

Return of Organization Exempt from Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, or tax year period beginning Jul 1, 2000, and ending Jun 30, 20 01

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C Name of organization: Battered Women's Network. D Employer identification number: 81-0389914. E Telephone number: (406) 586-7689. F Check if application pending.

G Organization type (check only one): [X] 501(c) 3 (insert no) [] 527 or [] 4947(a)(1). Note H and I are not applicable to section 527 orgs. H (a) Is this a group return for affiliates? [] Yes [X] No.

J Accounting method: [] Cash [X] Accrual [] Other (specify). K Check here [] if the organization's gross receipts are normally not more than \$25,000. L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

SCANNED APR 17 02

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Row 1: Contributions, gifts, grants, and similar amounts received. Row 12: Total revenue 322,934. Row 17: Total expenses 327,400. Row 18: Excess or (deficit) for the year -4,466. Row 19: Net assets or fund balances at beginning of year 183,576. Row 20: Other changes in net assets or fund balances -251. Row 21: Net assets or fund balances at end of year 178,859.

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>6,067</u> non cash \$ _____)	22 6,067	6,067		
23	Specific assistance to individuals (attach sch)	23			
24	Benefits paid to or for members (attach sch)	24			
25	Compensation of officers, directors, etc	25 59,864	5,421	45,768	8,675
26	Other salaries and wages	26 134,051	133,565	486	0
27	Pension plan contributions	27			
28	Other employee benefits	28 20,247	18,127	2,120	0
29	Payroll taxes	29 23,422	18,114	4,600	708
30	Professional fundraising fees	30			
31	Accounting fees	31 9,750	144	9,606	0
32	Legal fees	32			
33	Supplies	33 7,823	5,618	1,610	595
34	Telephone	34 15,350	14,712	638	0
35	Postage and shipping	35 1,089	623	370	96
36	Occupancy	36 5,187	5,112	75	0
37	Equipment rental and maintenance	37 1,983	1,622	361	0
38	Printing and publications	38 6,459	5,841	486	132
39	Travel	39 5,726	4,829	632	265
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 12,980	12,980	0	0
43	Other expenses (itemize)				
a	Advertising	43a 929	631	25	273
b	Community Education	43b 484	484	0	0
c	Emergency Assistance	43c 3,201	3,201	0	0
d	Insurance	43d 1,933	1,156	777	0
e	See Other Expenses Stmt	43e 10,855	9,308	1,491	56
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	44 327,400	247,555	69,045	10,800

Reporting of Joint Costs - Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
AID BATTERED WOMEN All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)	
a Safe Shelter - Shelters in Bozeman and Livingston are staffed 24 hrs/day and provide a home for up to 2 months to women and their children seeking refuge from abuse. 137 women and children sought the safety of the 2 shelters. (Grants and allocations \$ 0)	180,359
b Community Education and Professional Information - Staff board members and formerly battered women are available to speak to interested community groups. Educ presentations reached 4,025 people. Volunteer training=160 hrs. (Grants and allocations \$ 0)	173
c Local and toll free state crisis hotlines are staffed 24 hours a day by paid staff and volunteers. The local crisis line handled 1800 crisis line calls. The state crisis hotline handled over 2000 calls. (Grants and allocations \$ 0)	35,234
d Support groups, Victim's advocates-Weekly support groups are offered for battered women and their children. In fiscal yr '00-'01, 676 adults and 152 children met with staff and volunteers for peer support, info, advocacy. (Grants and allocations \$ 0)	803
e Other program services Legal Advocacy (Grants and allocations \$ _____)	30,986
f Total of Program Service Expenses (should equal line 44, column (B), program services)	247,555

Part IV Balance Sheets (See instructions)

