Form **990**

For the 2018 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

2018, and ending

Open to Public Inspection

D Employer identification number

В	Check	if applicable:	С					D	Employ	er identi	fication number			
	А	ddress change	MONTANA CO	ONSERVA	TION CORPS,	INC.			81-	04674	431			
	N	ame change	206 N. GRA		_			E	Teleph	one numb	er			
	Ir	nitial return	BOZEMAN, N	IT 5971	5				(40	6) 58	37-4475			
	Fi	nal return/terminated												
	А	mended return						G	Gross r	eceipts \$	7,440,	,487.		
	А	pplication pending	F Name and addre	ess of principa	officer: CHRICT	OPER POPE	ŀ	H(a) Is this a g	oup retu	n for sub		X _{No}		
			SAME AS C	ABOVE	CIIKIDI	OILK TOIL	H	H(b) Are all sub If "No," att	ordinate	included	l? Yes	No		
Ι	Tax	-exempt status:	X 501(c)(3)	501(c) ()◀ (insert n	o.) 4947(a)((1) or 527	11 110, att	acii a 1151	. (See IIIS	dructions)			
J	We	bsite: ► WW	W.MTCORPS.	ORG			<u> </u>	H(c) Group exe	mption n	umber ►				
K	Forr	n of organization:	X Corporation	Trust	Association Oth	ner ►	L Year of formatio	n:	M	State of le	egal domicile:			
Pa	ırt I	Summar			<u> </u>		I.		ı					
	1			ion's miss	ion or most signif	icant activities:	MONTANA CO	NSERVAT	'ION	CORP	S (MCC)			
au		INSPIRES	YOUNG PEO	PLE TH	ROUGH HANDS	ON CONSE	RVATION SE	RVICE T	O BE	LEAD	ERS,			
anc		STEWARDS	OF THE LA	ND AND	ENGAGED CI	TIZENS WHO	O IMPROVE '	THEIR C	OMMUI	NITIE	ls.			
Activities & Governance						- – – – – – -								
Š	2	Check this bo			n discontinued its						sets.	1 4		
∾ প	3 4		•	•	rning body (Part \ s of the governing					3		14 14		
es	5		•	-	n calendar year 20		•			5		444		
Ξ	6				necessary)	•	•			6		1,215		
Act	7a	Total unrelate	ed business reve	enue from	Part VIII, column	(C), line 12				7a		0.		
	b	Net unrelated	l business taxab	le income	from Form 990-T	, line 38				7b		0.		
								_	r Year		Current Yo			
Ð	8				1h)				376,2		3,821			
eun	9	-	•		e 2g)			- / -	229,5		3,481	•		
Revenue	10				A), lines 3, 4, and				89,0)51.	134	<u>,918.</u>		
ш.	11 12		•		nes 5, 6d, 8c, 9c, (must equal Part	•			194,8	20	7,438	255		
	13				IX, column (A), lir				194,0	550.	1,430	, 355.		
	14			-		-								
	15	•	nefits paid to or for members (Part IX, column (A), line 4)						326,0	162	5,300	161		
ės	_	Professional fundraising fees (Part IX, column (A), line 11e)							320,0	702.	3,300	, 101.		
Expenses														
х					lumn (D), line 25)		52,112.							
_	17				nes 11a-11d, 11f-				035,0		2,215			
	18	•		-	equal Part IX, col		•		361,1		7,515			
	19	Revenue less	expenses. Sub	tract line I	8 from line 12				166,2			,558.		
ets or lances	20	Total accets	(Dort V. line 16)					Beginning of			End of Ye			
sset Bala	21								961,3 469,3		1,736	,034. ,197.		
Net Asse Fund Bal	21		•	•										
				Subtract II	ne 21 from line 2	0		1,	492,3	395.	1,414	,837.		
	ırt II	Signatur												
com	er pena plete. E	Ities of perjury, I de Declaration of prepa	eclare that I have exar arer (other than officer	mined this reti r) is based on	urn, including accompar all information of which	nying schedules and i preparer has any k	statements, and to the nowledge.	ne best of my k	nowledge	and belie	et, it is true, correct	i, and		
Sig	ın	Signatu	re of officer					Date						
He	re	CHR	ISTOPER PO	PE.				BOARD	TREA	SUREF	?			
	-		print name and title	<u></u>				DOME	тіллі	ООПП				
		Print/Type p	preparer's name		Preparer's signature		Date	Ch	ieck	if I	PTIN			
Pa	id	SCOTT	HOLTON, CE	PA	SCOTT HOLT	ON, CPA			lf-employ		P00432520			
	iu epar				NY PLLC		<u> </u>			1 -				
Us	e Or	ily Firm's addre			COMMONS DRI	VE, SUITE	7	Fir	m's EIN	▶ 82-	-0467399			
		_	BOZEMA		59718		<u> </u>		ione no.	(406		93		
May	y the	IRS discuss th			shown above? (s	see instructions	s)				X Yes	No		

