Form	990
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(Rev	January	2020)
(1164.	January	2020)

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

2019

Depa Inter	artment of t nal Revenu	he Treasury le Service	•	Do not en Go to www.	ter social secu irs.gov/Form9	rity numbers	on this form as i uctions and the	t may be mad ne latest in	de public. formatior	ı.		Inspection
			dar year, or tax					and ending				,
-	Check if ap		C	, ,	5				•	D Employ	er ident	ification number
	Addre	ess change	MONTANA C	ONSERVA	TION COP	RPS, ING	Ξ.			81-	0467	431
	Name	e change	206 N. GR	AND		·				E Telepho	ne num	ber
	Initial	return	BOZEMAN,	MT 5971	5					(40	6) 5	87-4475
	Final re	eturn/terminated										
	Amen	ided return								G Gross re	eceipts	\$ 7,862,318.
	Applic	cation pending	F Name and add	ress of principal	officer: CHR	ISTOPE	R POPE		.,	a group retur		103 110
			SAME AS C	ABOVE					H(b) Are all If "No."	subordinates attach a list.	include (see in	d? Yes No
I	Tax-exe	mpt status:	X 501(c)(3)	501(c) (	) <b>◄</b> (ii	nsert no.)	4947(a)(1) or	527				
J	Websi	ite:► WW	W.MTCORPS	.ORG					H(c) Group	exemption nu	imber 🕨	•
ĸ		organization:	X Corporation	Trust	Association	Other ►	LY	'ear of formation	on:	M s	tate of I	legal domicile:
Pa	art I	Summar	y 	tionlo micci		aiomifi a ant					7000	
			be the organiza									
Se	1 2		OF THE L									
nar	<u>_</u>						<u>110 110 11</u>			0011101	<u></u>	<u> </u>
Governance	2 Cł	neck this bo	x ► if the	organizatio	n discontinu	ed its oper	ations or disp	osed of mo	re than 2	5% of its	net as	 sets.
			ting members								3	13
s S			dependent voti	0	0	0 ,	•	,			4	13
viti			of individuals of volunteers (								5 6	<u>481</u> 1,468
Activities			ed business rev								0 7a	<u>    1,468</u> 0.
			business taxa								7b	0.
									P	rior Year		Current Year
ð			and grants (Pa		•					8,821,9		3,820,229.
ň		-	ice revenue (P		•				-	8,481,4		3,877,923.
Revenue	10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						134,9	18.	161,678.			
ш			e (Part VIII, col e – add lines 8							420 2	<b></b>	7 050 020
			milar amounts	-						,438,3	55.	7,859,830.
					-	-	•					
									-	5,300,1	61	5,759,281.
ses			fundraising fee		•			,	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01.	5,755,201.
Expenses			sing expenses (	-				9,319.				
Ä			es (Part IX, co						2	215 7	E 2	2 0 2 0 2 1 0
		•	es (Falt IX, co							2 <u>,215,7</u> 7,515,9		<u>2,028,310.</u> 7,787,591.
			expenses. Sul							-77,5		72,239.
× 8			expenses. eu							ng of Curren		End of Year
ot Assets or Id Balances	<b>20</b> To	otal assets (	Part X, line 16	)						.,736,0		1,852,834.
Ass I Bal	<b>21</b> To		s (Part X, line							321,1		365,758.
Net Fund	22 Ne	et assets or	fund balances	. Subtract li	ne 21 from I	ine 20			. 1	,414,8	37.	1,487,076.
		Signatur	e Block							/ / -		, , , , , , , , , , , , , , , , , , , ,
Unde	er penalties	of perjury, I de	clare that I have exa	amined this retu	rn, including ac	companying sc	hedules and stater	nents, and to t	he best of m	ıy knowledge	and bel	ief, it is true, correct, and
com	piete. Decia	aration of prepa	rer (other than office	er) is based on a	all information o	r which prepar	er nas any knowled	ige.				
•		Signatu	re of officer						Da	to		
Siq He											יחחוי	D
пе	re		DESTOPER PC						BOARI	D TREAS	ORE	R
			reparer's name		Preparer's sig	nature		Date		Check	if	PTIN
Р-	id			PA	SCOTT H		CPA	6/25/	20	self-employe		P00432520
Pa Pre	io eparer	Firm's name		COMPAN			UI 11	57257	20	Son employe		1 00102020
	e Only				COMMONS	DRIVE.	SUITE 7			Firm's EIN	82	-0467399
			BOZEM		59718		~~			Phone no.	(40)	
May	y the IRS	6 discuss th	is return with th			/e? (see in:	structions)					
			eduction Act N						A0101L 01/2			Form <b>990</b> (2019)

Form	m 990 (2019) MONTANA CONSERVATION CORPS, INC.	81-0467431	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		37
1	Check if Schedule O contains a response or note to any line in this Part III		Χ
1		ANDS ON CONCED	
	MONTANA CONSERVATION CORPS (MCC) INSPIRES YOUNG PEOPLE THROUGH H		
	SERVICE TO BE LEADERS, STEWARDS OF THE LAND AND ENGAGED CITIZENS	WHO IMPROVE T	HEIR
	COMMUNITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or	
	Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	vices, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ns to others, the total e	expenses,
4 a	a (Code: ) (Expenses \$ 6,384,661. including grants of \$ ) (F	Revenue \$ 3,58	88,548.)
	SEE SCHEDULE O	,	
		<b></b>	
	<b>b</b> (Code: ) (Expenses \$ 637, 509. including grants of \$ ) (F		0 275 )
41			39,375.)
	SEE_SCHEDULE_O		
40	c (Code:) (Expenses \$ including grants of \$) (F	Revenue \$	)
4	d Other program services (Describe on Schedule O.)		
- (	(Expenses \$ including grants of \$ ) (Revenue \$		)
4 e	e Total program service expenses ► 7,022,170.		/
		Co	n <b>990</b> (2019)

Form 990 (2019) MONTANA CONSERVATION CORPS, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3		3		Х
4	Section 501(c)(3) organizations. 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.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7		7		X
8	·	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
(	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(	<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
I	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ł	a If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