Note		Where required attached schedules and amounts within the description column should be for end of year amounts only		(A) Beginning of year		(B) End of year	
ASSETS	45	Cash – non interest bearing		100	45	47	
	46	Savings and temporary cash investments		47,576	46	50,543	
	47 a	Accounts receivable	47 a				
		b Less allowance for doubtful accounts	47 b			47 c	
	48 a	Pledges receivable	48 a				
		b Less allowance for doubtful accounts	48 b			48 c	
	49	Grants receivable		14,126	49	10,150	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51 a	Other notes & loans receivable (attach schedule)	51 a				
		b Less allowance for doubtful accounts	51 b	30		51 c	
	52	Inventories for sale or use			52	700	
	53	Prepaid expenses and deferred charges		2,544	53	424	
	54	Investments – securities (attach schedule)			54		
	55 a	Investments – land, buildings, & equipment basis	55 a				
		b Less accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments – other (attach schedule)			56		
	57 a	Land, buildings, and equipment basis	57 a	154,447			
		b Less accumulated depreciation (attach schedule) L-57 Stmt	57 b	64,188	94,592	57 c	90,259
58	Other assets (describe ▶ See Line 58 Stmt)			32,500	58	39,032	
59	Total assets (add lines 45 through 58) (must equal line 74)			191,468	59	191,155	
LIABILITIES	60	Accounts payable and accrued expenses		7,892	60	12,296	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64 a	Tax exempt bond liabilities (attach schedule)			64 a		
		b Mortgages and other notes payable (attach schedule)			64 b		
	65	Other liabilities (describe ▶)			65		
66	Total liabilities (add lines 60 through 65)			7,892	66	12,296	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		64,393	67	67,531	
	68	Temporarily restricted		116,183	68	106,728	
	69	Permanently restricted		3,000	69	4,600	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)			183,576	73	178,859
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)			191,468	74	191,155

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a	Total revenue, gains, and other support per audited financial statements	338,384	a	Total expenses and losses per audited financial statements	342,850
b	Amounts included on line a but not on line 12 Form 990		b	Amounts included on line a but not on line 17, Form 990	
(1)	Net unrealized gains on investments \$		(1)	Donated services and use of facilities \$ 11,423	
(2)	Donated services and use of facilities \$ 11,423		(2)	Prior year adjustments reported on line 20, Form 990 \$	
(3)	Recoveries of prior year grants \$		(3)	Losses reported on line 20, Form 990 \$	
(4)	Other (specify) Fund Raising Expenses \$ 4,027		(4)	Other (specify) Fund Raising Expenses \$ 4,027	
	Add amounts on lines (1) through (4)	15,450		Add amounts on lines (1) through (4)	15,450
c	Line a minus line b	322,934	c	Line a minus line b	327,400
d	Amounts included on line 12, Form 990 but not on line a		d	Amounts included on line 17, Form 990 but not on line a.	
(1)	Investment expenses not included on line 6b, Form 990 \$		(1)	Investment expenses not included on line 6b, Form 990 \$	
(2)	Other (specify) \$		(2)	Other (specify) \$	
	Add amounts on lines (1) and (2)			Add amounts on lines (1) and (2)	
e	Total revenue per line 12, Form 990 (line c plus line d)	322,934	e	Total expenses per line 17, Form 990 (line c plus line d)	327,400

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(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 and deferred compensation	(E) Expense account and other allowances
Janet Stice PO Box 752, Bozeman, MT 59771	Director 40	17,435	0	0
Charney L Gonnerman 183 Green Tree, Belgrade, MT 59714	Director 40	11,443	0	0
Kathy Coles PO Box 752, Bozeman, MT 59771	Legal Advocate 40	30,986	0	0
Board of Directors See Statement	Less than 2	0	0	0
Address for BOD PO Box 752 Bozeman, MT 59771-0752	0	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If Yes, attach schedule - see instructions

Part VI Other Information (See specific instructions)

N/A Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes			X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
78b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?			X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?			X
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions	81a	0	
81b	b Did the organization file Form 1120-POL for this year?			X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X	
82b	b If 'Yes' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III)	82b	31,754	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			X
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?			
85b	b Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
85c	c Dues, assessments, and similar amounts from members	85c		
85d	d Section 162(e) lobbying and political expenditures	85d		
85e	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
85g	g Does the organization elect to pay the Section 6033(e) tax on the amount in 85f?			
85h	h If Section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		
86b	b Gross receipts, included on line 12, for public use of club facilities	86b		
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX			X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0			
89b	b 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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction			X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed ▶ Montana			
90b	b Number of employees employed in the pay period that includes March 12, 2000 (see instructions)	90b	11	
91	The books are in care of ▶ Battered Women's Network Telephone number ▶ (406) 586-7689 Located at ▶ 109 E Main Ste #2, Bozeman MT ZIP code ▶ 59715			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See instructions)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					676
96 Dividends & interest from securities					102
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					24,682
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b Class Fees & Misc					1,211
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					26,671
105 Total (add line 104, columns (B), (D), and (E))					26,671