rai	Check if Schedule O contains a response or note to any line in this Part III
1	· · · · · · · · · · · · · · · · · · ·
	MONTANA CONSERVATION CORPS (MCC) INSPIRES YOUNG PEOPLE THROUGH HANDS-ON CONSERVATION
	SERVICE TO BE LEADERS, STEWARDS OF THE LAND AND ENGAGED CITIZENS WHO IMPROVE THEIR
	COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior
	Form 990 or 990-EZ?
	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 services? 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 services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,
	and revenue, if any, for each program service reported.
	(O
4 a	(Code:) (Expenses \$ 6,154,466. including grants of \$) (Revenue \$ 3,235,464.)
	SEE_SCHEDULE_O
4 t	(Code:) (Expenses \$ 614,531. including grants of \$) (Revenue \$ 246,000.)
	SEE_SCHEDULE_O
4 0	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 0	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4	Total program service expenses ► 6 768 997

			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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i> .	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? <i>If 'Yes,' complete Schedule C, Part II</i>	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		X
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	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	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 temporarily restricted endowments, permanent endowments, or 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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
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? If 'Yes,' complete Schedule D, Part VII.	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
c	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		Χ
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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	X	
t	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		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
k	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		X
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
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		X
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	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20a		Х
b	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

Form 990 (2018) MONTANA CONSERVATION CORPS, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	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	24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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
I	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? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
I	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		X
I	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? If 'Yes,' complete Schedule R, Part VI	37		Х
	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			<u>. </u>
_			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(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	
BAA				(2018)

Form 990 (2018) MONTANA CONSERVATION CORPS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	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 2a 444		,,	
k	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	a If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
Ł	n If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
Ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Χ
C	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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		Х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
ŀ	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		21
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			37
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	n 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		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a 9 b		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
Ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12		
a	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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	14-		Х
		14a 14b		Λ
	a If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	140		
13	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		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If 'Yes,' complete Form 4720, Schedule O.			

WENDY WIGERT 206 N. GRAND

Form 990 (2018) MONTANA CONSERVATION CORPS, INC. 81-0467431 Page 6 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 14 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 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? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization...SEE.SCHEDULE.Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

(406) 587-4475

BOZEMAN MT 59715

Form 990 (2	2018) 1	ΜΟΝΤΆΝΑ	CONSERVATION	CORPS	INC.
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81-0467431

age **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		(C)								
(A) Name and Title	(B) Average hours per	thar	one both dire	box, an o ector/	unles fficer truste	,	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CAROL BIBLER	1									
BOARD MEMBER	0	Χ						0.	0.	0.
(2) DAVID WEINSTEIN	1									
BOARD MEMER	0	Χ						0.	0.	0.
(3) THOMAS PEDERSEN	1									
BOARD MEMBER	0	Χ						0.	0.	0.
(4) JIM BURCHFIELD	_ 1									
BOARD MEMBER	0	Χ						0.	0.	0.
(5) BOB HERMES	1									
SECRETARY	0	Χ		Χ				0.	0.	0.
(6) CHRISTOPER POPE	1									
TREASURER	0	X		Χ				0.	0.	0.
	1									
BOARD MEMBER	0	Χ						0.	0.	0.
_(8)_LISA_KELLEY	_ 1									
BOARD MEMBER	0	Χ						0.	0.	0.
(9) SHANE DOYLE	_ 1									
BOARD MEMBER	0	Χ						0.	0.	0.
(10) STEVE DOHERTY	1									
BOARD MEMBER	0	X						0.	0.	0.
(11) BRIANNE DUGAN	1									
BOARD MEMBER	0	Χ						0.	0.	0.
(12) JAN LOMBARDI	_ 1							_		_
CHAIR	0	Χ		X				0.	0.	0.
(13) WHITNEY TILT	1									
BOARD MEMBER	0	X						0.	0.	0.
(14) JOE MCCARTY	1	١							_	•
VICE CHAIR	0	Χ		X				0.	0.	0.

