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A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

MEAGHER COUNTY RODEO CLUB INC

As Filed Data -

DLN: 93492138010021

D Employer identification number

81-0420607

OMB No 1545-1150

.990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

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, 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

and ending 12-31-2010

Open to Public Inspection

_	ame ch	-	Number and street (or P O box, if mail is not delivered to street address) PO BOX 191	Room/suite	E Telephone num	ber	
_	iitial ref erminat		FO BOX 191		(406) 5	47-2123	
		d return	City or town, state or country, and ZIP + 4		F Group Exemption	n	
_		on pending	WHITE SULPHUR SPRINGS, MT 59645		Number 🟲		
			Г Г				
		ting method •••• N/A	Cash Accrual Other (specify) ►		Charle F .	£ 4 h	ganızatıon ıs not
		-	only one)— 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or 5		required to att		
		_			(Form 990, 99		
\$5	0,000	0 A Form 990	anization is not a section 509(a)(3) supporting organization and i -EZ or Form 990 return is not required though Form 990-N (e-po to file a return, be sure to file a complete return				
			o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or i d of Form 990-EZ	f total assets	(Part II, line 25, col	umn (B)	below) are \$500,000 or 61,957
_	rt I	Revenue	e, Expenses, and Changes in Net Assets or Fund Base or ganization used Schedule O to respond to any question in thi		(See the instruct	ions for	·
	1		s, gifts, grants, and similar amounts received			1	10,000
	2	Program serv	vice revenue including government fees and contracts			2	44,589
	3		dues and assessments			3	5,599
	4	Investment	income			4	22
	5a	Gross amour	nt from sale of assets other than inventory	5a			
<u>o</u>	ь	Less cost o	rother basis and sales expenses	5b	0		
Revenue	l c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c	
Rev	6		fundraising events				
_	a	Gross income fr	rom gaming (attach Schedule G if greater than \$15,000)	6a			
	ь		e from fundraising events (not including \$ <u>0</u> of contributions from ine 1) (attach Schedule G if the sum of such gross income and co		-		
	c	Less direct	expenses from gaming and fundraising events	6c	0		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6	b and subti	ract line 6c)	6d	0
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b	0		
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	O ther revenu	ue (describe in Schedule O)			8	1,747
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	61,957
	10	Grants and s	ımılar amounts paıd (lıst ın Schedule O)		•	10	
	11	Benefits paid	to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
φ.	13	Professional	fees and other payments to independent contractors			13	450
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	_
EXD	15	Printing, pub	lications, postage, and shipping			15	972
	16	O ther expen	ses (describe in Schedule O)			16	53,857
	17	Total expens	ses. Add lines 10 through 16			17	55,279
<u></u>	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	6,678
Net.Assets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (r	nust agree	with		
4.1		end-of-year	figure reported on prior year's return)			19	101,522
ž	20	O ther chang	es ın net assets or fund balances (explaın ın Schedule O)			20	-504
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20		•	21	107,696

Check if the organization used	d Schedule O to respond to	any question in this P	art II		
(See the instruc	tions for Part II)	(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .			27,471	22	31,18
23 Land and buildings			,	23	· · · · · · · · · · · · · · · · · · ·
24 Other assets (describe in Schedule O)		75,203	24	77,66
25 Total assets	·	—	102,674		108,84
26 Total liabilities (describe in Schedule	0)		1,152		1,15
27 Net assets or fund balances (line 27 or		th line 21)	101,522		107,69
Part III Statement of Program	. , , , , , , , , , , , , , , , , , , ,	<u> </u>	101,322	- 	Expenses
Check if the organization use	-		art III .	(Red	quired for section 501
What is the organization's primary exempt Provide professional rodeo Describe what was achieved in carrying ou		t purposes In a clear a	and concise manner,	orga 494	3) and 501(c)(4) anizations and sectior 7(a)(1) trusts, onal for others)
describe the services provided, the number program title 28 PRCA Labor Day Rodeo, benefitting appranch and youth (Grants \$ 54,829) If th		sidents an dspectator	s, 4H Fair sponsor,	28a	
29 (Grants \$) If th	ıs amount ıncludes foreign (grants, check here	▶ □	29a	
30	-	<u> </u>	<u> </u>	254	
·	ıs amount ıncludes foreıgn (grants, check here .	▶┌	30a	
31 O ther program services (describe in Sc (Grants \$) If th	chedule O) Is amount includes foreign	grants, check here	. . .	31a	
32 Total program service expenses (add lir			<u> </u>	32	54,82
Part IV List of Officers, Directors, True Check if the organization used			,		s for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit p deferred compens	lans &	(e) Expense account and other allowances