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93-96	Prudent investment of funds designated for network expenses and projects
101	Fundraising helps to provide housing and crisis line services
103a	Support Community Education

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to b, file Form 8870 and Form 4720 (see instructions)

I have prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief it is based on all information of which preparer has any knowledge (See instructions)

3-19-2012
Date

Charney Ginnerman
Type or Print Name and Title *Executive Director*

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization Battered Women's Network	Employer Identification Number 81-0389914
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(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
NONE				
Total number of other employees paid over \$50,000 ▶	None			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	None	

Part III Statements About Activities

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?</p> <p>If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary</p>		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions		
3 Does the organization make grants for scholarships, fellowships, student loans, etc?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See instructions)		

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*
 Note. You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	269,821	299,151	252,432	208,473	1,029,877
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	-3,443	8,698	12,418	20,460	38,133
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,602	1,507	340	283	3,732
19 Net income from unrelated business activities not included in line 18	6,489	4,047	8,215		18,751
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	1,005	500	3,167	1,429	6,101
23 Total of lines 15 through 22	275,474	313,903	276,572	230,645	1,096,594
24 Line 23 minus line 17	278,917	305,205	264,154	210,185	1,058,461
25 Enter 1% of line 23	2,755	3,139	2,766	2,306	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 21,169
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.				26b
	c Total support for Section 509(a)(1) test. Enter line 24, column (e).				26c 1,058,461
	d Add Amounts from column (e) for lines	18 3,732	19 18,751		
		22 6,101	26b		26d 28,584
	e Public support (line 26c minus line 26d total)				26e 1,029,877
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 97.30%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year.				
	(1999)	(1998)	(1997)	(1996)	
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.				
	(1999)	(1998)	(1997)	(1996)	
	c Add Amounts from column (e) for lines	15	16		
		17	20	21	27c
	d Add Line 27a total	and line 27b total			27d
	e Public support (line 27c total minus line 27d total)				27e
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				27f
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed Only by an eligible organization that filed Form 5768)

Check here **a** if the organization belongs to an affiliated group
 Check here **b** if you checked 'a' above and 'limited control' provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term 'expenditures' means amounts paid or incurred)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38	0												
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0												
41	Lobbying nontaxable amount Enter the amount from the following table –														
<table border="0"> <tr> <td>If the amount on line 40 is –</td> <td>The lobbying nontaxable amount is –</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is –	The lobbying nontaxable amount is –	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is –	The lobbying nontaxable amount is –														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0												
43	Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43	0												
44	Subtract line 41 from line 38 Enter 0- if line 41 is more than line 38	44	0												
Caution If there is an amount on either line 43 or line 44, you must file Form 4720															

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If Yes to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1d of Form 990 or
and line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of Organization

Battered Women's Network

Employer Identification Number

81-0389914

Organization type (check one) - Section

501(c)(3) (enter number), 527 or
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable etc purpose ▶ \$

BAA For Paperwork Reduction Act Notice, see instructions for Form 990 and Form 990-EZ.

Schedule B (Form 990 or 990-EZ) (2000)

Name of Organization

Employer Identification Number

Battered Women's Network

81-0389914

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	-----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	-----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	-----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	-----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	-----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Depreciation and Amortization
(Including Information on Listed Property)

2000

67

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions
▶ Attach this form to your return

Name(s) Shown on Return Battered Women's Network	Business or Activity to Which This Form Relates Form 990, page 2	Identifying Number 81-0389914
--	--	---

Part I Election to Expense Certain Tangible Property (Section 179)
Note If you have any listed property, complete Part V before you complete Part I