Part VII Section A. Officers, Directors, Tru		Key	Εm		_	es,	and	d Highest Com	pensated Emp	loyee	S (contin	ued)
	(A) (B) (C) Position Average (do not check more than one											
(A) Name and title	Average hours per week (list any hours for related organiza - tions	box	, unle cer ar	ess pe nd a d	erson direct	than Highest compensated	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amo con f org ar	(F) stimated unt of other pensation from the ganization and related anizations	า
(15) TONATURNI MCKENNESY	below dotted line)	rustee	trustee		ree	pensated						
PRESIDENT AND CEO	- <u>40</u> -				Χ			113,820.	0.		18,1	10.
016) WENDY WIGERT DIRECTOR OF OPERATIONS	$-\frac{40}{0}$				Х			91,016.	0.		16,9	68.
(17)												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total	<u> </u>						•	204,836.	0.		35,0	70
c Total from continuation sheets to Part VII, Secti								204,830.	0.		33,0	0.
d Total (add lines 1b and 1c).								204,836.	0.		35,0	
2 Total number of individuals (including but not limited from the organization ► 1							ved			pensatio	n	, , ,
Tom the organization											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	stee,	, key	em em	plo	/ee,	or h	nighest compensati	ted employee	. 3		X
For any individual listed on line 1a, is the sum of the organization and related organizations greater	f reportab	le co	mpe	ensa	tion	and	oth	er compensation				
such individual5 Did any person listed on line 1a receive or accru							·			. 4		X
for services rendered to the organization? If 'Yes	s,' comple	te So	chea	lule	J fo	r suc	ch p	erson		. 5		X
1 Complete this table for your five highest compen compensation from the organization. Report compensation	sated ind	epen	dent	t cor	ntra	ctors	tha	it received more the	han \$100,000 of			
(A) Name and business add		tile e	alcii	uui j	ycai	Criun	iig v	(B) Description		(C) ensation	า
2 Total number of independent contractors (including the \$100,000 of compensation from the organization)		ited to	o the	se I	isted	abo	ve)	who received more	than			
+	U											

	Check if Schedule O contains a response or note to a	ny line in this Part V	ΊΙΙ		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 3,390,487 f All other contributions, gifts, grants, and similar amounts not included above 1f 431,486 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f				
<u> </u>	Business Code	3,021,373.			
교		2 225 464	2 225 464		
ev	2a PROGRAM FEES 110000	3,235,464.	3,235,464.		
e H	b OTHER PROGRAM REVENUE 900099	246,000.	246,000.		
νic	C				
Se	a				
am	e				
Program Service Revenue	f All other program service revenue				
ď	g Total. Add lines 2a-2f	3 ,481,464.			
	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds	000.			688.
	5 Royalties	•			
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)	_			
	d Net rental income or (loss)	<u> </u>			
	(i) Securities (ii) Other	-			
	/ a Gross amount from sales of				
	assets other than inventory 136, 362	<u>. </u>			
	b Less: cost or other basis				
	and sales expenses 2,132				
	c Gain or (loss)				
	d Net gain or (loss)	1 34,230.			134,230.
a.	8a Gross income from fundraising events				
nue	(not including \$				
vel	of contributions reported on line 1c).				
Re	See Part IV, line 18 a				
er	b Less: direct expenses b				
Other Reven	c Net income or (loss) from fundraising events	<u> </u>			
0	9 a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expenses				
	c Net income or (loss) from gaming activities	>			
	10a Gross sales of inventory, less returns and allowances	_			
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b				
	С				
	d All other revenue				
	e Total. Add lines 11a-11d	>			
	12 Total revenue. See instructions	▶ 7 438 355	3 481 464	0.	134.918.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i	Check if Schedule O contains a re	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
6 <i>D</i> ,	7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic	·	expenses	general expenses	expenses
	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 foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	239,912.	103,971.	134,632.	1,309.
6	Compensation not included above, to 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	3,982,849.	3,690,378.	277,180.	15,291.
8	Pension plan accruals and contributions	3, 302, 043.	3,030,370.	211,100.	13,291.
٥	(include section 401(k) and 403(b) employer contributions)	55,395.	46,098.	9,284.	13.
9	Other employee benefits	413,284.	366,933.	44,930.	1,421.
10	Payroll taxes	608,721.	571,939.	35,266.	1,516.
11	Fees for services (non-employees):	,			
á	Management				
ŀ	Legal				
(Accounting	12,564.	1,379.	11,185.	
(! Lobbying	,	·	,	
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule 0.)	1,785.	793.	992.	
13	Office expenses	45,671.	29,563.	15,049.	1,059.
14	Information technology	43,071.	25,505.	13,043.	1,000.
15	Royalties				
16	Occupancy	213,169.	185,463.	27,706.	
17	Travel	359,808.	354,862.	3,716.	1,230.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3037000.	001/0021	377101	1,000.
19	Conferences, conventions, and meetings				
20	Interest	9,045.	9,045.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	133,621.	133,621.		
23	Insurance	65,217.	8,369.	56,848.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	VEHICLE OPERATIONS	637,158.	637,013.	8.	137.
	PROJECT AND SAFETY SUPPLIES	204,533.	204,532.		1.
	CONTRACT LABOR	143,343.	92,851.	32,742.	17,750.
(TRAINING	128,192.	124,313.	3,436.	443.
•	All other expenses.	261,646.	207,874.	41,830.	11,942.
25	Total functional expenses. Add lines 1 through 24e	7,515,913.	6,768,997.	694,804.	52,112.
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)				

