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**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)**

2011

Open to Public
Inspection

► 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

A For the 2011 calendar year, or tax year beginning		, 2011, and ending	, 20
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization COWGIRLS OF THE WEST D Employer Identification number 83-0317899	
		E Telephone number (307) 778-3049	
F Group Exemption Number ►			
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► <u>N/A</u>			
J Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> 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. ► \$ 100,367			

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

Check if the organization used Schedule O to respond to any question in this Part I

	REVENUE	EXPENSES	NET ASSETS	Line	
				Line	Amount
1	Contributions, gifts, grants, and similar amounts received	1			
2	Program service revenue including government fees and contracts	2			
3	Membership dues and assessments	3			4,630
4	Investment income	4			
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Less direct expenses from gaming and fundraising events	6b			83,437
6c	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c			75,816
6d		6d			7,621
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)	8			12,300
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9			24,551
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13			225
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15			585
16	Other expenses (describe in Schedule O)	16			17,164
17	Total expenses. Add lines 10 through 16	17			17,974
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18			6,577
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			43,656
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21			50,233

For Paperwork Reduction Act Notice, see the separate Instructions.

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 . . .

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	43,656	22 50,233
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	43,656	25 50,233
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,656	27 50,233

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 attachment #1

What is the organization's primary exempt purpose? **See Attachment #1**
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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28			
(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/>
28a			
29			
(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/>
29a			
30			
(Grants \$) If this amount includes foreign grants, check here . . .		► <input type="checkbox"/>
30a			
31	Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/>
31a			
32	Total program service expenses (add lines 28a through 31a)		
	0		

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099 MISC) (If not paid, enter -0-)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
See attachment #2				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
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	33	X
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)	34	X
35a 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)?	35a	X
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	35b	X
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	35c	X
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
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 ► , section 4912 ► , section 4955 ►	40b	X
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	40e	X
41 List the states with which a copy of this return is filed ► NONE		
42a The organization's books are in care of ► See attachment #3 Telephone no ► Located at ►	42b	X
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)? 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	X
c At any time during the calendar year, did the organization maintain an office outside 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 ► 43 ► <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule 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?

b 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"

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
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		
d Total number of other independent contractors each receiving over \$100,000 ►		

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

► Yes No

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.

Sign Here ► *Nancy Prosser* Date
 Signature of officer
NANCY PROSSER *April 4, 2012*
 Type or print name and title **TREASURER**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<i>Betty Jo Mainwaring</i>	<i>Betty Jo Mainwaring</i>	4/4/2012		
	Firm's name ► Office 47787				Firm's EIN ►
	Firm's address ► 506 W 17TH ST				Phone no 307-638-9392

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

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

COWGIRLS OF THE WEST

Employer Identification number
83-0317899

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 described in **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
 a Type I b Type II c Type III-Functionally integrated d Type III-Other
 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)		X
11g(II)		X
11g(III)		X

(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		
Total							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II)

If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,986	15,408	8,914	13,261	16,930	59,499
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						
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	53,099	65,493	64,009	67,420	83,437	333,458
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	58,085	80,901	72,923	80,681	100,367	392,957
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						392,957

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	58,085	80,901	72,923	80,681	100,367	392,957
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)	58,085	80,901	72,923	80,681	100,367	392,957

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	100.00	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		%
19a 33 1/3 % support tests -- 2011. 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 ► <input checked="" type="checkbox"/>			
b 33 1/3 % support tests -- 2010. 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 .. ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .. ► <input type="checkbox"/>			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

COWGIRLS OF THE WEST

Employer Identification number
83-0317899

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 type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input 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 services? 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.

(I) Name and address 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
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

11 Does the organization operate gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility Yes No

b An outside facility Yes No

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

13a	%
13b	%

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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 of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee 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? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

COWGIRLS OF THE WEST

Employer identification number

83-0317899

PART I, REVENUE, LINE 8

INCLUDED IN THIS LINE IS INCOME FROM THINGS SUCH AS PAYMENT OF OUTFITS,
SALE OF TEES, COOKBOOK SALES, AND DONATIONS

PART I, EXPENSES, LINE 16

THIS AMOUNT INCLUDES OPERATING EXPENSES, DONATIONS TO CHARITABLE
ORGANIZATIONS, COST OF COOKBOOKS SOLD AND A SCHOLARSHIP THAT WAS GIVEN.

