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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, 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

2011

Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning 06-01-2011 , and ending 05-31-2012**

B Check if applicable

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

C Name of organization BILLINGS JUNIOR WOMAN'S CLUB	D Employer identification number 81-6016098
E Number and street (or P O box, if mail is not delivered to street address) PO BOX 20234	F Telephone number (406) 256-8838
G City or town, state or country, and ZIP + 4 BILLINGS, MT 591040234	H Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ► N/A**J Tax-Exempt status** (check only one) — 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

K Check ► 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 ► \$ 64,284

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	1 Contributions, gifts, grants, and similar amounts received	1	4,467
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	59,374
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	443
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64,284
Expenses	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	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	55,605
	17 Total expenses. Add lines 10 through 16	17	55,605
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,679
	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	192,266
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	200,945

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

22 Cash, savings, and investments
23 Land and buildings
24 Other assets (describe in Schedule O)
25 Total assets
26 Total liabilities (describe in Schedule O)
27 Net assets or fund balances (line 27 of column (B) **must** agree with line 21)

	(A) Beginning of year	(B) End of year	
22	130,692	22	173,874
		23	
24	61,574	24	27,071
25	192,266	25	200,945
26	0	26	0
27	192,266	27	200,945

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

STRIVE THROUGH THE ORGANIZATION AND INDIVIDUAL MEMBERS TO PROMOTE AN ACTIVE INTEREST IN GOOD GOVERNMENT AND CIVIC AFFAIRS AND TO PROMOTE, STIMULATE AND SUPPORT EDUCATION, PHILANTHROPY, PUBLIC WELFARE, MORAL VALUES AND CULTURAL DEVELOPMENT AMONG ITS MEMBERS AND WITHIN THE COMMUNITY, TO ENCOURAGE YOUNG WOMEN TO SO SERVE THEIR COMMUNITY WHILE PROMOTING GOOD FELLOWSHIP WITHIN THE CLUB

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 THE PRIMARY FOCUS OF THE ORGANIZATION IS TO PROVIDE MEDICAL AND EDUCATIONAL ASSISTANCE TO NEEDY CHILDREN AND TO DONATE TO OTHER NONPROFITS THAT BENEFIT CHILDREN
 (Grants \$ 0) If this amount includes foreign grants, check here

28a 0

29 PROVIDE COLLEGE SCHOLARSHIP MONEY TO LOCAL STUDENTS
 (Grants \$ 0) If this amount includes foreign grants, check here

29a 0

30 PROVIDE FINANCIAL AND HEALTH RELATED MONEY TO LOCAL WOMEN
 (Grants \$ 0) If this amount includes foreign grants, check here

30a 0

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here

31a 0

32 Total program service expenses (add lines 28a through 31a) 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions 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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

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)

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, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

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

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

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

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?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** 0

39 *Section 501(c)(7) organizations.* Enter

a Initiation fees and capital contributions included on line 9 **39a** 0

b 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 during the year under

section 4911 0, section 4912 0, section 4955 0

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 **40b** No

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 **40c** 0

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization **40d** 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 **41** MT

42a The organization's books are in care of **42a** CONNIE HAYES Telephone no **42a** (406) 672-1779

PO BOX 20234

Located at **42b** BILLINGS, MT

ZIP + 4 **42b** 59104

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 **42c** _____

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.?

If "Yes," enter the name of the foreign country **42d** _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **43** _____ and enter the amount of tax-exempt interest received or accrued during the tax year **43** 0

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

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*

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)*

	Yes	No
33	33	No
34	34	No
35	35a	No
35b	35b	
35c	35c	No
36	36	No
37a	37a	0
37b	37b	
38a	38a	No
38b	38b	
39a	39a	
39b	39b	
40a	40a	
40b	40b	No
40c	40c	0
40d	40d	0
40e	40e	No
41	41	MT
42a	42a	CONNIE HAYES
Telephone no	42a	(406) 672-1779
PO BOX 20234	42b	
Located at	42b	BILLINGS, MT
ZIP + 4	42b	59104
42c	42c	No
42d	42d	
43	43	0
44a	44a	No
44b	44b	No
44c	44c	No
44d	44d	
45a	45a	No
45b	45b	

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		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 47-49b and 52.