		Check if Schedule O contains a response or note to	any line	in this Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash – non-interest-bearing			410.	1	410.			
	2	Savings and temporary cash investments			1,202,089.	2	1,337,545.			
	3	Pledges and grants receivable, net			377,102.	3	165,292.			
	4	Accounts receivable, net			34,860.	4	38,875.			
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	nplovees	s. Complete I		5				
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a B)(B), and (9) volunt Part II o	s defined under I contributing ary employees' f Schedule L		6				
S	7	Notes and loans receivable, net			7					
Assets	8	Inventories for sale or use		<u></u>	7,314.	8	12,504.			
As	9	Prepaid expenses and deferred charges			39,107.	9	16,299.			
2	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1	841,345.	0372071		10/2331			
		Less: accumulated depreciation		703,458.	273,640.	10 c	137,887.			
	11	Investments – publicly traded securities			273,040.	11	137,007.			
	12	Investments – other securities. See Part IV, line 11		<u></u>		12				
	13	•	ents – program-related. See Part IV, line 11							
	14	Intangible assets				13 14				
	15	Other assets. See Part IV, line 11	<u> </u>	27,222.	15	27,222.				
	16	Total assets. Add lines 1 through 15 (must equal line			1,961,744.	16	1,736,034.			
	17	Accounts payable and accrued expenses	345,274.	17	321,197.					
	18	Grants payable	124,075.	18	321/137.					
	19	Deferred revenue		19						
	20	Tax-exempt bond liabilities		20						
S	21	Escrow or custodial account liability. Complete Part I'	V of Sche	edule D		21				
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disquali	fied persons.		22				
	23	Secured mortgages and notes payable to unrelated th	ird partie	s		23				
	24	Unsecured notes and loans payable to unrelated third	•	<u></u>		24				
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to relat plete Par	ed third parties, t X of Schedule D.		25				
	26	Total liabilities. Add lines 17 through 25			469,349.	26	321,197.			
ses		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.								
an	27	Unrestricted net assets			1,454,794.	27	1,364,505.			
Bal	28	Temporarily restricted net assets		<u> </u>	37,601.	28	50,332.			
힏	29	Permanently restricted net assets				29				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.								
9	30	Capital stock or trust principal, or current funds			30					
8	31	Paid-in or capital surplus, or land, building, or equipm	ent fund.			31				
As	32	Retained earnings, endowment, accumulated income,	or other	funds		32				
let.	33	Total net assets or fund balances			1,492,395.	33	1,414,837.			
_	34	Total liabilities and net assets/fund balances			1,961,744.	34	1,736,034.			

