

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 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.

OMB No 1545-1150

Open to Public

	tment of the	he Treasury assets less than \$1,250,000 at the end of the year may use this form Source The organization may have to use a copy of this return to satisfy state reporting requires	ments.	Inspection
		2009 calendar year, or tax year beginning $April 1$, 2009, and ending		10,20/O
_	neck if ap		D Employer is	dentification number
□ ~	ddress c	hange use IRS Montana Woolgrowers ASSn	81-c	233695
_	lame cha	Inge print or Number and street (or PO box, if mail is not/delivered to street address) Room/suite	E Telephone	number
=	ııtıal retui erminate		406	442 1330
=	mended	Specific City or town, state or country, and ZIP + 4	F Group Ex	
=		n pending tions. Helena MT 59624	Number	•
	• Sect		unting Method	Cash Accrual
		1111	r (specify)	
	-	H Chec	k ▶ ☐ if the	organization is not
ı W	ebsit	e:▶ requi	red to attach S	schedule B (Form 990,
J Ta	ax-exe	mpt status (check only one) — \$\infty\$501(c) (\$\infty\$) \$\] (insert no) \$\Bigsigma\$4947(a)(1) or \$\Bigsigma\$527 990-	EZ, or 990-PF)	
K C	heck ▶	if the organization is not a section 509(a)(3) supporting organization and its gross receipts are	normally not m	ore than \$25,000 A
F	orm 99	90-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file	e a complete re	eturn
L Ac	dd lines	s 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 99		B
Pa	irt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	e instruction	
	1	Contributions, gifts, grants, and similar amounts received	1	32030.87
	2	Program service revenue including government fees and contracts	2	43999.91
	3	Membership dues and assessments	3	56182.92
	4	Investment income	4	307.71
	5a	Gross amount from sale of assets other than inventory		
	b	Less' cost or other basis and sales expenses	23	
ام	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u> </u>
ğ	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here		
Revenue	а	Gross revenue (not including \$ of contributions		
۳	_	reported on line 1)	 **:./	
	b	Less direct expenses other than fundraising expenses		
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a). Gross sales of inventory, less returns and allowances $\cdot \cdot \cdot$	92 6c	
	7a		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	b c	Less: cost of goods sold	7c	245.93
	8	Other revenue (describe	/6	<u> </u>
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	. ▶ 9	122 767.34
\dashv	10	Grants and similar amounts paid (attach schedule)	7 . 10	100 1013
⊇	11	Benefits paid to or for members	. 11	
ປະ	12	Salaries, other compensation, and employee benefits	10 12	79519,62
⊒Se ∣	13		SO . 13	3400.00
ବ ଅଧା	14	Occupancy rent utilities and maintenance	(n) 14	12302.76
E M	15	Printing, publications, postage, and shipping	15	6651. as
۱ ۲	16	Other expenses (describe) 16	77.885.47
- 1	17	Total expenses. Add lines 10 through 16	▶ 17	138838,90
ျှင့	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<16071.56)
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	e with	
{ &		end-of-year figure reported on prior year's return)	19	82240.48
₹ ₹	20	Other changes in net assets or fund balances (attach explanation) acd back out the	~dia 20	1329.00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		70497.52
Pa	irt II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Fo		
		13/	ginning of year	(B) End of year
22		, 	251.09	22 708-14.19
23		nd and buildings		23
24		her assets (describe ►)	54 50	24
25			31.09	25 70 2 14.19
26		tal liabilities (describe >) at assets or fund balances (line 27 of column (B) must agree with line 21) .	10. 0 1)	26 (387.77)
27		v Act and Panerwork Reduction Act Notice see the senarate instructions Cat No. 1	370. YI	Form 990-EZ (2009)

Par		Expenses				
Nha	(Required for section					
Desc	501(c	(3) and 501(c)(4)				
manı		nizations and section (a)(1) trusts, optional				
each	program title.				for ot	
28						

