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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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.

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning 06-01-2009, and ending 05-31-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization MONTANA WILDLIFE FEDERATION	D Employer identification number 81-0303948
Number and street (or P O box, if mail is not delivered to street address) PO BOX 1175	E Telephone number (406) 458-0227
City or town, state or country, and ZIP + 4 HELENA, MT 59624	F Group Exemption Number ►

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ). ►

G Accounting method
Cash Accrual
Other (specify) ►

I Website: ► WWW.MONTANAWILDLIFE.COM

H Check ► if the organization
is not required to attach
Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 416,347

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	1	237,638
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	107,486
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	369
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6c	53,165
a Gross revenue (not including \$ of contributions reported on line 1) ►	6a	54,728
b Less direct expenses other than fundraising expenses	6b	1,563
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
7a Gross sales of inventory, less returns and allowances	7a	11,112
b Less cost of goods sold	7b	11,136
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe ►)	7c	-24
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	8	5,383
	9	403,279
10 Grants and similar amounts paid (attach schedule) ►	10	4,000
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	185,000
13 Professional fees and other payments to independent contractors	13	20,374
14 Occupancy, rent, utilities, and maintenance	14	8,586
15 Printing, publications, postage, and shipping	15	52,656
16 Other expenses (describe ►)	16	173,094
17 Total expenses. Add lines 10 through 16	17	443,710
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-40,431
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)	19	275,591
20 Other changes in net assets or fund balances (attach explanation) ►	20	21,545
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	256,705

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	83,418	22
23 Land and buildings	152,257	23
24 Other assets (describe ►)	185,625	24
25 Total assets	421,300	25
26 Total liabilities (describe ►)	145,709	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	275,591	27
		256,705

Part V 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		34	No
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			
a	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? <input checked="" type="checkbox"/>		35a	No
b	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	No
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?		37b	
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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		38b	
39	Section 501(c)(7) organizations. Enter		39a	
a	Initiation fees and capital contributions included on line 9		39b	
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 ► 0 , section 4912 ► 0 , section 4955 ► 0		40b	No
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			
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 ► 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0			
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		40e	No
41	List the states with which a copy of this return is filed ►			
42a	The organization's books are in care of ► DEB LANE		Telephone no ► (406) 458-0227	
	PO BOX 1175 Located at ► HELENA, MT		ZIP + 4 ► 59624	
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 account)?		42b	No
	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	No
	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 ►		43	
44	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		45	No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	<input type="checkbox"/>	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	<input type="checkbox"/>	47	Yes
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	48	No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	49a	No
	b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(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
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 

Please Sign Here	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		
	***** Signature of officer	2010-10-13 Date	
	TIM ALDRICH PRESIDENT Type or print name and title		

Paid Preparer's Use Only	Preparer's signature Nathan D McCarthy CPA	Date 2010-10-13	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Galusha Higgins and Galusha PO Box 1699 Helena, MT 596241699			EIN <input type="checkbox"/>
				Phone no <input type="checkbox"/> (406) 442-5520

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

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue ServiceName of the organization
MONTANA WILDLIFE FEDERATION

Employer identification number

81-0303948

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	536,502	464,434	426,955	453,336	345,125	2,226,352
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	30,264	38,027	45,022	49,376	65,840	228,529
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	566,766	502,461	471,977	502,712	410,965	2,454,881
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						2,454,881

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	566,766	502,461	471,977	502,712	410,965	2,454,881
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,706	8,954	14,895	4,914	5,383	40,852
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,706	8,954	14,895	4,914	5,383	40,852
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)	573,472	511,415	486,872	507,626	416,348	2,495,733

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** 

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	98 360 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98 470 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	1 640 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1 530 %
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2009****Open to Public
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527**► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
MONTANA WILDLIFE FEDERATION

Employer identification number

81-0303948

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?	Yes			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1 Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Legislative activities consist of efforts to promote, oppose or modify issues relating to natural resources, fish & wildlife, environmental protection, appropriations, fish & game, licensing & fees, and outdoor recreation

Supplemental Information Regarding Fundraising or Gaming Activities

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization
MONTANA WILDLIFE FEDERATION

