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A For the 2011 calendar year, or tax year beginning 10-01-2011

As Filed Data -

DLN: 93492007009203

OMB No 1545-1150

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

, and ending 09-30-2012

**Open to Public Inspection** 

_		applicable	C Name of organization MONTANA CATTLEWOMEN INC		D Employer	identification number	
Address change  Name change					81-601388	5	
	ame cn ıtıal ret		Number and street (or P O box, if mail is not delivered to street address) Room/si 420 N CALIFORNIA	uite	<b>E</b> Telephone	number	
Terminated				(406) 442-3420			
_ Ar	nended	d return	City or town, state or country, and ZIP + 4 HELENA, MT 59601		<b>F</b> Group Exen	nption	
Ap	plicatio	on pending			Number	•	
IW€	bsite	: www.mont	Cash Accrual Other (specify) -  TANACATTLEWOMEN ORG  Conly one) - 501(c)(3) 501(c)(5) (insert no ) 4947(a)(1) or 527	require	d to attach S	organization is <b>not</b> chedule B , or 990-PF)	
			anization is not a section 509(a)(3) supporting organization or a section				
			\$50,000 A Form 990-EZ or Form 990 return is not required though organization chooses to file a return, be sure to file a complete return		(e-postcard)	may be required (see	
L Add	lines 5	5b, 6c, and 7b, to	o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total and of Form 990-EZ   \$\begin{array}{c} \begin{array}{c} \begin{array}		ne 25, column (E	3) below) are \$500,000 or	
	rt I		e, Expenses, and Changes in Net Assets or Fund Balance	es (See the i	ınstructions f	or Part I)	
		_	ne organization used Schedule O to respond to any question in this Part			<u> </u>	
	1	Contribution	s, gifts, grants, and similar amounts received		. 1	27,801	
	2	Program ser	vice revenue including government fees and contracts		. 2	5,883	
	3	Membership	dues and assessments		. 3	8,350	
	4	Investment	income		. 4		
	5a	Gross amou	nt from sale of assets other than inventory	a			
Jue	b		· L	b			
Revenue	С	Gain or (loss	5c				
ŭ	6	Gaming and					
	а		rom gaming (attach Schedule G if greater than \$15,000)				
	b		ne from fundraising events (not including \$ _of contributions from fundra line 1) (attach Schedule G if the sum of such gross income and contribu		s		
		\$15,000)		ı			
			<u> </u>	<u> </u>			
	С		expenses from gaming and fundraising events 6				
	d _		or (loss) from gaming and fundraising events (Add lines 6a and 6b and :	1	5c) <b>6d</b>		
	7a			a   .			
	b		f goods sold	b			
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)  ue (describe in Schedule O)		. 7c	274	
	8		,		8	42,408	
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	• •	9	42,408	
	10		d to or for members	•	10		
	11 12	•	ner compensation, and employee benefits		. 11		
Ň	13	•	fees and other payments to independent contractors		. 13	2,648	
NS E	14		rent, utilities, and maintenance		. 14	= 73 13	
Expenses	15		plications, postage, and shipping		. 15	1,476	
Е	16		ses (describe in Schedule O)		16	36,499	
	17		ses. Add lines 10 through 16		17	40,623	
<u></u>	18		deficit) for the year (Subtract line 17 from line 9)		. 18	1,785	
set.	19	•	or fund balances at beginning of year (from line 27, column (A)) (must a	gree with			
Net.Assets			figure reported on prior year's return)		. 19	51,822	
Ne.	20	Other chang	les in net assets or fund balances (explain in Schedule O)		. 20	0	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20		▶ 21	53,607	

Part II Balance Sheets					
Check if the organization use	d Schedule O to respond to	any question in t	hıs Part II		<u></u> ▼
(See the instru	ctions for Part II)		(A) Beginning of year	Т	(B) End of year
22 Cash, savings, and investments .			48,547	22	50,904
23 Land and buildings			, , , , , , , , , , , , , , , , , , , ,	23	
24 Other assets (describe in Schedule (	0)		4,771	. 24	3,503
25 Total assets			53,318	+ +	54,407
26 Total liabilities (describe in Schedule	eO)		1,496	+ +	
27 Net assets or fund balances (line 27	of column (B) <b>must</b> agree wi	th line 21) .	51,822	+ +	53,607
Part III Statement of Program Check if the organization use What is the organization's primary exemp SUPPORT THE LIVESTOCK INDUSTRY Describe the organization's program serv measured by expenses In a clear and co benefited, and other relevant information	ed Schedule O to respond to t purpose? THROUGH COMMUNICAT ice accomplishments for eac ncise manner, describe the :	any question in t  ION AND EDUCA  th of its three larg	ATION gest program services, as	(c) org - 494	Expenses quired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
28 SUPPORT THE LIVESTOCK INDUST	· •			28a	26,314
30	nis amount includes foreign	-	·	29a	
<del></del>	nis amount includes foreign	grants, check her	e <sub>F</sub>	30a	
<b>31</b> Other program services (describe in S (Grants \$ )	cnedule O ) nis amount includes foreign	 grants, check her	· · · · · · · · · · · · · · · · · · ·	31a	
32 Total program service expenses (add li				32	26,314
Part IV List of Officers, Directors, To		List each one even i	f not compensated (See the in	struction	ns for Part IV )
Check if the organization use					<u> </u>
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	d, employee benefit p	lans 8	(e) Expense account and other allowances
See Additional Data Table					