	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	28a	
29						•
			•			
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	29a	
30		•••••				
	•••••	•••••				
		includes foreign grants, che	eck here	. ▶ 📙	30a	
31	,					
		includes foreign grants, che			31a	
	Total program service expenses (add lines 28a t				32	tions for Dort IV/
Par	List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and
	Accir Pall	devoted to position	enter -u)	dererred comper	isation	other allowances
	Meric Reing	Jo han	92000			
	Hema 1011	Jet Jares	_ 			
	_					
	Jack McRap	Je Ha.	12-10			
	Toda MI	10/6~	10,000.			
			•			
	•					
				1		
	· · · ·					
						
				 	-	
			-			
					-	
				<u> </u>		
	-					
				1		

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			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		_
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		<u>_</u>
	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			
b	Did the organization file Form 1120-POL for this year?	37b		$\overline{}$
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		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	308	,	•
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]		
40a	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 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	,	3 %	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958],	8	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		: '	
•	reimbursed by the organization			1
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. ▶ Montana			
42a	The organization's books are in care of ▶ Music A Telephone no. ▶	QQ	49	<u>/) </u>
	Located at ► Helica MT ZIP+4 ► S	94	<u>ي د</u>	<i></i>
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	162	110
	If "Yes," enter the name of the foreign country: ▶	12.5		
	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		
	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		. 1	▶ □
			V	N-
11	Did the organization maintain any depart advised funded if "Vee " Form 000 must be completed instead of	\vdash	Yes	NO
44	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		
		n 990	\ E7	(0000)

Form **990-EZ** (2009)

Part VI

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 and section 49 and complete the tables for lines 50 and section 49 and complete the tables for lines 50 and 500 and 50	section 4947(a)(1 47(a)(1) nonexempnd 51.) nonexen ot chantab	npt charita le trusts mi	ible trusts of ust answer of	only. All s questions	ection 46-49	 9b
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete							s No
47 48	Did the organization engage in lobbying activitie Is the organization a school as described in section	es? If "Yes," comple on 170(b)(1)(A)(ıı)? If	te Schedule 'Yes," comp	e C, Part II olete Schedu	 le E	. 4	7	
b 50	Did the organization make any transfers to an exif "Yes," was the related organization a section complete this table for the organization's five h	527 organization? iighest compensated	 d employee:	 s (other than	officers, dire	. 49 ctors, trus	b tees a	
	employees) who each received more than \$100, (a) Name and address of each employee paid more than \$100,000	(b) Title and aver hours per week devoted to posit	age (c	organization Compensation		ions to fit plans &	(e) Expe account her allow	ense and
		-						
		-			-			
		-						
f	Total number of other employees paid over \$10	0.000						
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensat	ed indepen		— ctors who ea	ch receive	:d mor	e thai
	(a) Name and address of each independent contractor	r paid more than \$100,00)	(b)	Type of service	(c) (Compens	sation
			<u> </u>					<u>, </u>
d	Total number of other independent contractors	each receiving over	\$100.000		_			
	Under penalties of perjury, I declare that I have examinand belief, it is fue, correct, and complete Disclaration	ned this return, including a	accompanying :	schedules and s	statements, and to	o the best of	my know	vledge ge
Sign Here	Signature of officer Passy	buoiclana				5-2		
Paid Prepare	Type or print name and title Preparer's signature		Date	Check if self- employed ►	Preparer's iden	itifying number	See instru	uctions)
Use On	First Straine (or				Phone no ►	► □ v		

PART III (attachment)

The purpose of the Montana Wool Growers Association is to protect the interests of persons raising sheep in Montana. The Association has been operating since January 1883. The Association also promotes, when possible, the two products from sheep, wool and lamb. The Association keeps the membership informed about many issues including, animal health, marketing, government regulations, news about fellow producers by publishing the Montana Woolgrower five to six times a year.

MWGA, for 60 years, has also sponsored a ram sale allowing Montana consignors to sell the best of their male breeding stock to Montana and other states' producers. The sale offers an opportunity to find better genetics to improve the commercial flocks of the nation. The MWGA holds a membership meeting/convention at which time we present speakers on a variety of subjects of interest to sheep producers. At that meeting the membership votes for directors and the President of the Association. Members can express their views on the operation of the Association or issues facing the industry.