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<b>A For the 2011 calendar year, or tax year beginning 06-01-2011 , and ending 05-31-2012</b>	
<b>B</b> Check if applicable	<b>C Name of organization</b> BILLINGS JUNIOR WOMAN'S CLUB
<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	
	<b>D Employer identification number</b> 81-6016098
	<b>E Telephone number</b> (406) 256-8838
	<b>F Group Exemption Number</b> ▶

**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**

<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
Check if the organization used Schedule O to respond to any question in this Part I <input checked="checked" type="checkbox"/>	

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	
Expenses	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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	64,284
	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	
Net Assets	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	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	55,605
	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 Sheets**

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

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	130,692	<b>22</b>	173,874
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	61,574	<b>24</b>	27,071
<b>25</b> Total assets . . . . .	192,266	<b>25</b>	200,945
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	0	<b>26</b>	0
<b>27</b> Net assets or fund balances (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	192,266	<b>27</b>	200,945

**Part III Statement of Program Service Accomplishments**

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

**Expenses**

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

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

<b>28</b> 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 <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> PROVIDE COLLEGE SCHOLARSHIP MONEY TO LOCAL STUDENTS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	0
<b>30</b> PROVIDE FINANICIAL AND HEALTH RELATED MONEY TO LOCAL WOMEN (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	0
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	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
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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

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		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	No
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	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
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	No
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 <input type="checkbox"/> 37a <input type="text" value="0"/>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year 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		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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 . . . . . <input type="checkbox"/> 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> 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 <input type="checkbox"/> MT		
42a	The organization's books are in care of <input type="checkbox"/> CONNIE HAYES Telephone no <input type="checkbox"/> (406) 672-1779 PO BOX 20234 Located at <input type="checkbox"/> BILLINGS, MT ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
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 <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> 43 <input type="text" value=""/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
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	

		Yes	No
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		
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

		Yes	No
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 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?		
49b	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 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	2012-08-29 Date			
	CONNIE HAYES TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	TIM C SEYMOUR	Date 2012-08-29	Check if self-employed	
	Firm's name (or yours if self-employed), address, and ZIP + 4	SUMMERS MCNEA & CO PC 80 25TH STREET WEST BILLINGS, MT 591024662		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
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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.**

OMB No 1545-0047

**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.