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Form **990-EZ**

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

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

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

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning	, 2009, and er	nding	,			
В	Check if applicable C	 	D	Employer ide	entification number		
. [Address change Please Montana Conservation Vote	s Inc.		81-052	21030		
	Name change label or PO Box 63		E	Telephone n			
F	Initial return Sype. Billings, MT 59103	^		(406)	254-1593		
F	Specific		<u> </u>				
F	tions.		ļF	Group Exc Number	emption . ► 8290		
1	Application pending	<u> </u>	G Accounting me				
_	 Section 501(c)(3) organizations and 4947(a)(1) nonexemp must attach a completed Schedule A (Form 990 or 	t charitable trusts 990-EZ).	Other (specify)	<u> </u>			
	Website: ► www.mtvoters.org	f	H Check ►		anization is not ule B (Form 990,		
١.	Tax-exempt status (check only one) — X 501(c) (4) ◄ (insert no.)	4947(a)(1) or 527	990-EZ, or 990		ule B (Form 990,		
K					ot more than		
· _	\$25,000. A Form 990-EZ or Form 990 return is not required, but if the	organization chooses to file	e a return, be sure to				
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if instead of Form 990-EZ	<u> </u>		▶\$	217,459.		
F	art I Revenue, Expenses, and Changes in Net As	sets or Fund Balanc	es (See the ins	tructions			
	1 Contributions, gifts, grants, and similar amounts received			1	208,800.		
	2 Program service revenue including government fees and co	ontracts .		2			
	3 Membership dues and assessments			3			
	4 Investment income		•	4	1,078.		
	5a Gross amount from sale of assets other than inventory	. <u>5a</u>		_ `			
	b Less cost or other basis and sales expenses	<u>5b</u>					
į	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from	•		5c			
ì	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from Special events and activities (complete applicable parts of Schedule G). If a Gross revenue (not including \$		ck here .]			
	a Gross revenue (not including \$of	contributions					
١	reported on line 1)	6a					
	b Less: direct expenses other than fundraising expenses	<u>[6b]</u>					
	c Net income or (loss) from special events and activities (Subtract line 6b fr	· 1 - 1	•	6c			
	7a Gross sales of inventory, less returns and allowances b Less cost of goods sold			']	-		
	c Gross profit or (loss) from sales of inventory (Subtract line	<u>1_</u>		70			
	8 Other revenue (describe > See Statement 1	75 Hom line 7a)	,	8	7,581.		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		,	▶ 9	217,459.		
_				10	217,433.		
	10 Grants and similar amounts paid (attach schedule)			11			
į	11 Benefits paid to or for members	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	12	151,473.		
ĺ	12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent cont	ractors		13	24,124.		
		actors	• •	14	9,121.		
ì	14 Optimizer of Lightnes, and maintenance 15 Printing, publications, postage, and shipping			15	11,751.		
,	Other expenses (describe - Spe Statement 2)	16	32,119.		
	Totaliexpenses Add In 10 through 16	· · · · · · · · · · · · · · · · · · ·		► 17	228,588.		
	Excess or (deficit) for the Pear (Subtract line 17 from line 9)		18	-11,129.		
	A Not specify or find belon at horizons of your from her		aree with end-of vo-	<u> </u>			
N E	tion reported on prior year's return) .	127, Column (A)) (must au	iee will end-or-ye.	19	151,668.		
Ŧ	20 Other changes in net assets or fund balances (attach expla		tatement 3.	20	35.		
	21 Net assets or fund balances at end of year Combine lines	r		▶ 21	140,574.		
F	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.						
_	(See the instructions for Part II.)		(A) Beginning of		(B) End of year		
2	22 Cash, savings, and investments		145,62		137,240.		
2	23 Land and buildings			23			
2	24 Other assets (describe ► See Statement 4) .	8,62		4,712.		
	25 Total assets		154,25		141,952.		
2	26 Total liabilities (describe ► See Statement 5	·)	2,58		1,378.		
_	27 Net assets or fund balances (line 27 of column (B) must agree		151,60	5 <u>8 . 27 </u>	140,574.		
⊗ B	AA For Privacy Act and Paperwork Reduction Act Notice, see se	parate instructions.			Form 990-EZ (2009)		