Pa	rt 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	7,4	38,3	355.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,5	15,9	913.		
3	Revenue less expenses. Subtract line 2 from line 1	3	_	77,5	558.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,4	92,3	395.		
5	Net unrealized gains (losses) on investments.	5					
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 in Schedule O).	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	1 4	14 0			
Day	rt XII Financial Statements and Reporting	10	⊥,4	14,8	337.		
Pa					_		
	Check if Schedule O contains a response or note to any line in this Part XII						
			_	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		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			v			
	b 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 separa basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	te					
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2с	Х			
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
	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?		За	Х			
l	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х			
BAA	TEEA0112L 08/03/18		Form	990 ((2018)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name o	f th	e organization					Employer identifi	cation number
	MONTANA CONSERVATION CORPS, INC. 81-0467431							
Par	Ι	Reason for Public Cha	rity Status (All or	rganizations must	comple	te this	s part.) See instru	ctions.
The c	rga	nization is not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)	
1		A church, convention of church	es, or association of ch	nurches described in sec	tion 170(b)(1)(A)((i).	
2	Г	A school described in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ).)		
3		A hospital or a cooperative h	ospital service organ	ization described in se	ction 17	0(b)(1)(A	A)(iii).	
4		A medical research organiza	tion operated in conju	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii).	Enter the hospital's
	_	name, city, and state:						
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governmental unit of	described in
6		A federal, state, or local gov	ernment or governme	ental unit described in s	section 1	70(b)(1))(A)(v).	
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general p	ublic described
8		A community trust described			-			
9		An agricultural research organi or university or a non-land-grauuniversity:	nt college of agriculture		r the nan	ne, city,		
10		An organization that normally r from activities related to its investment income and unre June 30, 1975. See section!	eceives: (1) more than exempt functions—sub- lated business taxable	33-1/3% of its support for a s	rom cont	ributions (2) no	more than 33-1/3% of	its support from gross
11		An organization organized ar	nd operated exclusive	ely to test for public saf	ety. See	section	n 509(a)(4).	
12		An organization organized an or more publicly supported of lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) o	or sectio	n 509(a)(2). See section 509 (a)(3). Check the box in
а		Type I. A supporting organization organization(s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect					
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	controlled in connection the same persons that of	with its control or	support manage	ted organization(s), by the supported organiza	/ having control or ation(s). You
С		Type III functionally integrated	. A supporting organizat	ion operated in connection	n with, a	nd function	onally integrated with, its	s supported
d		organization(s) (see instructi Type III non-functionally integ functionally integrated. The c instructions). You must com	rated. A supporting org	anization operated in co	nnection	with its	supported organization(at and an attentivenes	s) that is not s requirement (see
е		Check this box if the organiz	ation received a writte	en determination from	the IRS			
		integrated, or Type III non-function inter the number of supported of	organizations					
g	Pr	ovide the following informationame of supported organization	n about the supported	d organization(s).				
(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your g	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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.)

Sec	Section A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,290,627.	2,604,175.	3,787,109.	3,876,193.	2,916,570.	15,474,674.		
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.		
	Total. Add lines 1 through 3 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)	2,290,627.	2,604,175.	3,787,109.	3,876,193.	2,916,570.	15,474,674.		
6	Public support. Subtract line 5 from line 4						15,474,674.		
Sec	tion B. Total Support								
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	2,290,627.	2,604,175.	3,787,109.	3,876,193.	2,916,570.	15,474,674.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	385.	376.	394.	556.	688.	2,399.		
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						15,477,073.		
12	Gross receipts from related activ	vities, etc. (see ins	structions)				19,627,138.		
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □		
Sec	tion C. Computation of Pu	blic Support P	ercentage						
	Public support percentage for 20						99.98%		
	Public support percentage from 33-1/3% support test—2018. If t	he organization di	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, check	97.88 % k this box		
b	and stop here. The organization 33-1/3% support test—2017. If the and stop here. The organization	ne organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box		
17a	10%-facts-and-circumstances te 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 Par	t VI how		
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Parted organization.	t VI how the▶		
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in:	structions >		

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	osts fisted selett,	prodes semprete :	u. (11.)			
Calend	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	.,					7
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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 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.)						
	tion B. Total Support				1		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·				
	tion C. Computation of Pul					, ,	
	Public support percentage for 20	•			•		%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv					1 1	
17	Investment income percentage for	•	• • •	-			0,0
18	Investment income percentage fi						%
	33-1/3% support tests—2018. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	За		
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		
С	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.	4b		
С	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 amendment to the organizing document).	5a		
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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	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 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 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		
С	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 .	9с		
0a	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		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	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).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was considered to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

SCITE	Edule A (FORTH 990 OF 990-EZ) 2018 MONTANA CONSERVATION CORPS, IN			16/431 Page
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	ust on No ions mus	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for shortax year or assets held for part of year):	rt		
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
(I Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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Schedule A (Form 990 or 990-EZ) 2018

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported 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 is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
E LACESS HOITI ZOTO		Calaadala A (Fa	000 000 F7\

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Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