Ра	rt v	Other Information (Note the statement requirements in the instr	· –			
		Check if the organization used Schedule O to respond to any question in this	s Part V I		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Y ption of each activity in Schedule O		33	1.03	No
34	of the a	ny significant changes made to the organizing or governing documents? If "Y amended documents if they reflect a change to the organization's name Othe ule O (see instructions)	rwise, explain the change on	34		No
35	others	organization had income from business activities, such as those reported on I), but not reported on Form 990-T, explain in Schedule O why the organization in Schedule O why the organization	n did not report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p		35a		No
ь	If "Yes	," has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the	e organization file Form 1120-POL for this year?		37b		No
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee	, or key employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year o	overed by this return?	38a		No
ь	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38b			
39	Section	501(c)(7) organizations. Enter		1		
а	Initiati	on fees and capital contributions included on line 9	39a 0			
ь	Gross	receipts, included on line 9, for public use of club facilities	39b 0			
40a	Section	501(c)(3) organizations. Enter amount of tax imposed on the organization duri	ng the year under	1		
	section 4	4911 - , section 4912 - , section 4955	-			
b	transa	or 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any sect oction during the year or did it engage in an excess benefit transaction in a price ad on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	or year that has not been	40b		No
С		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958	anization managers or			
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein zation	mbursed by the			
e		anızatıons. At any tıme durıng the tax year, was the organızatıon a party to a p ction? If "Yes," complete Form 8886-T		40e		No
41		states with which a copy of this return is filed 🕨				
42a	The o	rganization's books are in care of 🏲 JANET A LESOFSKI	Telephone no	<u>(40</u>	6) 547	-2192
	Locate	1254 STUDHORSE ROAD ed at ► WHITE SULPHUR SPRINGS, MT	ZIP + 4	<u> 59</u>	964501	191
ь	Atany	time during the calendar year, did the organization have an interest in or a si	gnature or other authority		V	T No.
		financial account in a foreign country (such as a bank account, securities acc	count, or other financial	42b	Yes	No No
	accour	•		42D		110
		," enter the name of the foreign country				
	Financ	e instructions for exceptions and filing requirements for Form TD F 90-22.1, R oial Accounts.				
С	Atany	time during the calendar year, did the organization maintain an office outside	of the U S ?	42c		Νo
	If "Yes	," enter the name of the foreign country 🕨				
		n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year				▶ Г
	5				Yes	No
44a		e organization maintain any donor advised funds? <i>If "Yes", Form 990 must be c</i>	ompretea insteaa or			
	Form 9			44a		No
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i> If of Form990-EZ	Form 990 must be completed	44b		No
c	Did the	e organization receive any payments for indoor tanning services during the ye	ar [?]	44c		No
d	If'Yes ın Sche	to line 44c, has the organization filed a Form 720 to report these payments? I to line 44c, has the organization filed a Form 720 to report these payments?	? If 'No,' provide an explanation	44d		No