Pa	Check if the organization used Schedule O to respond to any question in this 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 <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income or Form 990-T	1		
а	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)?	25-		N. a
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	35a 35b		No
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	, —		
ь	Did the organization file Form 1120-POL for this year?	37b		
	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
h	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b	304		110
39	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	-		
<del>1</del> 0a	section 4911, section 4912, section 4955			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
J	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		
	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			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	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
	List the states with which a copy of this return is filed The organization's books are in care of PAM CHRISKE  Telephone no	<u> </u>	161442	-3420
42a	The organization's books are in care of PAM CHRISKE  Telephone no 420 N CALIFORNIA	<u> </u>	70) 442	3720
	Located at HELENA, MT ZIP + 4	► <u>5</u>	9601	
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		Yes	No
	account)?	42b		No
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		No
40	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here			<b>P</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		1	
	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 Form990-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	45b		

AC D.J.I							Yes	No
	rganızatıon engage, dırectly ( es for publıc office? If "Yes,"			ehalf of or 11	n opposition to	46		No
<u>—</u> А	Section 501(c)(3) organum section 501(c)(3) organum 7-49b and 52.			-			_	stions
	heck if the organization used	Schedule O to respond t	to any question in this P	art VI .				Г
	<u> </u>	•	, ,				Yes	No
	rganization engage in lobbyir complete Schedule C, Part I		ction 501(h) election in	effect durin	g the tax year?	47		
<b>3</b> Is the ord	ganization a school described	d in section 170(b)(1)(A)	)(II)? If "Yes." complete S	Schedule E		48		
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Old the organization make any transfers to an exempt non-charitable related organization?								
						49b		
	was the related organization	_						
	e this table for the organizations) who each received more t							
•	address of each employee fore than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee	tributions to benefit plans & compensation	(e) Expe		and
(a) Name	and address of each indeper	ndent contractor paid mo	re than \$100,000	<b>(b)</b> Typ	e of service	<b>(c)</b> C	ompens	satioi
(a) Name	and address of each indeper	ndent contractor paid mo	re than \$100,000	<b>(b)</b> Typ	e of service	<b>(c)</b> C	ompens	satioi
(a) Name	and address of each indeper	ndent contractor paid mo	re than \$100,000	<b>(b)</b> Typ	e of service	<b>(c)</b> C	ompens	satio
(a) Name	and address of each indeper	ndent contractor paid mo	re than \$100,000	<b>(b)</b> Тур	e of service	<b>(c)</b> C	ompens	satio
(a) Name	and address of each indeper	ndent contractor paid mo	re than \$100,000	<b>(b)</b> Тур	e of service	<b>(c)</b> C	ompens	satio
Total nu 2 Did the	umber of other independent ce organization complete Schettach a completed Schedule	ontractors each receiving	g over \$100,000 . in 501(c)(3) organizatio			mpt cha		trust
Total nu 2 Did the must a der penalties owledge and t	umber of other independent c	ontractors each receiving dule A? <b>NOTE:</b> All Section A	g over \$100,000	ns and 494		mpt cha	ritable 'es st of my	trust <b>No</b>
Total nu  2 Did the must and der penalties owledge and bowledge.	umber of other independent ce organization complete Schettach a completed Schedule of perjury, I declare that I have belief, it is true, correct, and co	ontractors each receiving dule A? <b>NOTE:</b> All Section A	g over \$100,000	ons and 494		mpt cha	ritable 'es st of my	trust:
Total nu  2 Did the must and der penalties owledge and bowledge.  gn ere	umber of other independent c e organization complete Sche ttach a completed Schedule of perjury, I declare that I have belief, it is true, correct, and co	ontractors each receiving dule A? <b>NOTE:</b> All Section A	g over \$100,000 . In 501(c)(3) organizatio	edules and s is based on	7 (a)(1) nonexer	mpt cha	ritable 'es rest of my preparei	trusts No r has a
Total nu  2 Did the must a der penalties owledge and bowledge.  gn ere  Presigr	umber of other independent ce organization complete Schettach a completed Schedule of perjury, I declare that I have belief, it is true, correct, and complete strue, correct, and complete suspensive	ontractors each receiving dule A? <b>NOTE:</b> All Section A	g over \$100,000 . In 501(c)(3) organizatio  Juding accompanying scheparer (other than officer)	edules and s is based on	7 (a)(1) nonexer	mpt cha T Y	ritable 'es rest of my preparei	trust: <b>No</b>
Total nu Did the must an der penalties owledge and towledge.  gn ere  id eparer's e Only  If se	umber of other independent ce organization complete Sche ttach a completed Schedule of perjury, I declare that I have belief, it is true, correct, and completed, it is true, correct, and completed Schedule of Perjury, I declare that I have belief, it is true, correct, and complete of officer SUSAN SALZSIEDER TREASURER Type or print name and title parer's mature of print name and title parer's mature of print name and stitle parer's mature of print name (or yours parent), and print name (or yours parent), and print name (or yours parent).	ontractors each receiving dule A? <b>NOTE:</b> All Section A	g over \$100,000 . In 501(c)(3) organizatio  Juding accompanying scheparer (other than officer)	eck if	7 (a)(1) nonexer tatements, and to all information of one of one of the original states and the original states are the original states and the original states are the origin	mpt cha pt the beef which properties the second sec	ritable 'es rest of my preparei	trust: <b>No</b>
Total nu Did the must an der penalties owledge and towledge.  gn ere  id eparer's e Only  If se	umber of other independent ce organization complete Sche ttach a completed Schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of perjury is perjury.	ontractors each receiving dule A? <b>NOTE:</b> All Section A	g over \$100,000 . In 501(c)(3) organizatio  Juding accompanying scheparer (other than officer)	eck if	7 (a)(1) nonexer tatements, and to all information of of one of o	mpt cha pt cha the bear which yer identi	ritable 'es st of my preparei	trust <b>No</b>