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81-0467431

Page 3

Form 990 (2019) MONTANA CONSERVATION CORPS, INC. Part IV Checklist of Required Schedules (continued)

га				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	22		Х
24	Schedule J. a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	23 24a		X
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Л
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1 a24b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1 b0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	

Form	990 (2019) MONTANA CONSERVATION CORPS, INC. 81-0467431		F	Page 5
Par	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 481			
			V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
2.	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	sa 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		<u> </u>
	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 >	4a		Х
U.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		x
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6 b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			37
	services provided to the payor?	7a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 b		<u> </u>
Ľ	Form 8282?	7 c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	12.		
d	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14a 14b		
		1-1 U		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If 'Yes,' complete Form 4720, Schedule O.	.0		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Charle if Cabadula	A applaine a vacanance	ar mata ta ami	/ line in this Part VI
LIDECK IL SCHENIUE	U contains a response	or note to any	

Sec	ction A. Governing Body and Management			
			Yes	No
1;	a Enter the number of voting members of the governing body at the end of the tax year       1 a       13         If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.       1 a       13			
	<b>b</b> Enter the number of voting members included on line 1a, above, who are independent       1 b       13         Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
-	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X
I	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
•	the following:			
	a The governing body?	8 a	Х	
I	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	-	ie Co	
			Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
I	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
I	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE. SCHEDULE . Q	12 c	Х	
	Did the organization have a written whistleblower policy?	13	Х	
14	····· 3. ···· ··· ··· ··· ··· ··· ··· ··	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official.	15 a	Х	
I	b Other officers or key employees of the organizationSEE .SCHEDULE.O	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
I	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	ction C. Disclosure	100		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5)	$\frac{1}{1}$	<u>})s on</u>	<u> </u>
10	available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	יציי)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year.	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			

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WENDY	WIGERT	206	N.	GRAND	BOZEMAN	МΤ	59715 (	406)	587-4475	

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Page 6

Form 990 (2019) MONTANA CONSERVATION CORPS, INC.	81-0467431	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and							
Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
<ul> <li>1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending worganization's tax year.</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organization)</li> </ul>									

 List all of the organization's current officers, directors, trustees (whether individual compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. organizations), rega dless of amount o

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Х Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)						
	(A) Name and title	<b>(B)</b> Average hours	Pos thar is	Position (do not check more than one box, unless person is both an officer and a director/trustee)			l	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)	JONATHAN MCKINNEY PRESIDENT AND CEO	$-\frac{40}{0}$			Х			117,290.	0.	10 461
(2)	WENDY WIGERT	40				•		117,290.	0.	19,461.
	DIRECTOR OF OPERATIONS	0	1		Х	:		93,832.	0.	18,289.
(3)	CAROL BIBLER VICE CHAIR	$-\frac{1}{0}$	х	Х				0.	0.	0.
(4)	DAVID WEINSTEIN BOARD MEMBER	$\frac{1}{0}$	Х					0.	0.	0.
(5)	THOMAS PEDERSEN BOARD MEMBER	$-\frac{1}{0}$	Х					0.	0.	0.
(6)	JIM BURCHFIELD BOARD MEMBER	$\frac{1}{-\frac{1}{0}}$	X					0.	0.	0.
(7)	PIERRE KAPTANIAN BOARD MEMBER	<u>1</u> 0	Х					0.	0.	0.
(8)	CHRISTOPER POPE TREASURER	$-\frac{1}{0}$	Х	Х				0.	0.	0.
(9)	SWEP_DAVIS BOARD_MEMBER	$-\frac{1}{0}$	Х					0.	0.	0.
(10)	LISA KELLEY SECRETARY	0	Х	Х	·			0.	0.	0.
(11)	JAN SCHWEITZER BOARD MEMBER	$-\frac{1}{0}$	х					0.	0.	0.
(12)	STEVE DOHERTY BOARD MEMBER	$\frac{1}{-\frac{1}{0}}$	X					0.	0.	0.
(13)	JAN_LOMBARDI			τ						
(14)	CHAIR WHITNEY TILT	0	Х	X	-			0.	0.	0.
<u>`'</u> _'_	BOARD MEMBER		Х					0.	0.	0.
BAA		TEEA0	107L	07/31/1	9					Form <b>990</b> (2019)

81-0467431

Page 8

Par	t VII Section A. Officers, Directors, Tru	istees, l	Key	Em	plo	bye	es, a	anc	l Highest Com	pensated Empl	loyees (continued)
		(B)			(C	•					
	(A) Name and title	Average hours per	box,	unles	neck ss pe	erson	e than o is both or/trust	n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount
		(list any hours	or o	Inst	Off	Key	Hig	F <sub>0</sub> r	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	of other compensation from the organization
		for related	Individual trustee or director	Julic	Officer	Key employee	hest i oloye	Former			and related organizations
		organiza - tions	al tru tor	nalt		oloye	comp e				
		below dotted line)	stee	nstitutional trustee		e	Highest compensated employee				
				< 12			fed				
(15)	JOE MCCARTY	1									
(16)	VICE CHAIR	0	Х	_					0.	0.	0.
<u>(10)</u>											
(17)											
(10)											
(18)			•								
(19)											
(20)											
(20)											
(21)											
(22)											
(22)											
(23)											
(24)											
<u>(</u> <u></u> )_											
(25)											
1 h	Subtotal							•	211,122.	0.	37,750.
	Total from continuation sheets to Part VII, Section						· · · · I	•	0.	0.	0.
d	Total (add lines 1b and 1c)						'		211,122.	0.	37,750.
2	Total number of individuals (including but not limited	to those I	isted	abov	re) v	vho	receiv	ved	more than \$100,00	0 of reportable comp	pensation
	from the organization <b>b</b> 1										Yes No
3	Did the organization list any former officer, direc	tor. truste	e. ke	v en	olan	ovee	e. or ł	hiat	nest compensated	emplovee	
	on line 1a? If 'Yes,' complete Schedule J for suc										. З <u>Х</u>
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	)0'? /	lf 'Y	′es,	' com	plei	te Schedule J for		. <b>4</b> X
5	Did any person listed on line 1a receive or accru	e compen	satio	n fro	om a	any	unrel	late	d organization or	individual	5 X
Sec	for services rendered to the organization? If 'Yes ion B. Independent Contractors	, comple	te Sc	neal	uie	J 10	r suc	пр	erson		. <b>5</b> X
1	Complete this table for your five highest compen	sated inde	epend	dent	cor	ntra	ctors	tha	t received more th	nan \$100,000 of	
	compensation from the organization. Report compen (A)		line ca	aleniu	iar y	year	enuii	ig v	(B)		(C)
	Name and business add	ress							Description of	of services	Compensation
2	Total number of independent contractors (including t \$100,000 of compensation from the organization		ited to	o thos	se li	isteo	abov	ve) v	who received more	tnan	