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.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) o	tions), then organizations: Complete Part III.				
		CONSERVATION CORPS, INC.		Employer identific	ation number	-
		·		81-046743		
		rganization is exempt under section	• •	•	zation.	
1		organization's direct and indirect political c n of 'political campaign activities')	campaign activities in	Part IV.		
2	Political campaign activity ex	xpenditures (see instructions)		► ¢	\$	
3	Volunteer hours for political	campaign activities (see instructions)				
Pai	rt I-B Complete if the or	rganization is exempt under section	on 501(c)(3).			
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ ¢	0	
2	Enter the amount of any exc	ise 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	o
4 8	a Was a correction made?				Yes No	o
	b If 'Yes,' describe in Part IV.					
Pai	rt I-C Complete if the o	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	n 527 exempt function	n activities ▶ \$	}	_
2	Enter the amount of the filing 527 exempt function activities	g organization's funds contributed to other	organizations for sec	tion ▶¢	3	
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,		3	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No	o
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all is received that were promptly and directly delal action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	n as a separate	
	(a) Name	(b) Address	(c) 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) 2018

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Schedule C (Form 990 or 990-EZ) 201				81-0467	
Part II-A Complete if section 501	the organization (h)).	n is exempt under se	ection 501(c)(3) and	filed Form 5768 (ele	ection under
A Check ► if the filin	ng organization belong	gs to an affiliated group (and	d list in Part IV each affiliat	ed group member's name	,
	•	d share of excess lobbying			
B Check ► if the filing	ng organization che	cked box A and 'limited co	ontrol' provisions apply.		
(The term	Limits on Lobby 'expenditures' mea	ring Expenditures ins amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pu	blic opinion (grass roots l	obbying)		
b Total lobbying expendit	ures to influence a l	egislative body (direct lob	bying)	614.	
c Total lobbying expendit	•	•	_	614.	0.
d Other exempt purpose	•		<u></u>	7,514,067.	
e Total exempt purpose e	expenditures (add lir	nes 1c and 1d)		7,514,681.	0.
f Lobbying nontaxable ar					
	T	The lobbying nontaxable		525,734.	
If the amount on line 1e, col Not over \$500,000	umn (a) or (b) is:	20% of the amount on line 1e.	amount is.		
Over \$500,000 but not over \$1	.000.000	\$100,000 plus 15% of the exces	s over \$500,000.		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess	. , ,		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable	amount (enter 25%	of line 1f)		131,434.	0.
h Subtract line 1g from lin	ne 1a. If zero or less	s, enter -0		0.	0.
i Subtract line 1f from lin	e 1c. If zero or less	, enter -0		0.	0.
j If there is an amount othe section 4911 tax for this	er than zero on either s year?	line 1h or line 1i, did the or	ganization file Form 4720 r	eporting	Yes No
(Som	ne organizations tha	4-Year Averaging Period It made a section 501(h) e low. See the separate ins	election do not have to co	omplete all of the five ough 2f.)	
	Lobb	ying Expenditures During	g 4-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2 a Lobbying nontaxable amount	458,34	4.	518,055.	525,734.	1,502,133.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,253,200.
c Total lobbying expenditures	81	8.	1,846.	614.	3,278.
d Grassroots nontaxable amount	114,58	6.	129,514.	131,434.	375,534.
e Grassroots ceiling amount (150% of line 2d, column (e))					563,301.
f Grassroots lobbying expenditures					0

Schedule C (Form 990 or 990-EZ) 2018

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)).

(election under section 501(n)).					
	(a)			(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Ye	s	No	An	ount	
 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 Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
j Total. Add lines 1c through 1i					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
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)(5) section 501(c)(6).	5),	or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior	-				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Paranswered 'Yes.'	t III	-A, lir	ction 5 ne 3, is	01(c)	
1 Dues, assessments and similar amounts from members.		1			
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).					
a Current year		2a			
b Carryover from last year.	-	2b			
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			