TEEA0803L 01/30/10

	990-EZ (2009) Montana Conserv	ation Voters Inc.			-052	21030 Page 2 '
Par			(See the instruction	ons.)	(Reg	Expenses used for section
What i	s the organization's primary exempt purpose? Se	e Statement I	occa. In a clear and co.	noise manner	5016	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
desci	ribe what was achieved in carrying out the	persons benefited, or other r	elevant information for	each	4947	(a)(1) trusts, optional
	ram title. Voter education and legis	lative program			101 0	thérs.)
20	Voces education and segis	Tactive program			1	
					1	
	(Grants \$) If th	is amount includes foreign gr	ants, check here		28 a	62,084.
29	Leadership and staff deve					
]	
		is amount includes foreign gr	ants, check here		29 a	38,136.
30	Community Organizing					
			·		1	
	(Grants \$) If th	 is amount includes foreign gr	ants shock hara		30 a	34,380.
31	Other program services (attach schedule				30 a	34,300.
	(Grants \$) If th	is amount includes foreign gr	ants, check here .	-	31 a	28,554.
32	Total program service expenses (add lin	nes 28a through 31a)			72	163,154.
Par	t IV List of Officers, Directors,			e even if not con	npensa	
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit pla	s to	(e) Expense account and other allowances
	(a) Name and address	to position	not paid, enter -0)	deferred compens	ation	and other allowances
<u>See</u>	Statement 7	· 	25,770.		0.	0.
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DA A				<u></u>		Form 000 F7 (0000)
BAA		TEEA0812L 0	1/30/10			Form 990-EZ (2009)
						y was

	n 990-EZ (2009) Montana Conservation Voters Inc. 81-0521030)	Р	age 3
Pa	TV Other Information (Note the statement requirements in the instrs for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	33	Yes	No
34	each activity . Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a 35b		Х
	o If 'Yes,' has it filed a tax return on Form 990-T for this year?	300		-
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			<u> </u>
	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved	\$,	ì
	Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	1	1	*
	a Initiation fees and capital contributions included on line 9	So.	*	1
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A	, 3 & ′	1	* <u>`</u>
ı	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40 b		х
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			V -
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Χ
41	List the states with which a copy of this return is filed N/A			
42 8	The organization's books are in care of ► Theresa Keaveny Telephone no. ► (406) Located at ► PO Box 63 Billings MT ZIP + 4 ► 59103	254	-159	3
			-	
l	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)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country'		· .	, ,4 , ,4
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	, , , , ,	*	***
•	See the instructions for exceptions and fitting requirements for Form 1D F 30-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	•			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'		N/A N/A

	and enter the amount of tax-exempt interest received or accrued during the tax year			N/Z
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45		х

BAA

Form **990-EZ** (2009)

Vest Not the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Vest Not the organization engage in lobbying activities? If Yest, complete Schedule C, Part II 47 48 St the organization as school as described in section 170(b)(1)(A)(ii)? If Yest, complete Schedule E 48 49 Did the organization as school as described in section 170(b)(1)(A)(iii)? If Yest, complete Schedule E 48 49 Did the organization as school as described in section 170(b)(1)(A)(iii)? If Yest, complete Schedule E 48 49 Did the organization as school as described in section 152? organization? 49 49 Did the organization as except non-charactable related organization? 49 49 Did the organization of the organization as except non-charactable related organization. If there is none, enter None. 49 Did the organization of th	Part VI	501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the tables	ction 4947(a)(1) noi	nexempt charitabl	e trusts must answer of	All section juestions
47 Dut the organization engage in lobbying activities? If Yes', complete Schedule C, Part II. 48 Is the organization as shoot as described in section 1700()/40/19 if Yes', complete Schedule E. 49 a Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization SV enganization? 60 Complete this table for the organization should be in the stable for the organization of the organization from the organization. If there is none, enter Ninoe. 6) Them and address of each moleyee paid over \$100,000 or compensation from the organization or other allowable of the organization of the organizati	46 Did th				ın opposition to candidates	
48 Is the organization a school as described in section 170(b)(1)(A)(i)? If Yes, complete Schedule E. 49a Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, frustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None: (a) Name and address of each employees paid over \$100,000 \$\frac{1}{2}\$ (a) Compensation of the organization of the org						
49a Diff "Yes," was the related organization make any transfers to an exempt non-charitable related organization? 49b 16 "Yes," was the related organization a section 527 organization? 50 Complete this table for the organizations five highest compensated employees (other than officers, directors, frustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (a) Name and address of each received more than \$100,000 of compensation from the organization. If there is none, enter None. (b) Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (c) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. (d) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization of the organiz						
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(a) Name and address of each employee paid note than \$100,000 have been \$100,000 to the remptoyee paid note than \$100,000 to the second and other allowances. If Total number of other employees paid over \$100,000 to compensation from the organization. If there is none, enter None. (b) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. (c) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. (d) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. (d) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. (d) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. (d) Total number of other independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter None. (e) Total number of other independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter None. (e) Total number of other independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter None. (ii) Total number of other independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter None. (iii) Total number of other independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter None. (iii) Total number of other independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter None. (iii) Total number of other independent contractors each received independent contractors, and the set of more than \$100,000 of compen	50 Comp	blete this table for the organization's five	highest compensated er	nployees (other than of	officers, directors, trustees a	and key
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct/and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Theresa Keaveny Executive Director Type or print name and title Preparer's signature Self-Prepared Firm's name (or yours if self-employed). EIN EIN EIN Date Preparer's Identifying Number (See instructions)	- 					-
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct/and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Theresa Keaveny Type or print name and title Preparer's Self-Prepared Preparer's Self-Prepared Firm's name (or yours it self-employed). EIN EIN EIN Date Preparer's Identifying Number (See instructions)						
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Sign Here Signature of officer Theresa Keaveny Type or print name and title Preparer's signature Self-Prepared Firm's name (or yours if self-employed). Signature (or yours if self-employed). Firm's name (or yours if self-employed). Executive Director Check if self-employed Firm's name (or yours if self-employed). EIN Firm's name (or yours if self-employed). EIN	d Total	number of other independent contractors	each receiving over \$1	00,000	-	
Theresa Keaveny Type or print name and title Paid Preparer's signature Preparer's Self-Prepared Firm's name (or yours if self-employed). Self-Prepared Firm's name (or yours if self-employed). Executive Director Check if self-employed Che	Sign 🤝	true, correct/and complete Declaration of preparer (ained this return, including according the other than officer) is based on a	npanying schedules and state Ill information of which prepa	ements, and to the best of my knowle rer has any knowledge	dge and belief, it is
Preparer's signature Self-Prepared Date Check if self-employed Self-Prepared Self-employed Self-empl	Here	Theresa Keaveny	, (')		Executive Directo	or
Parer's Firm's name (or yours if self-employed). EIN	Paid	Preparer's		Date	· Seit- Billi-	rer's Identifying Number
address, and	Pre- parer's Use	Firm's name (or yours if self-employed),				
	Only	address, and			Phone no P	

