Short Form
Return of Organization Exempt From Income Tax
Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

For the 2012 calendar year, or tax year beginning and ending

**C Name of organization**
UNITED SPORTSMEN OF WISCONSIN, INC.

**D Employer identification number**
45-1425710

**E Telephone number**
202-295-4712

**F Group Exemption Number**

**G Accounting Method:** [ ] Cash [ ] Accrual [ ] Other (specify)

**H Check □ if the organization is not required to attach Schedule B**

**I Website:** [ ] www.unitedsportsmenwi.com

**J Tax-exempt status (check only one) — □ 501(c)(3) □ 501(c)(4) □ (insert no.) □ 4947(a)(1) or □ 527 (Form 990, 990-EZ, or 990-PF).**

**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.**

— $ 51,813.

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

| 1 | Contributions, gifts, grants, and similar amounts received | 37,500. |
| 2 | Program service revenue including government fees and contracts | 14,313. |
| 3 | Membership dues and assessments | 3 |
| 4 | Investment income | 4 |

**5a Gross amount from sale of assets other than inventory**

**6a Gross income from fundraising events (attach Schedule G if greater than $15,000)**

**6b 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)**

**6c Less: direct expenses from fundraising events**

**6d Net income or (loss) from fundraising events (add lines 6a and 6b and subtract line 6c)**

**7a Gross sales of inventory, less returns and allowances**

**7b Less: cost of goods sold**

**8 Other revenue (describe in Schedule O)**

**9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7b, and 8**

**10 Grants and similar amounts paid (list in Schedule O)**

**11 Benefits paid to or for members**

**12 Salaries, other compensation, and employee benefits**

**13 Professional fees and other payments to independent contractors**

**14 Occupancy, rent, utilities, and maintenance**

**15 Printing, publications, postage, and shipping**

**16 Other expenses (describe in Schedule O)**

**17 Total expenses. Add lines 10 through 16**

**18 Excess or (deficit) for the year (Subtract line 17 from line 9)**

**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)**

**20 Other changes in net assets or fund balances (explain in Schedule O)**

**21 Net assets or fund balances at end of year. Combine lines 18 through 20**

51,813.

For Paperwork Reduction Act Notice, see the separate instructions.

OOGDEN, UT
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LHA
**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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>39,044.22</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>39,044.25</td>
</tr>
<tr>
<td>26</td>
<td>Net liabilities (describe in Schedule O)</td>
<td>0.26</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>39,044.27</td>
</tr>
</tbody>
</table>

**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.

**SEE SCHEDULE O**

(Grants $ 37,500. ) if this amount includes foreign grants, check here 28a 78,923.

(Grants $  ) if this amount includes foreign grants, check here 29a 78,923.

(Grants $  ) if this amount includes foreign grants, check here 30a 78,923.

Other program services (describe in Schedule O)

(Grants $  ) if this amount includes foreign grants, check here 31a 78,923.

**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

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
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<td>ANDY PANTZLAFF</td>
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<tr>
<td>VICE PRESIDENT</td>
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<tr>
<td>ANNETTE OLSON</td>
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<tr>
<td>TREASURER-SECRETARY</td>
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<tr>
<td>DAVE ZIEN</td>
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<tr>
<td>DIRECTOR</td>
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</table>
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.

Yes No

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).

35 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)?

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.

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.

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?

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 — N/A ; section 4912 — N/A ; section 4955 — N/A

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

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.

41 List the states with which a copy of this return is filed:

NONE

42a The organization's books are in care of:

ANNETTE OLSON

Located at:

1373 280TH STREET, GLENWOOD CITY, WI

Telephone no. 715-760-0665

ZIP + 4 54013

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 any 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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

c Did the organization receive any payments for indoor tanning services during the year?

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

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)
**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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<td>48</td>
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<td>49a</td>
<td>Yes</td>
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<td>49b</td>
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47. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

48. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a. Did the organization make any transfers to an exempt non-charitable related organization?

49b. If "Yes," was the related organization a section 527 organization?

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."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee paid more than $100,000</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
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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."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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<td>N/A</td>
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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

<table>
<thead>
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<th></th>
<th>Yes</th>
<th>No</th>
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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 information of which preparer has any knowledge.

**Sign Here**

[Signature of officer]

Date: 12/27/2013

**ANNETTE OLSON, TREASURER**

Type of print name and title

**Paid Preparer Use Only**

Preparer's name: BRYAN L. PAUTSCH, CPA

Preparer's signature: BRYAN L. PAUTSCH, CPA

Date: 12/19/13

Check [ ] if self-employed

PTIN: P00034913

[ ] Yes [ ] No

**Firm's name** SIKICH LLP

Firm's EIN: 36-3168081

Firm's address: 13400 BISHOP'S LANE, SUITE 300

BROOKFIELD, WI 53005

Phone no. (262)754-9400

[ ] Yes [ ] No

May the IRS discuss this return with the preparer shown above? See instructions.

Form 990-EZ (2012)

08321219 767983 4103601 2012.05000 UNITED SPORTSMEN OF WISCONS 41036011
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.

Name of the organization: UNITED SPORTSMEN OF WISCONSIN, INC.

Employer identification number: 45-1425710

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

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

REIMBURSED EXPENSES: 10,669.

INFORMATION TECHNOLOGY: 530.

ADVERTISING AND PROMOTION: 633.

EVENTS, CONFERENCES AND MEETINGS: 19,394.

TOTAL TO FORM 990-EZ, LINE 16: 31,226.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SUPPORTING THE SAFE AND RESPONSIBLE PRACTICES OF HUNTING, FISHING, TRAPPING AND SHOOTING AND PROMOTING POLICIES THAT ALLOW AND ENCOURAGE SPORTSMEN TO ENJOY THESE ACTIVITIES AND THE OUTDOORS IN GENERAL.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ACTIVITIES OF THE ORGANIZATION INCLUDE PUBLIC EDUCATION AND ADVOCACY TO SUPPORT ITS PUBLIC POLICY GOALS, AND MAINTENANCE OF A WEBSITE TO EDUCATE THE PUBLIC ABOUT THE ISSUES OF THE ORGANIZATION.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.