## Form 990 (2019) MONTANA CONSERVATION CORPS, INC.

## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII .... (A) Total revenue

					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from under section 512-514
nts	1 a Federated campaig	Ins	1 a					
Ino	<b>b</b> Membership dues.		1 b					
Am	c Fundraising events		1 c					
ilar	d Related organizatio		1 d					
Sim	e Government grants (cont f All other contributions, g		1 e	3,356,839.				
er	similar amounts not incl	uded above	1f	463,390.				
oth	g Noncash contributions ir	ncluded in	1	100,050.				
pu	lines 1a-1f h Total. Add lines 1a		1 g	►	2 000 000			
9 e	II IOIdi. Auu imes ta	- 1		Business Code	3,820,229.			
enu	2a PROGRAM FEES	3	-	L10000	3,588,548.	3,588,548.		
lev Lev	b <u>OTHER PROGRA</u>			900099	289,375.	289,375.		
ce	c			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200,010.	200,010.		
ĕ	d							
ε	e							
Program Service Revenue and Other Similar Amounts	f All other program s	service revenue						
ž	g Total. Add lines 2a	-2f			3,877,923.			
	3 Investment income (	including divider	nds, in	terest, and				
	other similar amou	,			386.			38
	4 Income from invest		•					
	5 Royalties	(i) Rea		(ii) Personal				
	<b>6 a</b> Gross rents							
	<b>b</b> Less: rental expenses	6b						
	c Rental income or (loss)							
	<b>d</b> Net rental income of			▶				
		(i) Securi		(ii) Other				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis	7.		1.60 700				
				163,780.				
	and sales expenses	7b		2,488.				
	<b>c</b> Gain or (loss)	7c		161,292.				
	<b>d</b> Net gain or (loss).		· · · <u>· · ·</u>		161,292.			161,29
e l	8 a Gross income from fund	raising events						
	(not including \$		_					
Other Heven	of contributions reported							
ŗ	See Part IV, line 18		8a					
the	<b>b</b> Less: direct expense		8b					
S	c Net income or (loss		ang e					
	9 a Gross income from gami See Part IV, line 19	ing activities.	9 a					
	<b>b</b> Less: direct expense		96					
	c Net income or (loss		L					
	•							
	10 a Gross sales of inventory	, 1033	10 <i>a</i>					
-	10a Gross sales of inventory, returns and allowances		L					
-	<ul> <li><b>10a</b> Gross sales of inventory, returns and allowances</li> <li><b>b</b> Less: cost of goods</li> </ul>		10 L					
-		s sold						
	<ul> <li>b Less: cost of goods</li> <li>c Net income or (loss</li> </ul>	s sold						
	<ul> <li>b Less: cost of goods</li> <li>c Net income or (loss</li> </ul>	s sold		ntory ►				
	<ul> <li>b Less: cost of goods</li> <li>c Net income or (loss</li> </ul>	s sold		ntory ►				
	<ul> <li>b Less: cost of goods</li> <li>c Net income or (loss</li> </ul>	s sold s) from sales of		ntory ►				
	b Less: cost of goods c Net income or (loss 11a b c d All other revenue .	s sold s) from sales of		ntory ► Business Code				
Revenue	<ul> <li>b Less: cost of goods</li> <li>c Net income or (loss</li> </ul>	s sold s) from sales of 	inver	ntory ► Business Code	7,859,830.	3,877,923.	0.	161,67

 $\square$ 

81-0467431

Sec	tion 501(c)(3) and 501(c)(4) organizations must con		-	,	1 1
	Check if Schedule O contains a r				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	248,872.	102,052.	144,399.	2,421.
6	Compensation not included above to	240,072.	102,032.	144,355.	2,421.
•	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	4,372,232.	4,037,441.	310,919.	23,872.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)				
^	èmployer contributions)	59,717.	49,348.	9,794.	575.
9 10	Other employee benefits Payroll taxes	477,375.	422,126.	53,341.	1,908.
10 11	Fees for services (nonemployees):	601,085.	562,026.	36,699.	2,360.
	Management				
	Accounting	10,684.		10,684.	
	Lobbying	10,004.		10,004.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	1 110	212	1 104	FO
13	Office expenses	<u>1,446.</u> 33,653.	<u>212.</u> 21,829.	<u>1,184.</u> 10,620.	<u> </u>
14	Information technology	33,053.	21,029.	10,020.	1,204.
15	Royalties				
16	Occupancy	233,821.	204,129.	29,692.	
17	Travel	303,952.	302,112.	444.	1,396.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		,		2,0000
19	Conferences, conventions, and meetings				
20	Interest	7,537.	7,537.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	95,274.	95,274.		
23 24	Insurance Other expenses. Itemize expenses not	61,920.	8,531.	53,389.	
24	covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
i	VEHICLE OPERATIONS	635,316.	635,316.		
	PROJECT AND SAFETY SUPPLIES	183,909.	183,909.		
	TRAINING	116,296.	113,035.	3,045.	216.
	CONTRACT_LABOR	90,947.	73,662.	17,199.	86.
	All other expenses	253,555.	203,631.	44,693.	5,231.
25	Total functional expenses. Add lines 1 through 24e	7,787,591.	7,022,170.	726,102.	39,319.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
BAA		TEE 401101 07			Form <b>990</b> (2019)