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

	Yes	No
47		

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization?

	Yes	No
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

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

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	***** Signature of officer CONNIE HAYES TREASURER Type or print name and title	2012-08-29 Date
Paid Preparer's Use Only	Preparer's signature TIM C SEYMOUR Firm's name (or yours if self-employed), address, and ZIP + 4 SUMMERS MCNEA & CO PC 80 25TH STREET WEST BILLINGS, MT 591024662	Date 2012-08-29 Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (See instructions) P00970289 EIN 81-0386935 Phone no (406) 652-2320

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

Yes No

Additional Data

Software ID:
Software Version:
EIN: 81-6016098
Name: BILLINGS JUNIOR WOMAN'S CLUB

Form 990-EZ, Special Condition Description:

Special Condition Description

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
JUDY SENTENY PO BOX 20234 BILLINGS, MT 59104	PRESIDENT 0 00	0	0	0
JANET COLE PO BOX 20234 BILLINGS, MT 59104	VICE PRESIDENT 0 00	0	0	0
MARSHA PRICE PO BOX 20234 BILLINGS, MT 59104	SECRETARY 0 00	0	0	0
CONNIE HAYES PO BOX 20234 BILLINGS, MT 59104	TREASURER 0 00	0	0	0

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.

2011**Open to Public
Inspection**Name of the organization
BILLINGS JUNIOR WOMAN'S CLUB**Employer identification number**

81-6016098

Identifier	Return Reference	Explanation
RENTAL INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	RENTAL - KIND AND LOCATION OF PROPERTY RENTAL INCOME AMOUNT 59,374
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION INTEREST AND DIVIDEND INCOME AMOUNT 443
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION SOCIAL AND MEMBERSHIP EXPENSES AMOUNT 1,225 DESCRIPTION CONVENTIONS (LEADERSHIP) AMOUNT 3,025 DESCRIPTION ARTS AMOUNT 1,464 DESCRIPTION EDUCATION AMOUNT 9,863 DESCRIPTION INTERNATIONAL AFFAIRS AMOUNT 1,700 DESCRIPTION OFFICE EXPENSE AMOUNT 216 DESCRIPTION SCHOOL MEDICAL AMOUNT 4,375 DESCRIPTION COMMUNITY & PUBLIC RELATIONS AMOUNT 96 DESCRIPTION DOMESTIC VIOLENCE AMOUNT 3,006 DESCRIPTION ADVOCATES AMOUNT 4,094 DESCRIPTION HOMELIFE - ADOPT A FAMILY AMOUNT 480 DESCRIPTION PUBLIC AFFAIRS AMOUNT 320 DESCRIPTION SCHOLARSHIPS AMOUNT 6,011 DESCRIPTION REPAIRS AND MAINTENANCE AMOUNT 3,579 DESCRIPTION DEPRECIATION EXPENSE AMOUNT 8,360 DESCRIPTION ACCOUNTING AMOUNT 2,010 DESCRIPTION TAXES AMOUNT 1,937 DESCRIPTION INSURANCE AMOUNT 3,719 DESCRIPTION OFFICE EXPENSE AMOUNT 125 TOTAL TO FORM 990-EZ, LINE 16 55,605
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION RECEIVABLE-BILLINGS JUNIOR WOMEN'S CLUB CHILDREN'S FOUNDATION BEG OF YEAR AMOUNT 50,647 END OF YEAR AMOUNT 15,702 DESCRIPTION SCHOLARSHIP FUND BEG OF YEAR AMOUNT 10,927 END OF YEAR AMOUNT 11,369

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: BILLINGS JUNIOR WOMAN'S CLUB

EIN: 81-6016098

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.