



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



OMB No 1545-1150

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)

(See the instructions for Part II)															(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	.	.	.	.	.	.	.	.	.	.	.	.	.	55,380	22	63,140	
23	Land and buildings	.	.	.	.	.	.	.	.	.	.	.	.	.		23		
24	Other assets (describe in Schedule O)	.	.	.	.	.	.	.	.	.	.	.	.	.		24		
25	Total assets	.	.	.	.	.	.	.	.	.	.	.	.	.	55,380	25	63,140	
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)	.	.	.	.	.	.	.	.	.	.	.	.	.	55,380	27	63,140	

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?

A MEMBERSHIP ORGANIZATION INTERESTED IN PRESERVING AND PROMOTING SNOWMOBILING IN MONTANA AND NATIONWIDE

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.

28 PROMOTE SAFE AND RESPONSIBLE SNOWMOBILING PRESERVE AND GROOM TRAILS FOR MT FISH WILDLIFE AND PARKS DEPT (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		28a	67,750
29 (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	67,750

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

☐

☒

		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 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)?	35a	No
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	
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 ☐ 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 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	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 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
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	
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	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ MARY HERZOG Telephone no ☐ (406) 590-6280 PO BOX 56 Located at ☐ BLACK EAGLE, MT ZIP + 4 ☐ 59414		
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 .	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 ☐ _____	42c	No
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		
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	2013-01-15 Date			
	MARY HERZOG SECRETARY Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	DOUGLAS N WILSON	Date	Check if self-employed	
	Firm's name (or yours if self-employed), address, and ZIP + 4	DOUGLAS WILSON & COMPANY PC 1000 FIRST AVENUE SOUTH GREAT FALLS, MT 59401		Preparer's taxpayer identification number (See instructions) P00039912	
			EIN	81-0446334	
				Phone no	(406) 761-4645
May the IRS discuss this return with the preparer shown above? See instructions					Yes No

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 MONTANA SNOWMOBILE ASSOCIATION	Employer identification number 23-7400043
--	--

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 114
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS AMOUNT 193 DESCRIPTION LICENSE PLATES AMOUNT 24500 DESCRIPTION INSURANCE REIMBURSEMENT AMOUNT 20173 TOTAL TO FORM 990-EZ, LINE 8 44866
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING AMOUNT 4723 DESCRIPTION MEETING EXPENSES AMOUNT 16792 DESCRIPTION DUES AMOUNT 1727 DESCRIPTION OFFICE SUPPLIES AMOUNT 951 DESCRIPTION SCHOLARSHIP AMOUNT 500 DESCRIPTION MAILING/POSTAGE AMOUNT 1934 DESCRIPTION BANK CHARGES AMOUNT 31 DESCRIPTION CHARITY RIDE AMOUNT 569 DESCRIPTION CORP FEES AMOUNT 15 DESCRIPTION INSURANCE AMOUNT 20173 DESCRIPTION LEGISLATIVE LOBBYING AMOUNT 10669 TOTAL TO FORM 990-EZ, LINE 16 58084

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: MONTANA SNOWMOBILE ASSOCIATION

EIN: 23-7400043

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.

Additional Data

Software ID:
Software Version:
EIN: 23-7400043
Name: MONTANA SNOWMOBILE ASSOCIATION

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
LAWRENCE S HERZOG 519 29TH AVENUE NE GREAT FALLS,MT 59404	PRESIDENT 2 00	0	0	0
JASON HOWELL PO BOX 56 BLACK EAGLE,MT 59414	VICE-PRESIDENT 2 00	0	0	0
MARY HERZOG 519 29TH AVENUE NE GREAT FALLS,MT 59404	SECRETARY 2 00	0	0	0
CONNIE WALTER PO BOX 56 BLACK EAGLE,MT 59414	TREASURER 2 00	0	0	0