone No. ▶ 715-669-3303 FAX No. ▶ _____

- 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 8/15/2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2012 or
 ▶ tax year beginning _____, and ending _____

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

3a 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.	3a	\$	0
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.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.

2012 Electronic Filing Information (990/PF/EZ/1120-POL)

Signature Method

Option (1) - Using Practitioner PIN. Use Section (A) below.

Date return prepared

7/9/2013

Option (2) - Scanned 8453-EO.

PIN Information Enter information below

(A) Practitioner PIN:			
	PIN (5 Digits)	TP entered	ERO entered
Taxpayer PIN:	61395	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ERO PIN:	22646	/	/

If the ERO entered taxpayer PIN, you must fill out the 8879-EO (IRS e-file Signature Authorization Form).

EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Paid Preparer Table (press F3 to open.)

EFIN: 397012

Submission ID

The Submission ID for this return will be computed automatically when you create the e-file and will be displayed here.

Submission ID: 39701220131903896114

Name Control

(See instructions on the 'Name Control' tab)

PREM

Organization Information

Organization name PREMIER BIRD HUNTING TOURNAMENTS OF WISCONSIN INC		Employer identification no. 26-1361395	
Street address N300 BIRCH DR		Daytime phone 715-669-3303	
Address continuation		In care of name	
City THORP	State WI	ZIP code 54771	Foreign country
Email address		Foreign phone number	
Officer name TERI STEINBACH		Title SECRETARY	Date return signed 07/09/2013
Email address		Phone	Authorize third party check ("X") here: <input checked="" type="checkbox"/>

ERO

(Enter data in the Preparer Manager)

ERO's name TAMMY HANSEN		Check if self-employed <input checked="" type="checkbox"/>	ERO's SSN or PTIN P00745153	
Firm's name HANSEN AND GOESSL LLP		Email address TAMMYH@HANSENGOESSL.		ERO's EIN 27-3520691
Address 605 E BROADWAY AVE				
City MEDFORD	State WI	ZIP code 54451	Foreign country	Foreign phone number

Paid Preparer

(Enter data in the Preparer Manager)

Paid preparer's name TAMMY HANSEN		Non-paid prep type	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00745153	
Firm's name HANSEN AND GOESSL LLP		Email address TAMMYH@HANSENGOESSL.		EIN 27-3520691	
Address 605 E BROADWAY AVE					
City MEDFORD	State WI	ZIP code 54451	Foreign country	Foreign phone number	

Short Form Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

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.

Form header section A through J. Includes fields for: A For the 2012 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; D Employer identification number: 26-1361395; E Telephone number: 715-669-3303; F Group Exemption Number; G Accounting Method: [X] Cash; H Check [X] if the organization is not required to attach Schedule B; I Website: WWW.PBHT.ORG; J Tax-exempt status: [X] 501(c)(4).

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. 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. \$ 94,492

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 [X]

Table with 3 columns: Description, Line Number, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 94,492 and total expenses is 99,035, resulting in a deficit of 4,543.

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	4,498	22	400
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,610	24	1,610
25 Total assets	6,108	25	2,010
26 Total liabilities (describe in Schedule O)		26	445
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,108	27	1,565

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? SEE SCHEDULE O
 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 PROMOTION AND EDUCATION OF UPLAND BIRD HUNTING AND HUNTING SAFETY AS WELLAS THE VALUE OF SUPPORTING THE PRESERVATION OF PRISITNE UPLAND GAME HABITAT (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	99,035
29 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	99,035

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms 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
TERI L STEINBACH PRES/TREAS	Hr/WK 10.00	5,588		
CRAIG STEINBACH VICE PRES/SECRETARY	Hr/WK 10.00	5,589		
RICHARD HYNES DIRECTOR	Hr/WK 1.00			
LINDA BOOMSMA DIRECTOR	Hr/WK .50			
KEVIN KIMMES DIRECTOR	Hr/WK .50			
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			

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? 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities... 37 a Enter amount of political expenditures... 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 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... b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction... c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons... 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? 41 List the states with which a copy of this return is filed. 42 a The organization's books are in care of TERI STEINBACH Telephone no. 715-669-3303 Located at N300 BIRCH DR City THORP ST 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... c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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? 44 b Did the organization operate one or more hospital facilities during the year? 44 c Did the organization receive any payments for indoor tanning services during the year? 44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? 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)?

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	X

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations 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.	Yes	No
		48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
		49a	
b	If "Yes," was the related organization a section 527 organization?	Yes	No
		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 title of each employee paid more than \$100,000	(b) 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
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

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
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

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.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name TAMMY HANSEN	Preparer's signature TAMMY HANSEN	Date 7/9/2013	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00745153
Firm's name ► HANSEN AND GOESSL LLP			Firm's EIN ► 27-3520691	
Firm's address ► 605 E BROADWAY AVE, MEDFORD, WI 54451			Phone no. (715) 748-5544	

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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: Travel: 2,474

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 95

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 2,307

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 1,023

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 57,992

Form 990-EZ, Part I, Line 16, Other Expenses: MERCHANT SERVICE FEES: 1,412

Form 990-EZ, Part I, Line 16, Other Expenses: SANCTION FEES: 6,550

Form 990-EZ, Part I, Line 16, Other Expenses: BANK FEES: 45

Form 990-EZ, Part I, Line 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

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	<u>3</u>
2	Dividends and interest from securities	2	<u> </u>
3	Gross rents	3	<u> </u>
4	Other investment income	4	<u> </u>
5	Total	5	<u>3</u>
