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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 06-01-2015, and ending 05-31-2016

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization BILLINGS JUNIOR WOMAN'S CLUB	D Employer identification number 81-6016098
Number and street (or P O box, if mail is not delivered to street address) PO BOX 20234	Room/suite
City or town, state or province, country, and ZIP or foreign postal code BILLINGS, MT 591040234	
E Telephone number (406) 256-8838	
F 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** Form of organization Corporation Trust Association Other CHARITABLE ORGANIZATION**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 68,449**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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► 68,449	1 2 3 888 4 5a 5b 5c 6a 6b 6c 6d 7a 7b 7c 8 67,561 9 68,449
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 2,050
14 Occupancy, rent, utilities, and maintenance	14 25,664
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 46,557
17 Total expenses. Add lines 10 through 16 ►	17 74,271
Net Assets	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -5,822
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)	19 238,803
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 ►	21 232,981

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	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
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	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	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	39a	
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 ► _____, section 4912 ► _____, section 4955 ► _____	40b	No
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____ 0	40c	0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____ 0	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 ► MT		
42a The organization's books are in care of ► KARIN GREEN Telephone no ► (406) 672-1779 Located at ► PO BOX 20234 BILLINGS, MT ZIP + 4 ► 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 ► _____	42b	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42c	No
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 ► _____	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	43	
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	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	

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 only

All section 501(c)(3) organizations 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

	Yes	No
47		
48		
49a		
49b		

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	(b) 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

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 business address of each independent contractor	(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 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 KARIN GREEN TREASURER Type or print name and title	2016-09-08 Date
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Paid Preparer Use Only	Print/Type preparer's name KIMBERLY A KIMMEL	Preparer's signature	Date 2016-08-30	Check <input type="checkbox"/> if self-employed	PTIN P00000839
	Firm's name ► SUMMERS MCNEA & CO PC			Firm's EIN ► 81-0386935	
	Firm's address ► 80 25TH STREET WEST BILLINGS, MT 591024662			Phone no (406) 652-2320	

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

Additional Data

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

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
THE PRIMARY FOCUS OF THE ORGANIZATION IS TO PROVIDE MEDICAL AND EDUCATIONAL ASSISTANCE TO NEEDY CHILDREN AND TO DONATE TO OTHER NONPROFITS THAT BENEFIT 28 CHILDREN (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a 0
29 PROVIDE COLLEGE SCHOLARSHIP MONEY TO LOCAL STUDENTS (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a 0
30 PROVIDE FINANICIAL AND HEALTH RELATED MONEY TO LOCAL WOMEN (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a 0

TY 2015 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.

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
BILLINGS JUNIOR WOMAN'S CLUB**Employer identification number**

81-6016098

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MERCHANDISE/GARAGE SALES AMOUNT 963 DESCRIPTION MISCELLANEOUS INCOME AMOUNT 300 DESCRIPTION POOH'S TOO DAY CARE AMOUNT 66,298 TOTAL TO FORM 990-EZ, LINE 8 67,561
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 13,051 DESCRIPTION PROPERTY TAXES AMOUNT 1,095 DESCRIPTION INSURANCE AMOUNT 4,134 DESCRIPTION REPAIRS AND MAINTENANCE AMOUNT 7,384 TOTAL TO FORM 990-EZ, LINE 14 25,664
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION SOCIAL AND MEMBERSHIP EXPENSES AMOUNT 2,019 DESCRIPTION INTERNATIONAL AIRS AMOUNT 1,600 DESCRIPTION OFFICE EXPENSE AMOUNT 817 DESCRIPTION SCHOOL MEDICAL AMOUNT 2,786 DESCRIPTION COMMUNITY & PUBLIC RELATIONS AMOUNT 1,552 DESCRIPTION DOMESTIC VIOLENCE AMOUNT 2,915 DESCRIPTION ADVOCATES AMOUNT 7,489 DESCRIPTION HOMELIFE - ADOPT A FAMILY AMOUNT 485 DESCRIPTION SCHOLARSHIPS AMOUNT 6,231 DESCRIPTION LEADERSHIP AMOUNT 5,297 DESCRIPTION CONSERVATION AMOUNT 2,249 DESCRIPTION MISCELLANEOUS AMOUNT 106 DESCRIPTION ARTS AMOUNT 4,151 DESCRIPTION EDUCATION AMOUNT 8,860 TOTAL TO FORM 990-EZ, LINE 16 46,557
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION RECEIVABLE-BILLINGS JUNIOR WOMEN'S CLUB CHILDREN'S FOUNDATION BEG OF YEAR AMOUNT 29,350 END OF YEAR AMOUNT 30,682 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 105,455 END OF YEAR AMOUNT 92,593