# Form 990 (2019) MONTANA CONSERVATION CORPS, INC. Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing		410.	1	360.
	2	Savings and temporary cash investments		1,337,545.	2	1,670,906.
	3	Pledges and grants receivable, net		165,292.	3	59,935.
	4	Accounts receivable, net		38,875.	4	35,780.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, director, contributor, or 35% sons		5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined under			
		section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net			7	
ŝ	8	Inventories for sale or use		12,504.	8	7,928.
Assets	9	Prepaid expenses and deferred charges		16,299.	9	24,980.
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1			
		Less: accumulated depreciation		137,887.	10 c	40,125.
	11	Investments – publicly traded securities		. ,	11	-,
	12	Investments – other securities. See Part IV, line 11.			12	
	13	Investments - program-related. See Part IV, line 11.			13	
	14	Intangible assets.			14	
	15	Other assets. See Part IV, line 11		27,222.	15	12,820.
	16	Total assets. Add lines 1 through 15 (must equal line		1,736,034.	16	1,852,834.
	17	Accounts payable and accrued expenses		321,197.	17	365,758.
	18	Grants payable			18	
	19 20	Deferred revenue			19	
ŝ	20				20 21	
ë	21	Escrow or custodial account liability. Complete Part I			21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu controlled entity or family member of any of these per	itor, or 35%		22	
	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			25	
	26	Total liabilities. Add lines 17 through 25		321,197.	26	365,758.
balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.				
ala	27	Net assets without donor restrictions		1,364,505.	27	1,446,419.
ă	28	Net assets with donor restrictions	k	50,332.	28	40,657.
Fund		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►			
ō	29	Capital stock or trust principal, or current funds			29	
Net Assets	30	Paid-in or capital surplus, or land, building, or equipm			30	
SS	31	Retained earnings, endowment, accumulated income,			31	
t.	32	Total net assets or fund balances		1,414,837.	32	1,487,076.
		Total liabilities and net assets/fund balances			33	1,852,834.

BAA

Form 990 (2019)

81-0467431

Form	990 (2019) MONTANA CONSERVATION CORPS, INC. 81	81-0467431			Pa	ige <b>12</b>
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	7	7.85	59.8	330.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			37,5	
3	Revenue less expenses. Subtract line 2 from line 1	. 3				239.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	. 4	1			337.
5	Net unrealized gains (losses) on investments.	. 5	-	- /	/ 0	011
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O).	. 9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	-				
	column (B))	. 10	1	,48	37,0	)76.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. П
				1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	wed on a	a			
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa					
	basis, consolidated basis, or both:					
	X         Separate basis         Both consolidated and separate basis					
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc review, or compilation of its financial statements and selection of an independent accountant?	it, 		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
BAA	TEEA0112L 01/21/20					(2019)

SCHEDULE A (Form 990 or 990-EZ)

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-F7

Open to Public

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service	► (	Go to www.irs.gov/Fo	Open to Public Inspection							
Name of the organization						Employer identific	ation number			
MONTANA CONSER	VATION CON	RPS, INC.				81-046743	1			
Part I Reason for	r Public Cha	arity Status (All or	rganizations must o	comple	te this	part.) See instruc	tions.			
The organization is not	a private found	dation because it is: (	For lines 1 through 12,	check o	nly one	box.)				
			nurches described in sec			i).				
			Schedule E (Form 990 of							
	•		ization described in se							
4 A medical res	-	ition operated in conju	unction with a hospital	describe	d in sec	:tion 170(b)(1)(A)(iii). E	.nter the hospital's			
5 An organizati section 170(l	on operated for <b>b)(1)(A)(iv).</b> (Co	r the benefit of a colle omplete Part II.)	ge or university owned	or oper	ated by	a governmental unit de	escribed in			
	ite, or local gov	ernment or governme	ental unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(∨).				
7 X An organization in section 17	on that normally i <b>0(b)(1)(A)(vi).</b> (	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	t or from the general pu	blic described			
			A)(vi). (Complete Part							
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									
from activitie investment ir June 30, 197	from activities related to its exempt 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). (Complete Part III.)									
Ű	5		5	5						
or more publi lines 12a thro a Type I. A supp organization(s	<ul> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization. You must</li> </ul>									
<b>b Type II.</b> A supmanagement	of the supporting	zation supervised or c organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). <b>You</b>			
c Type III function	te Part IV, Sect	. A supporting organizat	ion operated in connectio	n with, a	nd functio	onally integrated with, its	supported			
d Type III non-fu	inctionally integ	rated. A supporting org	blete Part IV, Sections anization operated in converse must satisfy a distributer as A and D, and Part V.	nnection	with its s	supported organization(s t and an attentiveness	) that is not requirement (see			
e Check this bo integrated, or	ox if the organiz Type III non-fu	ation received a writte inctionally integrated	en determination from supporting organization	the IRS	that it is	a Type I, Type II, Typ	e III functionally			
f Enter the number		organizations n about the supported	d organization(s)							
(i) Name of supported of	-	(ii) EIN	(iii) Type of organization	(is)	s the	(v) Amount of monetary	(vi) Amount of other			
()		(1)	(described on lines 1-10 above (see instructions))	organizat in your g	ion listed	support (see instructions)	support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
							1			

Total

Schedule A (Form 990 or 990-EZ) 2019	MONTANA	CONSERVATION	CORPS,	INC.	

