Form 990-EZ

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.

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

B Check if applicable

Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization

MONTANA HUNTERS AND ANGLERS ACTION

45-3534007

D Employer identification number
(406) 281-7361

E Telephone number

F Name change

Initial return

PO BOX 2215

City or town, state or country, and ZIP = 4

BILLINGS, MT 59103

G Accounting Method

Cash
Accrual
Other (specify)

H Check if the organization is not required to attach Schedule B

I Website:

HTTP://WWW.MONTANAHUNTERSANDANGLERS.ORG

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.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received

192,000

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

5a

b Less cost or other basis and sale 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

6a 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

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

192,000

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

17 Total expenses. Add lines 10 through 16

154,978

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

37,022

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)

2,818

20 Other changes in net assets or fund balances (explain in Schedule O)

0

21 Net assets or fund balances at end of year

39,840

Cat No 106421

Form 990-EZ (2012)
### Part II  Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th></th>
<th>A) Beginning of year</th>
<th>B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>2,818</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>2,818</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>2,818</td>
</tr>
</tbody>
</table>

### Part III  Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
MONTANA HUNTER & ANGLER ACTION IS DEDICATED TO ENSURING THAT OUR HUNTING AND FISHING OPPORTUNITY REMAINS STRONG AND IN PUBLIC HANDS

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 MONTANA HUNTERS & ANGLERS ACTION PRODUCED TELEVISION ADS, DIRECT MAIL AND SOCIAL MEDIA MAKING CITIZENS AWARE OF CURRENT PUBLIC POLICY PROPOSALS AFFECTING WILDLIFE, WILDLIFE HABITAT, AND ACCESS TO PUBLIC LANDS FOR HUNTING AND FISHING IN MONTANA
(Grants $ 0) If this amount includes foreign grants, check here . . . ▶ 28a 140,454

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) ▶ 32 140,454

### 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.

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAND TAWNEY</td>
<td>2 00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARRETT KAISER</td>
<td>2 00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GEORGE COOPER</td>
<td>2 00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

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 governing or organizing documents? If "Yes," attach a conform copy of the amended documents if they reflect a change in the organization's name. Otherwise, explain the change on Schedule O (see instructions).

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)?

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.

b Did the organization file Form 1120-POL for this year?

c 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.

38a Did the organization have unrelated business gross income of $1,000 or more during the year? If "Yes," provide a detailed description of each activity in Schedule O.

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

c Any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

39 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, 4912, 4955.

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under sections 4911, 4912, 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.

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.

41 List the states with which a copy of this return is filed.

42a The organization's books are in care of.

b The organization's books are in care of.

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.

44a Did the organization maintain any donor advised funds during the year? 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?

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)?

b 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).
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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>46</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>47</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>47</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>48</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>49a</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>49b</td>
</tr>
</tbody>
</table>

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."

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) Name and title of each employee paid more than $100,000</td>
<td>(b) Average hours per week devoted to position</td>
<td>(c) Reportable compensation (Forms W-2/1099-MISC)</td>
<td>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total number of other employees paid over $100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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."

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) Name and address of each independent contractor paid more than $100,000</td>
<td>(b) Type of service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Total number of other independent contractors each receiving over $100,000</td>
<td></td>
</tr>
</tbody>
</table>

52. Did the organization complete Schedule A? NOTE: All Section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Under penalties of perjury, I declare that I have examined this return, including according to my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) with knowledge.

**Sign Here**

*****

Signature of officer

DAN BAILEY TREASURER

Type of print name and title

Print/Type preparer's name

PREPARE'S SIGNATURE

RYAN S. DUFFY CPA

Firm's name

ANDERSON ZURMUEHL & CO PC

Firm's address

PO BOX 20435

BILLINGS, MT 591040435

May the IRS discuss this return with the preparer shown above? See instructions.
<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER EXPENSES</td>
<td>FORM 990-EZ, PART I, LINE 16</td>
<td>FORM 990-EZ HAS BEEN AMENDED TO ACCOUNT FOR AN ADJUSTMENT MADE TO THE 2011 TAX RETURN. THIS ADJUSTMENT HAS AFFECTED THE BEGINNING CASH AND NET ASSETS AS WELL AS REDUCED EXPENSES. PART I LINE 17 TOTAL EXPENSES WAS DECREASED BY $956. PART III LINE 22 CASH, SAVINGS AND INVESTMENTS WAS DECREASED BY $1,926. PART III LINE 27 NET ASSETS WAS DECREASED BY $1,926. PART TV LINE 37A POLITICAL EXPENDITURES DECREASED $15.</td>
</tr>
</tbody>
</table>
TY 2012 Transfers Personal Benefits
Contracts Declaration

Name: MONTANA HUNTERS AND ANGLERS ACTION
EIN: 45-3534007

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.