Employer identification number
81-0303948

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a	<input checked="" type="checkbox"/> Mail solicitations	e	<input checked="" type="checkbox"/> Solicitation of non-government grants
b	<input type="checkbox"/> Internet and e-mail solicitations	f	<input type="checkbox"/> Solicitation of government grants
c	<input checked="" type="checkbox"/> Phone solicitations	g	<input checked="" type="checkbox"/> Special fundraising events
d	<input type="checkbox"/> In-person solicitations		

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>ANNUAL MEETING</u> (event type)	<u>MONTANA MATTERS</u> (event type)	(total number)	
Revenue	1 Gross receipts . . .	27,892	26,476		54,368
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	27,892	26,476		54,368
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .	1,563			1,563
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .				
	10 Direct expense summary Add lines 4 through 9 in column (d)				1,563
	11 Net income summary Combine lines 3, column d, and line 10.				52,805

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states?	<input type="checkbox"/> 9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<input type="checkbox"/> 10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/> 11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> 12	

	Yes	No
13 Indicate the percentage of gaming activity operated in	<input type="checkbox"/> 13a <input type="checkbox"/> 13b	
a The organization's facility	<input type="checkbox"/> 13a <input type="checkbox"/> 13b	
b An outside facility	<input type="checkbox"/> 13a <input type="checkbox"/> 13b	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> 15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<input type="checkbox"/> 17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____	<input type="checkbox"/> 17a	

Additional Data

Software ID:
Software Version:
EIN: 81-0303948
Name: MONTANA WILDLIFE FEDERATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
COREY FISHER 2807 HIGHLAND DRIVE MISSOULA, MT 59802	VP INTERNATIONAL AFFAIRS 1 00	0	0	0
CHRIS MARCHION 2105 GARFIELD ANACONDA, MT 59711	PAST PRESIDENT 1 00	0	0	0
LOUIS GOOSEY 514 NORTH 10TH ST LIVINGSTON, MT 59047	CHAIR 1 00	0	0	0
FRED TETSCHNER 906 SCHMALSE ST MILES CITY, MT 59301	ASSOCIATE DIRECTOR REG 7 1 00	0	0	0
GENE STEINER PO BOX 275 KETCHUM, ID 83340	DIRECTOR 1 00	0	0	0
DUKE WILLIAMS III 2 EVERETT PL NEW ORLEANS, LA 70115	CENTRAL TIME ZONE ASSOCIAT DI 1 00	0	0	0
BILL ORSELLO 314 HOLTER HELENA, MT 59601	TREASURER 1 00	0	0	0
BILL PETERSON 4541 LAKE CREEK RD TROY, MT 59935	ASSOCIATE DIRECTOR REG 1 1 00	0	0	0
JIM OLSON 52 RICKETTS HAMILTON, MT 59840	ASSOCIATE DIRECTOR REG 2 1 00	0	0	0
CRAIG SHARPE PO BOX 1175 HELENA, MT 59624	EXECUTIVE DIRECTOR 40 00	45,666	0	0
TIM ALDRICH 3340 RODEO ROAD MISSOULA, MT 59803	PRESIDENT 1 00	0	0	0
DARRELL BAKER 410 RICKARDS ANACONDA, MT 59711	DIRECTOR 1 00	0	0	0
MATT BISHOP 375 MISSION VIEW DR POLSON, MT 59860	DIRECTOR 1 00	0	0	0
ROD BULLIS 6785 SILVER FOX CT HELENA, MT 59602	DIRECTOR 1 00	0	0	0
ROY CLIFTON 505 4TH AVE BOX 142 HYSHAM, MT 59038	DIRECTOR 1 00	0	0	0
JIM CROSS 618 LEISURE DR KALISPELL, MT 59901	DIRECTOR 1 00	0	0	0
HAYES GOOSEY 203 BLUE HERON DR LIVINGSTON, MT 59047	DIRECTOR 1 00	0	0	0
JIM GOOKIN 312 N 8TH ST MILES CITY, MT 59301	DIRECTOR 1 00	0	0	0
PAUL GRIFFIN 1202 HILLSIDE LANE BOZEMAN, MT 59715	DIRECTOR 1 00	0	0	0
LEE GUSTAFSON 2040 SADDLEBACK DRIVE LAUREL, MT 59044	DIRECTOR 1 00	0	0	0
IRA HOLT 548 CIELO VISTA HAMILTON, MT 59840	DIRECTOR 1 00	0	0	0
GEORGE KIRKWOOD PO BOX 311 WHITE SULPHUR SPRINGS, MT 59645	DIRECTOR 1 00	0	0	0
BOB LUCAS 5050 HUCKLEBERRY ROAD MISSOULA, MT 59803	DIRECTOR 1 00	0	0	0
SKIP KOWALSKI 1287 WHEELBARROW CK DR STEVENSVILLE, MT 59870	CHAIR 1 00	0	0	0
GARY QUINN PO BOX 2110 WIBAUX, MT 59353	DIRECTOR 1 00	0	0	0
MIKE WHITTINGTON 2450 BROOK HOLLOW DR BILLINGS, MT 59105	ASSOCIATE DIRECTOR REG 5 1 00	0	0	0
DAVE VANTIGHEM 1312 3RD AVE N GREAT FALLS, MT 59401	DIRECTOR 1 00	0	0	0
JOEL WEBSTER 2321 GERALD AVE MISSOULA, MT 59801	DIRECTOR 1 00	0	0	0
IRV WILKE 1017 7TH AVE LAUREL, MT 59044	DIRECTOR 1 00	0	0	0
BLAIR ANDERSON PO BOX 891 WEST YELLOWSTONE, MT 59758	DIRECTOR 1 00	0	0	0
DON CLARK 319 WARREN RD LIBBY, MT 59923	DIRECTOR 1 00	0	0	0
STAN FRASIER PO BOX 5841 HELENA, MT 59604	VP ISSUES 1 00	0	0	0
JOHN GIBSON 3028 AVENUE E BILLINGS, MT 59102	DIRECTOR 0 00	0	0	0
CHUCK HUNT PO BOX 572 KILA, MT 59920	DIRECTOR 1 00	0	0	0
TANNER OZBURN 3609 3RD AVE N GREAT FALLS, MT 59401	DIRECTOR 1 00	0	0	0
SHAWN SCHOCK 586 REPUBLIC AVE BILLINGS, MT 59105	DIRECTOR 1 00	0	0	0
SERENE VANCE 631 CAROL DR GREAT FALLS, MT 59405	DIRECTOR 1 00	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule

