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990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$50,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

		the Treasury		assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirem	ents.		Inspec	tion	
A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20									
_							D Employer Identification number		
		ess change LITTLE BELT COWBOY ASSOCIATION INC					1-0413521		
=	Name cha	hange print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele					umber		
=	initial retu Terminate		type. See	P.O. BOX 289					
Ħ.	Amended		Specific Instruc-	City or town, state or country, and ZIP + 4	F Grou	p Exer	mption		
=			tions.	BELT, MT 59412	Num	ber 🕨	·		
	• Seci	tion 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt charitable trusts must attach G Accou	nting Me	thod:	☑ Cash □	Accrual	
			a con		(specify)				
				H Check	▶ 🗸 i	f the o	rganization is	not	
1 1	Vebsit	te: ► N/A		require require	ed to atta	ach Sc	hedule B (For	m 990,	
<u>J 1</u>	ах-өхө	empt status (c	heck or	ly one) — 🗹 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 │ 990-E	Z, or 990)-PF).			
	Check		•	ation is not a section 509(a)(3) supporting organization and its gross receipts are n	-			10. A	
				urn is not required, but if the organization chooses to file a return, be sure to file		ete ret	um.		
				9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-		\$	4 D-4 1)	55,610	
Ρ	art I			enses, and Changes in Net Assets or Fund Balances (See the			for Part I.)		
	1			s, grants, and similar amounts received		1			
	2			evenue including government fees and contracts		2		55,610	
	3		•	and assessments	}	3 4			
	4	Investment		n sale of assets other than inventory 5a	!	-			
	5a b			basis and sales expenses					
	°			sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
9	6			vities (complete applicable parts of Schedule G). If any amount is from gaming, check here		~			
Ē	a			t including \$ of contributions	_				
Revenue	-	reported on			- 1				
-	ь	•		ses other than fundraising expenses 6b					
	С		•	s) from special events and activities (Subtract line 6b from line 6a)		6c			
	7a			entory, less returns and allowances		\Box			
	ь	Less: cost o	of good	s sold					
	С	Gross profit	t or (los	s) from sales of inventory (Subtract line 7b from line 7a)]	7c			
	8	Other reven	ue (de	scribe		8			
	9	Total reven	iue. Ad	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	. ▶	9		55,610	
	10	Grants and	simila	amounts paid (attach schedule)	[10			
	11	•		for members	· · [11 12			
88	12		ner compensation, and employee benefits						
Expenses	13			and other payments to independent contractors	٠ ٠ ١	13	 	175	
8	14			tilities, and maintenance	٠ ٠ ١	14 15			
	15		ng, publications, postage, and shipping					69,140	
	16 17	Other expenses (describe SEE STATEMENT 1) Total expenses. Add lines 10 through 16			<u> </u>	16 17		(69,315))	
	18			dd lines 10 through 16	•	18		(13,705))	
Net Assets	19	•	•	I balances at beginning of year (from line 27, column (A)) (must agree	with			10,100//	
88				reported on prior year's return)	}	19		22,122	
) t	20	-	•	net assets or fund balances (attach explanation)	Ի	20			
Ž	21			balances at end of year. Combine lines 18 through 20	. ▶	21		8,417	
Р	art II	Balance	Shee	s. If Total assets on line 25, column (B) are \$1,250,000 or more, file Fon	m 990 ii	nstead	d of Form 99	0-EZ.	
				(See the instructions for Part II.) (A) Begi	nning of y	rear _	(B) End of	year	
22	Ca	ish, savings,	and in	restments	18	,067 2		1,891	
23		nd and build	ngs.				23		
24		her assets (d	escrib	ACCOUNT RECEIVABLES		,055 2		6,526	
25	To	tal assets	9. ne		22	,122 2		8,417	
25	P	tal labilities	(desc	De >		0 2			
27	Ne			alances (line 27 of column (B) must agree with line 21)		,122 2	27 OOO E	8,417	
ror	FF	r, onesar	S Mon	Reduction Act Notice, see the separate instructions. Cat. No. 106	H21		Form 990-E	- (2009)	



Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	i.)		Expenses	
Wha	What is the organization's primary exempt purpose?						
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise)(3) and 501(c)(4)	
	nanner, describe the services provided, the number of persons benefited, and other relevant information for					rizations and section (a)(1) trusts; optional	
						hers.)	
28	PROMOTE THE LITTLE BELT RODEO FOR LOCAL &	STATE RANCHING COMMU	NITIES				
	***************************************	***************************************			1		
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	28a		
29	RENOVATION OF RODEO GROUNDS						
	***************************************		*******************************		ŀ		
			***************************************		ŀ		
	(Onesta &	includes foreign grants, ch		. • 🗆	200-		
	(Grants \$) If this amount	includes foreign grants, cit	BCK Here	· • L.J	29a		
30	****						