1 Maximum dollar limitation If an enterprise zone business, see instructions	1	\$20,000
2 Total cost of Section 179 property placed in service See instructions	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter 0	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0 If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter amount from line 27	7	
8 Total elected cost of Section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from 1999 See instructions	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2001 Add lines 9 and 10, less line 12	13	

Note Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment recreation, or amusement) Instead, use Part V for listed property

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year
(Do not include listed property)

Section A - General Asset Account Election

14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box See instructions

Section B - General Depreciation System (GDS) (See instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3 year property						
b 5 year property		4,262	5 0 yrs	HY	200DB	353
c 7-year property		2,593	7 0 yrs	HY	SL	237
d 10 year property						
e 15 year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions)

16a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40 year			40 yrs	MM	S/L	

Part III Other Depreciation (Do not include listed property) (See instructions)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	12,130
18 Property subject to Section 168(f)(1) election	18	
19 ACRS and other depreciation	19	161

Part IV Summary (See instructions)

20 Listed property Enter amount from line 26	20	99
21 Total Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	21	12,980
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	22	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles)

23a Do you have evidence to support the business/investment use claimed?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	23b If 'Yes,' is the evidence written?					<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected Section 179 cost					
24 Property used more than 50% in a qualified business use (see instructions)													
Security System	08/01/94	100 00	2,344	2,344	7 00	200DB/HY	78						
Telephone	02/01/01	100 00	250	250	7 00	200DB/HY	21						
25 Property used 50% or less in a qualified business use (see instructions)													
							26	99					
							27	27					

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (do not include commuting miles - see instructions)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See instructions.

35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year (see instructions)					
					41
41 Amortization of costs that began before 2000					42
42 Total Add amounts in column (f). See instructions for where to report.					

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Poinsettias Sale	5,448		5,448	3,724	1,724
Celebration of Mothers	56		56		56
2000 Year End Appeal	9,688		9,688	0	9,688
The Plot	6,739		6,739	0	6,739
Other Fund Raising	6,778		6,778	303	6,475
Total	28,709		28,709	4,027	24,682

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses (itemize)				
Licenses & Taxes	662	72	590	0
Dues & subscriptions	820	568	252	0
Program Development	116	96	20	0
Security	2,023	2,023	0	0
Staff Development	950	796	98	56
Utilities	5,563	5,452	111	0
Misc	331	301	30	0
Bank Service Charges	390	0	390	0
Total	10,855	9,308	1,491	56

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Fixed Assets	154,447	64,188	90,259
Total	154,447	64,188	90,259

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
United Way Funding 00-01 fiscal yr	32,500	2,708
United Way Funding 01-02 fiscal yr		34,955
FEMA-Park		1,369
Total	32,500	39,032

Supporting Statement of:

Form 990 p 2/Line 22 column (B)

Description	Amount
Donation to Tri-County Network	6,067
Total	<u>6,067</u>

Additional Information For Tax Return

Battered Women's Network

81-0389914

Form 990 p 1 Line 20

Rounding	1
Adjust Depr	250
Total	251

Form 990 p 2 Desc of Program Services

Legal advocacy assisted with 109 Temporary Orders of Protection in 2000-2001 FY The legal advocate is involved with training for law enforcement, the Victim/Witness Project team She works with judges to revise legal documents for victims The legal advocate works with the Gallatin Project Team, a community collaboration that connects social service agencies and law enforcement in Gallatin Valley to improve services for domestic violence and child victimization

Form 990 p 4 Part V, Address-3

Kathryn Borgenicht, Board Member

Barb Cestero, Board Member

Kirsten Core, Board Member

Deb Davidson, Board Member

Kim Davitt, Board Member

Andrew Monroe, Board Member

Chris Mulvey, Board Member

Anna Rosenberry, Board Member

Christan Sarver, Board Member

Ginny Strobel, Board Member

Lisa Sukut, Board Member

Mary Pat Zitner, Board Member

Address for all Board Members

Additional Information For Tax Return

Battered Women's Network

81-0389914

Form 990 p 4 Part V, Address-3 (Continued) -----

PO Box 752
Bozeman, MT 59771-0752

Sch A, 990 p 3 Line 22-a -----

Class Fees and miscellaneous