Page 2

Schedule	A (Form 990 or 990-EZ) 2019	MONTANA	CONSERVATION	CORPS,	INC.	81-0467431
Part II	Support Schedule for O	rganizations	s Described in Se	ections 1	70(b)(1)(A)(i	v) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,604,175.	3,787,109.	3,876,193.	2,916,570.	3,820,229.	17,004,276.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,604,175.	3,787,109.	3,876,193.	2,916,570.	3,820,229.	17,004,276.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						17,004,276.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
7	Amounts from line 4	2,604,175.	3,787,109.	3,876,193.	2,916,570.	3,820,229.	17,004,276.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	376.	394.	556.	688.	386.	2,400.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						17,006,676.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	23,505,061.
13	First five years. If the Form 990 is organization, check this box and						► 🗌
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						99.99%
15	Public support percentage from	2018 Schedule A,	Part II, line 14			15	99.98%
16a	33-1/3% support test-2019. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b plicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	κ this box ·····► χ
b	33-1/3% support test-2018. If the and stop here. The organization	ne organization die i qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box ►
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test. check this	box and stop her	re. Explain in Part	tVI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> a publicly support	re. Explain in Part ed organization.	t VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

Schedule A (Form 990 or 990-EZ) 2019

## Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
~	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2. and 3 received from						
	disqualified persons.						
b	Amounts included on lines 2					<u> </u>	
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(4) 2010	(5)2010	(0) 2017	(4) 2010	(6) 2015	() ()
	Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources Unrelated business taxable						
5	income (less section 511						
	taxes) from businesses						
	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on					<u> </u>	
12	gain or loss from the sale of						
	capital assets (Explain in Part VI.).						
13	Total support. (Add lines 9,						
10	10c, 11, and 12.)						
14	First five years. If the Form 990	is for the organiz	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	
500	organization, check this box and						· · · · · · · · · · · · · · · · · · ·
	tion C. Computation of Pu Public support percentage for 20			ing 13 column (f			010
	Public support percentage for 20 Public support percentage from		•••		•		0 00
-	tion D. Computation of Inv						6
	Investment income percentage f						00
17 19				-			0 00
18	Investment income percentage f						
198	33-1/3% support tests – 2019. If is not more than 33-1/3%, check	this box and <b>sto</b>	not check the l	box on line 14, al	as a publicity supp	unan 33-1/3%, and orted organization	l line 17 ►
b	<b>33-1/3% support tests</b> – <b>2018.</b> If t						
2	line 18 is not more than 33-1/3%	, check this box	and stop here. Th	e organization qu	alifies as a public	ly supported organ	ization ►
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions.	
-							

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes.' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.* 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

11 Has the organization accepted a gift or contribution from any of the following persons?							
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a						
<b>b</b> A family member of a person described in (a) above?	11b						
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c						

### Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

### Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			

### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		l
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		L

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

#### 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI* the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

81-0467431

Page 5

Yes

1

2

No

# Schedule A (Form 990 or 990-EZ) 2019 MONTANA CONSERVATION CORPS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

81-	-0467431	
01-	-040/431	

i		~	~	6
	Рa	a	e	ь

ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for sho tax year or assets held for part of year):	ort		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035.	6		
Recoveries of prior-year distributions	7		
3 Minimum Asset Amount (add line 7 to line 6)	8		
ction C – Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Section D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt put	rposes		
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	IS,	
3 Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions.	on is responsive (provide	e details	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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(Form	99 <b>0</b>	or	99	0-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

• 5 • 5 • 5 • 5 • 5	Section 501(c)(3) organization Section 501(c) (other than sec Section 527 organizations: Con organization answered 'Yes,' c Section 501(c)(3) organizations t Section 501(c)(3) organization	on Form 990, Part IV, line 3, or Form 990-EZ, I s: Complete Parts I-A and B. Do not comp tion 501(c)(3)) organizations: Complete Pa mplete Part I-A only. on Form 990, Part IV, line 4, or Form 990-EZ, I that have filed Form 5768 (election under sect s that have NOT filed Form 5768 (election	lete Part I-C. arts I-A and C below. Part VI, line 47 (Lobbyi ion 501(h)): Complete I	Do not complete Part I ng Activities), then Part II-A. Do not complet	-B. e Part II-B.
If the (Prox	xy Tax) (see separate instruct		(see separate instruc	tions) or Form 990-EZ,	Part V, line 35c
		rganizations: Complete Part III.			
	of organization			Employer identific	
	TANA CONSERVATION	corps, INC. rganization is exempt under section	on 501(a) or is a (	81-046743	
					zation.
	(see instructions for definitio	organization's direct and indirect political on of 'political campaign activities')			
		xpenditures (see instructions)			
		campaign activities (see instructions)			
	-	rganization is exempt under section			
1		ise tax incurred by the organization under			
2	Enter the amount of any exc	sise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
b	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt functio	on activities 🏲 \$	
2	Enter the amount of the filing 527 exempt function activitie	g organization's funds contributed to other	organizations for sec	tion ►\$	
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	►s	
		e Form 1120-POL for this year?			
4					
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly del al action committee (PAC). If additional spa	mount paid from the f livered to a separate po	filing organization's fun plitical organization, such	ds. Also enter the as a separate
	<b>(a)</b> Name	(b) Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 MONTANA CC	DNSERVATION CORPS, INC.	81-04674	131 Page <b>2</b>
	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ction under
A Check ► ☐ if the filing organization belo	ongs to an affiliated group (and list in Part IV each affiliat	ed group member's name,	
address, EIN, expenses, a	and share of excess lobbying expenditures).		
B Check ► if the filing organization cl	necked box A and 'limited control' provisions apply.		
Limits on Lob (The term 'expenditures' m	bying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence	public opinion (grassroots lobbying)		
<b>b</b> Total lobbying expenditures to influence	a legislative body (direct lobbying)	6,416.	
c Total lobbying expenditures (add lines 1a	a and 1b)	6,416.	0.
d Other exempt purpose expenditures		7,781,175.	
e Total exempt purpose expenditures (add	lines 1c and 1d)	7,787,591.	0.
f Lobbying nontaxable amount. Enter the a both columns.		539,380.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
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.		
g Grassroots nontaxable amount (enter 25	% of line 1f)	134,845.	0.
h Subtract line 1g from line 1a. If zero or le	ess, enter -0	0.	0.
i Subtract line 1f from line 1c. If zero or le	ss, enter -0	0.	0.
. If there is an even we ather then were an eith	uar ling 1h ar ling 1j, did the organization file Form 4720 r		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....

## 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total	
2 a Lobbying nontaxable amount		518,055.	525,734.	539,380.	1,583,169.	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,374,754.	
<b>c</b> Total lobbying expenditures		1,846.	614.	6,416.	8,876.	
<b>d</b> Grassroots nontaxable amount		129,514.	131,434.	134,845.	395,793.	
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					593,690.	
f Grassroots lobbying expenditures					0.	