Part 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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	MONTANA CONSERVATION CORPS,			81-0467431
Par	Organizations Maintaining Donor Complete if the organization answer	Advised Funds or Othered 'Yes' on Form 990	er Similar Funds), Part IV, line 6.	s or Accounts.
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dono are the organization's property, subject to the or	r advisors in writing that the rganization's exclusive legal	assets held in dono control?	r advised funds
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit o impermissible private benefit?	, and donor advisors in writing the donor or donor advisor	ng that grant funds of or for any other pu	can be used only rpose conferring Yes No
Par	<u> </u>			
aı	Complete if the organization answer	ered 'Yes' on Form 990). Part IV. line 7.	
1	Purpose(s) of conservation easements held by t			
	Preservation of land for public use (e.g., rec			historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hel last day of the tax year.	ld a qualified conservation cor	tribution in the form o	f a conservation easement on the
				Held at the End of the Tax Year
	Total number of conservation easements			2a
	Total acreage restricted by conservation easeme			
(: Number of conservation easements on a certifie	ed historic structure included	in (a)	2 c
(Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, a	nd not on a historic	2 d
3	Number of conservation easements modified, transft tax year ►	erred, released, extinguished,	or terminated by the	organization during the
4	Number of states where property subject to conserv	ation easement is located >		
5	Does the organization have a written policy rega			
6	and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, ins			<u> </u>
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, an	d enforcing conservati	on easements during the year
8	Does each conservation easement reported on I and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports c include, if applicable, the text of the footnote to conservation easements.			1 11 11 11 11 11 11 11
Par	Organizations Maintaining Collect Complete if the organization answer	tions of Art, Historical ered 'Yes' on Form 990	Treasures, or O), Part IV, line 8.	ther Similar Assets.
1 a	If the organization elected, as permitted under S art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financi	for public exhibition, education	n, or research in furth	e statement and balance sheet works of erance of public service, provide,
ł	If the organization elected, as permitted under S historical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to rep public exhibition, education, o	ort in its revenue sta r research in furtherar	stement and balance sheet works of art, ace of public service, provide the
	(i) Revenue included on Form 990, Part VIII, lir	ne 1		
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, his amounts required to be reported under SFAS 11	torical treasures, or other sim 6 (ASC 958) relating to the	ilar assets for financia se items:	gain, provide the following
	Revenue included on Form 990, Part VIII, line 1.			
	Assets included in Form 990 Part X			▶ \$

Part III Organizations Maintaining Co	Directions of Art, mist	orical freasures, or	Other Similar Ass	els (contin	ueu)
3 Using the organization's acquisition, accessio items (check all that apply):	n, and other records, check a	ny of the following that a	re a significant use of its	collection	
a Public exhibition	d Loan	or exchange programs			
b Scholarly research	e Other				
c Preservation for future generations	_				
4 Provide a description of the organization's col Part XIII.	lections and explain how they	further the organization	s exempt purpose in		
5 During the year, did the organization solici to be sold to raise funds rather than to be	maintained as part of the o	rganization's collection	?	Yes	No
Part IV Escrow and Custodial Arrang line 9, or reported an amount	gements. Complete if to on Form 990, Part X,	he organization an line 21.	swered 'Yes' on Fo	rm 990, Pa	rt IV,
1 a Is the organization an agent, trustee, custoon Form 990, Part X?	odian or other intermediary	for contributions or oth	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part X	III and complete the followi	ng table:			
				Amount	
c Beginning balance			1c		
d Additions during the year			1 d		
e Distributions during the year			1e		
f Ending balance			1f		
2 a Did the organization include an amount on	Form 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement in Part X	III. Check here if the explan	nation has been provide	ed on Part XIII		
Part V Endowment Funds. Complete	if the organization ar	swered 'Yes' on Fo	orm 990, Part IV, Iii	ne 10.	
•	rrent year (b) Prior yea			(e) Four yea	ırs back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships				1	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance				1	
2 Provide the estimated percentage of the co	urrent year end balance (lir	e 1g, column (a)) held	as:		
a Board designated or quasi-endowment ▶	%				
b Permanent endowment ►	00				
c Temporarily restricted endowment ►	<u> </u>				
The percentages on lines 2a, 2b, and 2c shou	ıld egual 100%.				
3a Are there endowment funds not in the posses organization by:	·	are held and administered	d for the	Yes	No
(i) unrelated organizations				3a(i)	
(ii) related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organ				3b	
4 Describe in Part XIII the intended uses of	•			. 30	
		in lunus.			
Part VI Land, Buildings, and Equipm Complete if the organization a		m 990, Part IV, line	e 11a. See Form 99	0, Part X, I	ine 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment		809,949.	684,793.	125	,156.
e Other		31,396.	18,665.		2,731.
Total. Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Part X, o				,887.
DΛΛ		•	Cahad	lula D (Earm 90	