	Federal Statements	Page 1
Client MCV	Montana Conservation Voters Inc.	81-052103
5/16/10		10:59PM
Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue		
Office Equipment Rental Merchandise Income Database Rental		297. 284.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses		
Insurance . Merchandise		\$ 178. 1,318. 5,429. 1,507. 991. 265. 3,358. 2,288. 6,207. 10,578. \$ 32,119.
Statement 3		
Form 990-EZ, Part I, Line 20 Other Changes In Net Assets C previous year income unre Statement 4 Form 990-FZ Part II Line 24		\$ 35. \$ 35.
Statement 4 Form 990-EZ, Part II, Line 24 Other Assets		Ending 2. \$ 2,135. 7. 2,577.
Statement 4 Form 990-EZ, Part II, Line 24 Other Assets Equipment/Acc Depreciation	Beginning on	Ending 2. \$ 2,135. 7. 2,577.

109	Federal Statements	S		Page 2
ent MCV	Montana Conservation Voters	Inc.		81-052103
6/10	<u> </u>			10:59P
Statement 6 Form 990-EZ, Part III, Line 31 Statement of Program Service Acco	emplishments			
Desc	ription	<u></u>	rants	Program Service Expenses
Outreach	Includes Foreign Gran	ts: No		28,554.
		Total \$	0. \$	28,554.
Statement 7 Form 990-EZ, Part IV List of Officers, Directors, Trustees, Name and Address	, and Key Employees Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Theresa Keaveny 2005 Clark Ave Billings, MT 59102	Executive Direc 18.00			
Jason Kiely 1280 S 2nd St Missoula, MT 59801	Chairman 0	0.	0.	O
David Tyler 13000 Springhill Rd Belgrade, MT 59714	Treasurer 0	0.	0.	C
Ben Graybill 609 3rd Ave N Great Falls, MT 59401	Director 0	0.	0.	C
Holly Hill 723 N Henry Butte, MT 59701	Director 0	0.	0.	C
Rich Day 2615 Yale Butte, MT 59701	Director 0	0.	0.	(
Kelly Flaherty Settle PO Box 546 Canyon Creek, MT 59633	Director 0	0.	0.	(
	Secretary 0	0.	0.	C
Rachel Carroll 921 10th Ave Helena, MT 59601	·			