BAA

Schedule C (Form 990 or 990-EZ) 2019

No

Schedule <b>C</b> (Form 990 or 990-EZ) 2019 MONTANA	CONSERVATION	CORPS,	INC
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# 81-0467431 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	(a)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? <b>c</b> Media advertisements?					
<b>d</b> Mailings to members, legislators, or the public? <b>e</b> Publications, or published or broadcast statements?					
<ul> <li>f Grants to other organizations for lobbying purposes?</li> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i. Other activities?</li> </ul>					
<ul> <li>i Other activities?</li> <li>j Total. Add lines 1c through 1i.</li> <li>2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> <li>b If 'Yes,' enter the amount of any tax incurred under section 4912.</li> <li>c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.</li> </ul>					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	165	NO
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
<ul><li>3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the political campaign activity expe</li></ul>					
Part III-B       Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, i answered 'Yes.'					<u>.</u>

1	Dues, assessments and similar amounts from members.		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
i	a Current year	2a	
I	b Carryover from last year	2 b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
Pa	rt IV Supplemental Information		

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Page 3

(Fo	HEDULE D rm 990)	► Complet Part IV, line 6	Demental Financial State te if the organization answered 'Ye 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11 ► Attach to Form 990.	es' on Form 990, e, 11f, 12a, or 12b.		OMB No. 1 20 Open to	19
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the late			the latest information.		Inspecti	ion	
	Name of the organization       Employer identification number         MONTANA CONSERVATION CORPS, INC.       81-0467431         Part I       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.						
			(a) Donor advised fund		-unds and	other accou	nts
1 2 3 4	Aggregate value of cor Aggregate value of gra Aggregate value a	end of year htributions to (during year) Ints from (during year) at end of year					
5 6	are the organizati Did the organizati	ion's property, subject to the ion inform all grantees, dono	nor advisors in writing that the asso organization's exclusive legal conf rs, and donor advisors in writing th	trol? nat grant funds can be us	sed only	Yes	No
	for charitable pur	poses and not for the benefit	t of the donor or donor advisor, or	for any other purpose co	nferring _	Yes	No
Par		tion Easements.					<u></u>
1	Purpose(s) of cor Preservation o Protection of Preservation Complete lines 2a	servation easements held by f land for public use (for examinatural habitat of open space through 2d if the organization f	wered 'Yes' on Form 990, Pa y the organization (check all that a ple, recreation or education)	pply). Preservation of a histo Preservation of a cert	ified histori	c structure	
	last day of the tax	x year.			Held at the	End of the	Tax Year
a	Total number of c	conservation easements					
ł	Total acreage res	tricted by conservation ease	ments				
c	Number of conser	rvation easements on a certi	fied historic structure included in (a	a) <b>2c</b>			
_	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register						
3	Number of conserv tax year ►	ation easements modified, trar	nsferred, released, extinguished, or te	erminated by the organizati	on during th	ie	
4 5 6	5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?						
7	► Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enf	orcing conservation easem	ents during	the year	
8	Does each conse	rvation easement reported or n)(4)(B)(ii)?	n line 2(d) above satisfy the require	ements of section 170(h)	(4)(B)(i)	Yes	No
9	In Part XIII, descrinclude, if application conservation ease	able, the text of the footnote	ports conservation easements in its to the organization's financial state	s revenue and expense s ements that describes the	tatement a e organizati	nd balance ion's accour	sheet, and nting for
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	ctions of Art, Historical Tre wered 'Yes' on Form 990, Pa	asures, or Other Sin art IV, line 8.	nilar Ass	ets.	
1 a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in i ld for public exhibition, education, Il statements that describes these	or research in furtherand	d balance s ce of public	sheet works service, pro	of art, ovide in
ł	historical treasures following amounts (i) Revenue inclu	s, or other similar assets held for s relating to these items: uded on Form 990, Part VIII,	r FASB ASC 958, to report in its re or public exhibition, education, or reso line 1	earch in furtherance of pub	olic service, ►\$	provide the	ırt,
2	If the organization amounts required	received or held works of art, h to be reported under FASB	historical treasures, or other similar as ASC 958 relating to these items:	ssets for financial gain, pro	ovide the fol	lowing	
			L				<u> </u>
			Instructions for Form 990.			lule D (Forn	n 990) 2019

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	

Schedule D (Form 990) 2019 MONT							81-046		Page <b>2</b>
Part III Organizations Mainta	ining Colle	ections of	of Art, Histo	orica	l Treasures, or	Other Si	milar Ass	ets (conti	inued)
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):									
<b>a</b> Public exhibition			d Loan	or exc	hange program				
<b>b</b> Scholarly research			e Other						
c Preservation for future gener	rations								
4 Provide a description of the organiz Part XIII.					Ũ				
5 During the year, did the organiza to be sold to raise funds rather the sold to raise funds the the sold to raise funds rather the sold to rather the	tion solicit or	receive d	lonations of ar	t, hist	orical treasures, o	r other simi	lar assets	Yes	No
Part IV Escrow and Custodia									
line 9, or reported an							00 0111 01	111 550, 1	artry,
<b>1 a</b> is the organization an agent, true	stee. custodia	an or othe	r intermediary	for co	ontributions or othe	er assets no	t included		
on Form 990, Part X?							· · · · · · · · · · .	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII a	and compl	ete the followi	ng tal	ole:	<b></b>			
De sieuring, helene e						_		Amount	
c Beginning balance									
<b>d</b> Additions during the year									
e Distributions during the year									
f Ending balance							L:1:1 2	N <sub>2</sub>	
<b>2 a</b> Did the organization include an a							-		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Спеск пе	re if the explai	nation	nas been provide	d on Part X			·
Part V Endowment Funds. C	omplata if	the erec	nization or		ad Wast on Ea	rm 000 [	Dort IV/ lin	o 10	
Part V Endowment Funds. C	(a) Current		(b) Prior yea		(c) Two years back		ee years back	(e) Four y	voore book
<b>1 a</b> Beginning of year balance	(a) current	. yeai	(D) FIIUL yea	I		(u) 1111	ee years dack	(e) rour y	Eais Dack
<b>b</b> Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
<b>g</b> End of year balance									
2 Provide the estimated percentag		ent year er	nd balance (lir	ne 1g,	column (a)) held	as:			
<b>a</b> Board designated or quasi-endowm	ient 🕨		00						
<b>b</b> Permanent endowment	×								
c Term endowment									
The percentages on lines 2a, 2b, a	nd 2c should e	equal 100%							
3 a Are there endowment funds not in t	the possession	n of the org	anization that a	are he	ld and administered	for the		Ye	
organization by: (i) Unrelated organizations									s No
(i) Related organizations								3a(i)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela								3a(ii)	
4 Describe in Part XIII the intended	-		•					3b	
		-			ius.				
Part VI Land, Buildings, and Complete if the organ			Yes' on For	m 99	0 Part IV line	11a See	Form 99(	) Part X	line 10
			1						
Description of property		(a) Cost o (inve	or other basis estment)	(b	Cost or other basis (other)	(c) Accur deprec	mulated ciation	<b>(d)</b> Book	value
<b>1 a</b> Land									
<b>b</b> Buildings									
c Leasehold improvements									
<b>d</b> Equipment					422,082.		92,597.		29,485.
<b>e</b> Other					31,396.	2	20,756.		LO,640.
Total. Add lines 1a through 1e. (Colum	nn (d) must ei	qual Form	990, Part X,	colum	n (B), line 10c.)		►		40,125.
BAA							Schedu	ıle D (Form	990) 2019