Schedule D (Form 990) 2018

Part VII		- Other Securities.		N/A	
				, Part IV, line 11b. See Form	
(a) Desc	ription of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
` '					
	y-held equity interes	sts			
(3) Other					
(A)					
(B)			_		
(C)			_		
(D) (E)			_		
(E)			_		
<u>(F)</u>			-		
$\frac{(G)}{(H)}$ — — —			_		
(l)			_		
	nn (h) must ogual Form 0	990, Part X, column (B) line 12.)	•		
		- Program Related.		N/A	
rart viii	Complete if the	e organization answere	ed 'Yes' on Form 990	, Part IV, line 11c. See Form	990, Part X, line 13.
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or en	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part IX		990, Part X, column (B) line 13.)			
rartin	Complete if the	e organization answere	ed 'Yes' on Form 990	, Part IV, line 11d. See Form	990, Part X, line 15.
	'		escription	,	(b) Book value
(1)					
(2)					
(3)					
<u>(4)</u> (5)					
(6)					
(7)					
					+
(8) (9)					
(8)					
(8) (9) (10)	olumn (b) must equa	ıl Form 990, Part X, column	(B) line 15.)		•
(8) (9) (10)	Other Liabilitie	es.			-
(8) (9) (10) Total. (Co	Other Liabilitie Complete if the org	es. ganization answered 'Yes' on	Form 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 2	5.
(8) (9) (10) Total. (Co	Other Liabilitie Complete if the org (a) Descrip	es.			5.
(8) (9) (10) Total. (Co Part X	Other Liabilitie Complete if the org	es. ganization answered 'Yes' on	Form 990, Part IV, line 11		5.
(8) (9) (10) Total. (Co Part X	Other Liabilitie Complete if the org (a) Descrip	es. ganization answered 'Yes' on	Form 990, Part IV, line 11		5.
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3)	Other Liabilitie Complete if the org (a) Descrip	es. ganization answered 'Yes' on	Form 990, Part IV, line 11		5.
(8) (9) (10) Total. (Co Part X	Other Liabilitie Complete if the org (a) Descrip	es. ganization answered 'Yes' on	Form 990, Part IV, line 11		5.
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6)	Other Liabilitie Complete if the org (a) Descrip	es. ganization answered 'Yes' on	Form 990, Part IV, line 11		5.
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7)	Other Liabilitie Complete if the org (a) Descrip	es. ganization answered 'Yes' on	Form 990, Part IV, line 11		5.
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Liabilitie Complete if the org (a) Descrip	es. ganization answered 'Yes' on	Form 990, Part IV, line 11		5.
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilitie Complete if the org (a) Descrip	es. ganization answered 'Yes' on	Form 990, Part IV, line 11		5.
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Liabilitie Complete if the org (a) Descrip	es. ganization answered 'Yes' on	Form 990, Part IV, line 11		5.
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Liabilitie Complete if the org (a) Descriptaral income taxes	es. ganization answered 'Yes' on ition of liability	Form 990, Part IV, line 11 (b) Book value		5.
(8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Colum	Other Liabilitie Complete if the org (a) Descripinal income taxes	es. ganization answered 'Yes' on tion of liability 190, Part X, column (B) line 25.)	Form 990, Part IV, line 11 (b) Book value		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Rev	turn.	
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	7,438,355.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	7,438,355.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	7,438,355.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Retur	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retur	
	Retur 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities.		n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).		n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities.		n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	1	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	7,515,913.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a	1 2e	7,515,913.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. b Other (Describe in Part XIII.) 4 b	1 2e 3	7,515,913.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a	1 2e	7,515,913.

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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 INTERNS. IN ADDITION, THE ORGANIZATION OFFERS THE MONTH-LONG 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 2018 INCLUDED IMPROVEMENTS TO 1,571 MILES OF RECREATIONAL TRAILS THAT ENHANCED SAFETY AND ACCESS TO PUBLIC LANDS, TREATMENT OF 9,985 ACRES FOR INVASIVE AND NOXIOUS WEEDS, PLANTING 9,951 TREES, REPAIRING OR INSTALLING 145 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 STEWARDSHIP, AND GROW

Employer identification number

81-0467431

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

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

Employer identification number

81-0467431

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 COMPENSTION 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 HEADQUARTERS IN

BOZEMAN, MONTANA. POLICIES, FINANCIAL INFORMATION AND FORM 990 ARE AVAILABLE UPON

REQUEST AND SUCH MESSAGE IS POSTED ON THE ORGANIZATION'S WEBSITE.