orm 990-l	EZ (2010)							Page
							Yes	No
	ry related organization a controlle Form 990 and Schedule R must be		_	fsection 51	12(b)(13)? <i>If</i>	45		No
	he organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•		•			
	he organization engage, directly					45a		No
	idates for public office? If "Yes,"				,	46		No
Part VI	Section 501(c)(3) orga All section 501(c)(3) organ		` ' ' '	•			•	ctions
	47-49b and 52.				ne trusts must	alisw	ei que	500115
	Check if the organization used	Schedule O to respond	to any question in this F	Part VI .	<u> </u>	· ·	Yes	. I No
7 Did tl	he organization engage in lobbyir	ng activities? If "Ves " s	omploto Schodulo C. Bo	r+ II		47		
	e organization a school described					48		
	he organization make any transfe					49a		
	es," was the related organization					49b		
	plete this table for the organization	_		than officer	rs. directors, trus	stees a	nd kev	
	oyees) who each received more t	than \$100,000 of compe		zation If the	ere is none, ente	r "None	9 "	
	and address of each employee Id more than \$100,000	(b) Title and average hours per week	(c) Compensation	employee	tributions to benefit plans &	ac	count a	and
·	<u>'</u> ,	devoted to position		deferred	compensation	othe	r allowa	ances
ONE								
		1						
50(f) Tot	al number of other employees pa	ıd over \$100,000 .				-		
		, ,				>	# 1 O	0.000
i 1 Comp	plete this table for the organization mpensation from the organization	on's five highest comper n If there is none, enter	"None"				-	
i 1 Comp	plete this table for the organization	on's five highest comper n If there is none, enter	"None"		each received m		an \$10 ompen	
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest comper n If there is none, enter	"None"				-	
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest comper n If there is none, enter	"None"				-	
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest comper n If there is none, enter	"None"				-	
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest comper n If there is none, enter	"None"				-	
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest comper n If there is none, enter	"None"				-	
of con (a) N	plete this table for the organization mpensation from the organization	on's five highest comper n If there is none, enter	"None"				-	
of composition (a) N	plete this table for the organization mpensation from the organization	on's five highest comper n If there is none, enter ndent contractor paid mo	"None " pre than \$100,000				-	
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(a) NONE	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Schedule	on's five highest comper If there is none, enter Indent contractor paid mo	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	ompen orritable 'es	sation trusts No
1 Composition of column of	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and completed, and correct, and completed schedule.	on's five highest comper If there is none, enter ndent contractor paid motor of the contractor seach receiving the contractors each receiving the contractors of the contractors each receiving the contractors each rece	"None " ore than \$100,000 ong over \$100,000 on 501(c)(3) organization cluding accompanying sch	(b) Typ	e of service	npt cha	ompen	trusts
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of composition of control (a) N. ONE SI(d) Tote SI Diction of the control of th	al number of other independent of the organization ame and address of each independent of the organization complete. Scheist attach a completed Schedule and belief, it is true, correct, and complete is the organization complete of the organization complete. The organization complete of the organization complete organization complete or the organization complete organization	on's five highest comper If there is none, enter ndent contractor paid motor of the part o	"None " ore than \$100,000 ong over \$100,000 on 501(c)(3) organization cluding accompanying scheparer (other than officer)	(b) Typ ons and 494 cons and sis based on	e of service 7 (a)(1) nonexen tatements, and to all information of one of the control of the c	npt cha	ompen oritable fes st of my prepare	trusts No r has a
61 Composition of column o	al number of other independent of the organization ame and address of each independent of the organization complete. Scheist attach a completed Schedule and belief, it is true, correct, and complete is the organization complete of the organization complete of the organization complete. Schedule organization complete of the organization complete	on's five highest comper If there is none, enter ndent contractor paid motor of the part o	"None " ore than \$100,000 ong over \$100,000 on 501(c)(3) organization cluding accompanying scheparer (other than officer)	(b) Typ ons and 494 ons and sis based on eck if	e of service	npt cha	ompen oritable fes st of my prepare	trusts No r has ar

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As Filed Data -

DLN: 93492138010021

Employer identification number

81-0420607

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization
MEAGHER COUNTY RODEO CLUB INC

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$1152 Accounts Payable and Accrued Expenses - Ending \$1152

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 2	Other Assets 2	FACILITY CONSTRUCTION - Beginning \$5400 FACILITY CONSTRUCTION - Ending \$5400

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1	Other Assets 1	BLEACHERS, CONCRETE, REPAIRS - Beginning \$63348 BLEACHERS, CONCRETE, REPAIRS - Ending \$63348

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1010	Other Assets 1010	Inventories - Beginning \$4205 Inventories - Ending \$6666

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$2250 Accounts Receivable - Ending \$2250

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 20 1	Other Changes In Net Assets Or Fund Balances - Other Decreases 1	\$504

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	MEMBERSHIPS \$-120

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	CONCESSIONS \$1185

Identifier Return Reference		Explanation	
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	OTHER OPERATIONS \$1400	

Identifier Return Reference		Explanation	
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	GRANTS & AWARDS \$5333	

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	FACILITIES & EQUIPMENT OTHER \$5597

Identifier Return Reference		Explanation	
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	CONTRACT SERVICES \$35371	

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$900

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$397

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1714

Identifier Return Reference		Explanation
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$2080

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 2	Other Revenue 2	TEAM PENNING \$200

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	MISC & OTHER REVENUE \$1547

Additional Data

Software ID: 10000105

Software Version: 2010v3.2

EIN: 81-0420607

Name: MEAGHER COUNTY RODEO CLUB INC

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
NICOLLE SEREDAY UNKNOWN WHITE SULPHUR SPRINGS, MT 59645	Secretary 0	0		
CHAD DE SHANE PO BOX 191 WHITE SULPHUR SPRINGS, MT 59645	Treasurer O	0		
SHANE SEREDAY UNKNOWN WHITE SULPHUR SPRINGS, MT 59645	Vice President 0	0		
DALLAS RASSEMSON PO BOX 191 WHITE SULPHUR SPRINGS, MT 59645	President 0	0		