Part VII	Investments – Other Securities.	Lives on Form 000	N/A Depart IV Line 11b See Form 0	00 Dart V line 12
	Complete if the organization answered ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-or	
• •	ial derivatives	(D) DOOK Value	(C) Method of Valuation: Cost of end-of	-year market value
	y held equity interests			
(2) Closely (3) Other				
(3) Other (A)				
(B)				
(C)				
<u>(</u> D)				
(E)				
(F)				
(G)				
(H)				
( )				
	nn (b) must equal Form 990, Part X, column (B) line 12.) ►		). ), (2)	
Part VIII	Investments – Program Related. Complete if the organization answered	L'Yes' on Form 99(	N/A 0 Part IV line 11c See Form 9	90 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
. ,	nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets.	N/A	1	
	Complete if the organization answered	I 'Yes' on Form 990 scription	0, Part IV, line 11d. See Form 9	90, Part X, line 15. (b) Book value
(1)		scription		(D) BOOK Value
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
	olumn (b) must equal Form 990, Part X, column (l	B) line 15.)	••••••	
Part X	Other Liabilities.	form 000 Dort IV line 1	1a ar 11f Saa Farm 000 Part V line 2F	
1.	Complete if the organization answered 'Yes' on F	iption of liability	Te of TH. See Form 990, Part A, Inte 25.	(b) Book value
	eral income taxes			
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Colun	nn (b) must equal Form 990, Part X, column (B) line 25.)		•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019 MONTANA CONSERVATION CORPS, INC.	81-046743	1 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	7,859,830.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<u> </u>
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	
3 Subtract line 2e from line 1	3	7,859,830.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,859,830.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	ber Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	7,787,591.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)	_	
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	7,787,591.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		.,
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,787,591.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

### MONTANA CONSERVATION CORPS, INC.

Employer identification number 81 - 0467431

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

MCC PROGRAMS BRING TOGETHER LEADERSHIP DEVELOPMENT, CIVIC ENGAGEMENT, AND TRAINING WITH HANDS-ON SERVICE IN THE OUTDOORS TO DEVELOP YOUNG PEOPLE AS PRODUCTIVE INDIVIDUALS AND ENGAGED CITIZENS. MCC HELPS YOUNG PEOPLE DEVELOP VITAL COMPETENCIES THAT BUILD A FOUNDATION FOR ACHIEVING SUCCESS AND DISCOVER THEIR CAPACITY TO LEAD IN THEIR LIVES AND COMMUNITIES. EXPENSES SUPPORT THREE DELIVERY MODELS: AN AMERICORPS PROGRAM FOR YOUNG ADULTS, AGES 17 AND UP, WHO WORK A TERM OF SERVICE FOR THREE TO NINE MONTHS THROUGH EITHER OUR CREW MODEL OR SINGLE PLACEMENTS AS CONSERVATION IN ADDITION, THE ORGANIZATION OFFERS BOTH A TWO-WEEK AND A MONTH-LONG INTERNS. YOUTH SERVICE EXPEDITION SUMMER PROGRAM FOR MONTANA TEENS AGES 14 TO 18; AND THE ONE-WEEK LONG PROGRAM FOR MONTANA MIDDLE SCHOOLERS AGES 12 TO 14. MCC CONDUCTS OVER 330 COMMUNITY AND CONSERVATION SERVICE PROJECTS EACH YEAR. PROJECTS MEET COMMUNITY AND PUBLIC LANDS NEEDS IN MONTANA AND SURROUNDING STATES IN THE NORTHERN ROCKIES AND GREAT PLAINS REGIONS. PROJECTS INVOLVE A VARIETY OF CONSERVATION WORK INCLUDING TRAILS BUILDING AND MAINTENANCE, HISTORICAL RESTORATION, BIOLOGICAL RESEARCH, HABITAT ENHANCEMENT, FENCING, BIOLOGICAL RESEARCH, WATERSHED RESTORATION, HOME WEATHERIZATION, AND COMMUNITY SERVICE. SIGNIFICANT ACCOMPLISHMENTS IN 2019 INCLUDED IMPROVEMENTS TO 1,567 MILES OF RECREATIONAL TRAILS THAT ENHANCED SAFETY AND ACCESS TO PUBLIC LANDS, TREATMENT OF 9,125 ACRES FOR INVASIVE AND NOXIOUS WEEDS, PLANTING 13,888 TREES, REPAIRING OR INSTALLING 163 MILES OF FENCING TO REDUCE WILDLIFE MORTALITY AND IMPROVE HABITAT MANAGEMENT, AND RETROFITTING 1,319 HOMES OF LOW INCOME FAMILIES WITH ENERGY CONSERVATION MEASURES. MEANINGFUL SERVICE PROJECTS THAT RESULT IN LASTING BENEFITS FOR OUR COMMUNITIES AND ENVIRONMENT ENSURE A SETTING IN WHICH MEMBERS CULTIVATE SERVICE VALUES AND A VIGOROUS WORK ETHIC, LEARN PRACTICAL JOB SKILLS, DEVELOP AS EFFECTIVE LEADERS AND CREW MEMBERS, PRACTICE RESPONSIBLE LAND