Form 990-EZ (2011)

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As Filed Data -

DLN: 93492007009203

OMB No 1545-0047

2011

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Inspection

### 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 MONTANA CATTLEWOMEN INC

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

81-6013885

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990- EZ, PART I, LINE 8	DESCRIPTION INTEREST INCOME AMOUNT 374
OTHER EXPENSES	FORM 990- EZ, PART I, LINE 16	DESCRIPTION SCHOLARSHIP EXPENSE AMOUNT 43 DESCRIPTION ADMINSTRATIVE FEE - MSGA AMOUNT 3,200 DESCRIPTION AGRICULTURE IN SCHOOLS AMOUNT 100 DESCRIPTION BEEF COUNCIL EXPENDITURES AMOUNT 26,314 DESCRIPTION INSURANCE AMOUNT 387 DESCRIPTION CONVENTION AMOUNT 1,035 DESCRIPTION DONATIONS AMOUNT 275 DESCRIPTION FUNDRAISING AMOUNT 237 DESCRIPTION OFFICE EXPENSE AMOUNT 369 DESCRIPTION PRESIDENT'S EXPENSE AMOUNT 1,856 DESCRIPTION DIRECTOR'S EXPENSE AMOUNT 1,182 DESCRIPTION MERCHANDISE EXPENSE AMOUNT 189 DESCRIPTION NATIONAL AFFILIATION AMOUNT 250 DESCRIPTION MEETINGS AMOUNT 742 DESCRIPTION LOBBYING EXPENSE AMOUNT 320 TOTAL TO FORM 990-EZ, LINE 16 36,499
OTHER ASSETS	FORM 990- EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 4,771 END OF YEAR AMOUNT 3,503
OTHER LIABILITIES	FORM 990- EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,496 END OF YEAR AMOUNT 800

# **TY 2011 Transfers Personal Benefits Contracts Declaration**

Name: MONTANA CATTLEWOMEN INC

**EIN:** 81-6013885

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.

## Software ID: Software Version:

**EIN:** 81-6013885

Name: MONTANA CATTLEWOMEN INC

### 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
KATHY WILEY PO BOX 167 MUSSELSHELL,MT 59059	DIRECTOR 0 00	0	0	0
DORIS OZARK HCR 271-2182 GLASGOW,MT 59230	IMME PAST PRESIDENT 0 00	0	0	0
VICKI OLSON 24114 CONTENT RD MALTA,MT 59538	PRESIDENT 0 00	0	0	0
MISSY COX 303 N FRONT ST TOWNSEND,MT 59644	SECRETARY/PUBLICIST 0 00	0	0	0
WANDA PINNOW BOX 39 BAKER,MT 59313	PRESIDENT ELECT 0 00	0	0	0
PAULETTE KELLER 5180 CROWN BUTTE RD LLOYD,MT 59535	THE PERFECT CHEESEBURGER C 0 00	0	0	0
LINDA DAVIS 131 DRY HOLLOW ROAD TOWNSEND,MT 59644	BEEF PROMO ADVISOR 0 00	0	0	0
ROBIN KIRSCHER 41 BALDYVIEW LANE TOWNSEND,MT 59644	DIRECTOR 0 00	0	0	0
LINDA SWANZ 127 BIG CARELESS CREEK RD JUDITH GAP,MT 59453	BEEF COUNCIL DELEGATE 0 00	0	0	0
SUZANNE BOHLEEN PO BOX 387 WILSALL,MT 59086	BEEF ED ADVISOR 0 00	0	0	0
WILMA RUSLEY PO BOX 789 BAKER,MT 59313	DIRECTOR 0 00	0	0	0
SANDRA MILLER-PECK 1 MILLER ROAD ABSAROKEE,MT 59313	DIRECTOR 0 00	0	0	0