Name: MONTANA WILDLIFE FEDERATION**EIN:** 81-0303948

Item No.	1
Class of Activity	
Donee's Name	TAWNEY GRANTS & SCHOLARSHIPS
Donee's Address	
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: MONTANA WILDLIFE FEDERATION**EIN:** 81-0303948

Description	Beginning of Year Amount	End of Year Amount
CASH & MONEY FUNDS	1,338	2,134
EQUITIES	7,080	0
MUTUAL FUNDS	159,618	187,349
Grants Receivable	4,291	697
IWFF - MT MATTERS RECEIVABLE	2,597	2,514
INVENTORY	10,701	4,303
PREPAID EXPENSES	0	1,119

TY 2009 Other Changes in Net Assets Schedule**Name:** MONTANA WILDLIFE FEDERATION**EIN:** 81-0303948

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	21,545

TY 2009 Other Expenses Schedule

Name: MONTANA WILDLIFE FEDERATION**EIN:** 81-0303948

Description	Amount
GRANT PARTNERS	48,955
NEWSLETTER	12,287
SUBSCRIPTIONS	5,175
COMPUTER WEBSITE	3,132
MEMBERSHIP PREMIUMS	2,909
INSURANCE	3,533
MERCHANT FEES	3,085
BANK CHARGES	2,066
ADVERTISING	4,158
GIFTS AND DONATIONS	2,735
MISCELLANEOUS	2,950
Payroll Taxes	31,007
Supplies	17,193
Travel	7,674
Interest	6,863
Telephone	12,984
Depreciation	6,388

TY 2009 Other Liabilities Schedule

Name: MONTANA WILDLIFE FEDERATION**EIN:** 81-0303948

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	24,260	22,321
Deferred Revenue	24,099	25,739
Mortgages Payable	97,350	93,409

TY 2009 Other Revenues Schedule

Name: MONTANA WILDLIFE FEDERATION

EIN: 81-0303948

Description	Amount
Interest Income	1,113
Dividend Income	4,270

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: MONTANA WILDLIFE FEDERATION

EIN: 81-0303948

Declaration: 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.