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
MONTANA CONSERVATION CORPS, INC.	81-0467431

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SCHOOL YOUTH EXPEDITION COMMENTED: ""MCC MEANS A LOT TO ME. I BELIEVE THE YOUTH CORPS IS THE MOST IMPORTANT THING MCC DOES. I DIDN'T HAVE AN OUTLET FOR WHAT I WANTED TO DO IN LIFE UNTIL I FOUND MONTANA CONSERVATION CORPS." ANOTHER ALUMNI RECENTLY REFLECTED ON THEIR MCC SERVICE: "ALL OF THESE EXPERIENCES HAVE BEEN AMAZING, BUT NOT NEARLY AS AMAZING AS WHAT I'VE GOTTEN OUT OF THEM. A CHANCE TO BECOME PART OF ONE OF THE MOST WELCOMING COMMUNITIES I'VE EVER EXPERIENCED, A CHANCE TO LOSE MYSELF IN WORK THAT'S BROUGHT ME MORE PEACE THAN I COULD'VE ASKED FOR, AND MAYBE MOST IMPORTANTLY; A CHANCE TO TRULY BECOME A STEWARD OF THE ENVIRONMENT AND SERVE MY COMMUNITY. THERE'S FEW THINGS MORE SATISFYING THAN GETTING TO HELP PROTECT SOMETHING YOU'RE PASSIONATE ABOUT, ALL THE WHILE HELPING OTHERS EXPERIENCE IT AS WELL"

### FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THE BIG SKY WATERSHED CORPS (BSWC) IS A PARTNERSHIP BETWEEN MONTANA CONSERVATION CORPS, SOIL AND WATER CONSERVATION DISTRICTS OF MONTANA, AND MONTANA WATERSHED COORDINATION COUNCIL. BSWC ACTIVATES COMMUNITY-BASED SOLUTIONS FOR WATERSHED HEALTH AND PROTECTION. BSWC AMERICORPS MEMBERS SERVE WITH LOCAL WATERSHED-RELATED GROUPS THROUGHOUT THE STATE OF MONTANA WHERE THEY INCREASE THE CAPACITY OF HOST SITE ORGANIZATIONS TO LEAD COMMUNITY BASED, CITIZEN-LED WATERSHED STEWARDSHIP. HOME-GROWN SOLUTIONS TO LOCAL WATERSHED ISSUES, ON THE GROUND WATERSHED EDUCATION AND OUTREACH, VOLUNTEER TRAINING, STREAM RESTORATION PROJECTS AND WATER MONITORING INITIATIVES MAKE A MEASURABLE DIFFERENCE IN LOCAL CONSERVATION EFFORTS. BSWC AMERICORPS MEMBERS GAIN PRACTICAL, PROFESSIONAL EXPERIENCE IN WATERSHED STEWARDSHIP WHILE DEVELOPING SKILLS FOR PROJECT LEADERSHIP, COLLABORATIVE MANAGEMENT, VOLUNTEER ENGAGEMENT, AND THE ROLE OF CITIZENS IN LEADING CHANGE IN THEIR COMMUNITIES.

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

MCC UTILIZES THE SERVICES OF AN ACCOUNTING FIRM TO COMPLETE THE FORM 990. THE DRAFT OF THE FORM 990 IS SENT ELECTRONICALLY TO ALL BOARD MEMBERS. THE BOARD TREASURER

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

MEETS WITH THE DIRECTOR OF OPERATIONS TO REVIEW THE FORM 990 IN DETAIL. THE BOARD TREASURER IS THE OFFICIAL SIGNER AND VERIFIES THEIR APPROVAL TO THE AUDIT FIRM BEFORE SUBMISSION.

### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

UPON ELECTION TO THE BOARD, A FULL WRITTEN DISCLOSURE OF INTERESTS, RELATIONSHIPS, OR HOLDINGS THAT COULD POTENTIALLY BE A CONFLICT OF INTEREST MUST BE DONE WHEN APPLICABLE. DURING THE COURSE OF MEETINGS, ANY CONFLICT OR PERCEIVED CONFLICT OF INTEREST MUST BE STATED BEFORE SPEAKING TO ANY ISSUE AND THE MEMBER MUST ABSTAIN FROM MAKING ANY MOTIONS, OR VOTING ON ANY SUCH ISSUE. CONFLICTS WILL BE NOTED IN MINUTES TO ENSURE THAT THE POLICY IS BEING ADDRESSED AS REQUIRED. THE BOARD REVIEWS AND SIGNS THE CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES THE MCC EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL JOB PERFORMANCE REVIEW. COMPENSATION IS BASED ON PERFORMANCE, BUDGETS, AND THE COMMITTEE MAY OBTAIN COMPARABLE DATA PRIOR TO MAKING ITS DETERMINATION. THE COMMITTEE WILL DOCUMENT THE DELIBERATION PROCESS AND BASIS FOR ITS DECISIONS INCLUDING COMPENSATION TERMS, DATE APPROVED, MEMBERS PRESENT, COMPARABILITY DATA, AND BASIS FOR DECISION.

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAINTAINS ALL DOCUMENTS AT THE ORGANIZATION'S HEADOUARTERS IN BOZEMAN, MONTANA. POLICIES, FINANCIAL INFORMATION AND FORM 990 ARE AVAILABLE UPON REQUEST AND SUCH MESSAGE IS POSTED ON THE ORGANIZATION'S WEBSITE.