	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a		
31	Other program services (attach schedule)						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	31a		
32	Total program service expenses (add lines 28a t	brough 31a)	CONTIONS		32		
Par		Employee List each one ex	ven if not componed	ted (See the i	į	tions for Part IV \	
Fai	List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation				
	(a) Name and address	hours per week	(If not paid,	(d) Contribution employee benefit	otans &	(e) Expense account and	
		devoted to position	enter -0)	deferred compen	sation	other allowances	
DAV	E R. ANDERSON	PRESIDENT					
P.O.	BOX 289, BELT, MT 59412	PRESIDENT	0		0	0	
	ME MILLED						
	BOX 289, BELT, MT 59412	- VICE PRESIDENT	0		o	0	
	Y MILLER	SECRETARY					
	BOX 289, BELT, MT 59412		0	***************************************	0	0	
WAL	LY MCMANIGLE	-TREASURER					
P.O.	BOX 289, BELT, MT 59412		0			0	
JOHI	N GLIKO						
P.O.	BOX 289, BELT, MT 59412	DIRECTOR	0		0	0	
	Y GLIKO JR					····	
	BOX 289, BELT, MT 59412	DIRECTOR	o		o	0	
					 Ч		
	S THAYER	DIRECTOR	_				
P.O.	BOX 289, BELT, MT 59412		0		0	0 0	
JAY	DEAN	- DIRECTOR					
P.O.	BOX 289, BELT, MT 59412	DIRECTOR	0		0	0	
					- 1		
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
_	<u> </u>		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	-	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37ь		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: 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			1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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 transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ SALLY MILLER Telephone no. ▶			
	Located at ▶ P.O. BOX 289, BELT, MT 59412 ZIP + 4 ▶	594	12	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<u> </u>
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	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			N/A
		ſ	Vasi	Na.
44	Did the amonization maintain any denor advised funds? If "Vee " Form 000 must be completed instead of		Yes	NO
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	_	· /
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		<u> </u>
		000	<u></u>	

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49- and complete the tables for lines 50 ar	47(a)(1) nonexempt chan	xempt charit table trusts n	table trusts only. A nust answer question	II section ons 46-4	า 9b	
	Did the organization engage in direct or indirect		es on behalf o	f or in opposition to	Ye	s No	
	candidates for public office? If "Yes," complete				46	 	
	Did the organization engage in lobbying activitie				47	+	
	Is the organization a school as described in section				48 49a	+ /	
	Did the organization make any transfers to an ex If "Yes," was the related organization a section to		a organization	<i>.</i>	49b	+*	
50	Complete this table for the organization's five hi	ghest compensated emplo	yees (other tha	in officers, directors,	trustees a	and key	
	employees) who each received more than \$100,	000 of compensation from (b) Title and average	the organization (c) Compensation	on. If there is none, en	ter "None (e) Exp		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) comparisati	employee benefit plans & deferred compensation	accoun other allo	t and	
			-	-			
							
1	Total number of other employees paid over \$100				l		
	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor			Type of service	(c) Comper	nsation	
		·					
					<u> </u>		
			 				
d	Total number of other independent contractors of	each receiving over \$100,00	00▶				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompany of preparer (other than officer) is b	ying schedules and ased on all informa	statements, and to the bestion of which preparer has	at of my kno any knowied	wiedge Ige.	
Sign Here	Wallace C. mc manigle Trasuer 14-15-10 Signature of officer Date						
	TRESUCER Type or print name and title						
Paid	Preparer's signature Wishie LMig	Date 4-14-10	Check if self- employed ▶	Preparer's identifying num	. '	uctions)	
Prepare Use On	Limit a usual for VICKIE I. SNADES			EIN ►	N/A		
	address, and ZIP+4 P.O. BOX 111, BELT,			<u>-</u>	-868-4332		
May th	e IRS discuss this return with the preparer show	above? See instructions		▶ <u>/</u>	Yes	No Z (2009)	

Little Belt Cowboys Association Inc

81-0413521

Statement 1	
Form 990-EZ, Part 1, Line 1	6
Other Expenses	

Advertising and Promotion\$	6,498.
BEER	1,702.
CONTESTANTS	11,200.
DIRECT RODEO COSTS	30,138.
GROUNDS EXPENSE	11,975.
Insurance	2,319.
LICENSE	20.
MISC RODEO COSTS	1,237.
Office Expense	718.
PROGRAM SALES EXP	1,225.
RAFFLE EXPENSES	1,058.
SPONSORSHIP COSTS	<u>1,050.</u>

Total \$ 69,140.

Statement 2 Form 990-EZ, Part II, Line 24 Other Assets

	Beginning	Ending
Accounts Receivables\$	4.055.	\$ 6,526.
Total \$	4,055.	\$ 6,526.