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning , and ending	Employer Identification Number
Name of Organization COWGIRLS OF THE WEST		83-0317899
Primary Purpose		
NON PROFIT ORGANIZATION DEDICATED TO PRESERVING THE HISTORY OF WOMEN IN THE WEST - PAST, PRESENT AND FUTURE		

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning _____, and ending _____			Employer Identification Number 83-0317899
Name of Organization COWGIRLS OF THE WEST				
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def comp	(E) Expense account & other compensation
SALLY HUNTER 4468 US HWY 85 Yoder, WY 82244	PRESIDENT 4.00		0	0
STACEY GIERISCH 4330 HURON AVENUE Cheyenne, WY 82001	VICE PRESIDENT 2.00		0	0
NANCY PROSSER P O BOX 14 Cheyenne, WY 82003	TREASURER 2.00		0	0
ROBBIE LARSON Cheyenne, WY BEVERLY SCHWIEGER 6609 BRAEHILL Cheyenne, WY 82009	RECORDING SECRETARY 2.00 CORRESPONDING SECRET		0	0
PAT MOORE P O BOX 525 Cheyenne, WY 82003	DIRECTOR 2.00		0	0
JAN TAYLOR P O BOX 525 Cheyenne, WY 82003	DIRECTOR 2.00		0	0
BOB CONTANCH P O BOX 525 Cheyenne, WY 82003	DIRECTOR 2.00		0	0

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending	
Name of Organization COWGIRLS OF THE WEST		Employer Identification Number 83-0317899	
Part V - Line 42a			
Individual Name or Business Name	<u>NANCY PROSSER</u>		
Street Address	<u>P O BOX 14</u>		
U S Address			
Zip code	<u>82003</u>	City <u>Cheyenne</u>	State <u>WY</u>
or			
Foreign Address			
City			
Province or State			
Country			
Postal code			
Phone Number	<u>(307) 778-3049</u>		
Fax Number			

2011 DETAIL STATEMENTS

COWGIRLS OF THE WEST
83-0317899

Page 1

STATEMENT #1 - Gross income from fundraising (990-EZ PG 1 Line 6b)

MUSEUM.....	33,960
BRUNCH & SILENT AUCTION.....	32,169
CHRISTMAS GIVING.....	651
LUNCHEON.....	13,762
SPRING FLING.....	1,423
COW BOO.....	1,472
 TOTAL CARRIED TO 990-EZ PG 1 Line 6b.....	83,437

STATEMENT #2 - Direct expenses from gaming (990-EZ PG 1 Line 6c)

MUSEUM.....	48,673
BRUNCH & SILENT AUCTION.....	13,004
LUNCHEON.....	13,561
SPRING FLING.....	183
COW BOO.....	395
 TOTAL CARRIED TO 990-EZ PG 1 Line 6c.....	75,816

STATEMENT #3 - Other revenue (990-EZ PG 1 Line 8)

BADGES.....	157
COWGIRL OUTFITS.....	70
MEMORIAL SCHOLARSHIP.....	1,350
COWGIRL TEES.....	72
DONATIONS.....	86
COOKBOOK SALES.....	10,565
 TOTAL CARRIED TO 990-EZ PG 1 Line 8.....	12,300

STATEMENT #4 - Other expenses (EOEZ Pg 1 Line 16)

ORGANIZATION EXPENSE.....	1,089
PARADE.....	149
ADVERTISING.....	1,065
BANK CHARGE.....	9
DONATIONS.....	701
NEWSLETTER.....	1,947
BADGES.....	127
MEMORIAL SCHOLARSHIP.....	174
KIDS COWBOY FEST.....	248
COOKBOOK SALES.....	10,565
MEETING EXPENSES.....	286
INSURANCE.....	755
COURTESY EXPENSE.....	49
 TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	17,164