2009	Federal Statements		Page 3
Client MCV	Montana Conservation Voters Inc.		81-0521030
5/16/10 Statement 7 (continued) Form 990-EZ, Part IV			10:59PN
List of Officers, Directors, Trusto	ees, and Key Employees		
Name and Address	Title and Average Hours Compen- Per Week Devoted sation		Account/
Michelle Stearns 1733 McClure Rd Arlee, MT 59821	Director \$ 0	0. \$ 0.	. \$ 0.
Dan Short 164 Juniper Bend Dr Kalispell, MT 59901	Director 0	0. 0.	0.
Brad Webb 8373 Goldenstein Ln Bozeman, MT 59715	Director 0	0 0.	0.
Bill Walker 3332 Aqui Esta Drive Billings, MT 59101	Director 0	0. 0.	0.
Robin Saha 1641 W Kent Ave Missoula, MT 59801	Director 0	0. 0.	0.
	Total \$ 25,7	70. \$ 0.	\$ 0.

Statement 8		_
Form 990-EZ, Part VI		
Regarding Transfers Associated with Personal Ben	efit C	ontracts

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

MONTANA CONSERVATION VOTERS, INC. IRS FORM 990 2009 EIN # 81-0525336

Statement 1

Part III Primary Exempt Purpose

Montana Conservation Voters, Inc.'s primary exempt purpose is to educate and activate voters to be vital and effective participants in Montana's democratic process, to protect air and water quality, public health, fish and wildlife and open space. MCV informs the public about the votes and actions of local, state and federal elected officials pertaining to conservation and environmental issues, and encourages their involvement in government.

Statement 6

Part III Statement of Program Service Accomplishments

28a. Voter Education and Legislative Program: Montana Conservation Voters conducted public policy advocacy and public education work before, during and after the 2009 state legislature by educating voters on the bills that came before the legislature, providing information to legislators and voters, and advocating the passage of measures affecting renewable energy, clean air and water, access to public lands and water, planning and zoning and energy development. MCV also provided information about Montana voting patterns to legislators, and advocated laws pertaining to voter rights. The group convened a series of 8 meetings in May and June, 2009 to inform legislators and members of the legislature's actions affecting the environment. MCV also conducted an earned media campaign on the state legislative policy work in the first four months of 2009 resulting in 11 radio news stories and 7 guest commentaries in Montana daily newspapers. MCV prepared information on federal policy related to clean energy and global warming, and distributed it throughout the year, holding 5 public meetings attended by an average of 62 people. MCV also tabled on Earth Day, 2009, describing statewide legislative issues affecting the environment. MCV leaders and staff lobbied members of Congress, organized meetings with Congressional delegation members and conservationists in Montana, and sent out informational mailings to its members and allies. MCV also informed its members of the city council candidates that it endorsed, and issued a voter guide in the September, 2009 primary and the November, 2009 election for its members. This information was also placed on its web site. E-mail alerts were sent out throughout the year on state and federal policy, and MCV also maintained a full service web site. MCV also dedicated resources to evaluating a proposed ballot measure on "takings" in late 2009. Total expense: \$62,084

<u>29a. Leadership and Staff Development</u>: In 2009, MCV held four leadership sessions involving its board and chapters – a fundraising workshop in February, a media training session with staff and board in June, a civic engagement training session in July, and

chapter and board orientation sessions in March. MCV convened follow up meetings with leaders to develop personal fundraising plans. Staff development included trainings as part of staff meetings, and participation by staff in trainings offered by the League of Conservation Voters, Montana Non-Profit Association, and Western Organization of Resource Councils. MCV coordinated periodic meetings of Board, chapter leaders and staff regarding how to participate in government, and, as in past years, prepared and carried out staff development plans for its staff members to be trained on civic engagement, environmental policy and fundraising skills.

Total expense: \$38,136

30a. Community Organizing: MCV maintained and expanded its local chapters in Flathead, Yellowstone, Gallatin and Park counties, and Chapter activities included public education on openings to local boards and commissions dealing with the environment, identification of city and county-based issues affecting land use planning, transportation and protection of open space and water quality, and training on civic engagement in government. MCV also monitored how election laws were implemented during the November, 2009 city races throughout the state, and provided recommendations to the county election offices and Montana Secretary of State on how to make voter registration and absentee ballot information more accurate.

Total expense: \$34,380

31a. Outreach: MCV leaders and staff met with city, county and legislative officials in six Montana counties and eight cities to discuss policies on clean air and water and planning and growth. In spring, summer and fall, 2009, MCV tabled at organizations' meetings and at various Montana colleges and universities, using voter registration and vote by mail materials, as well as its global warming and clean energy materials mentioned above. MCV continued to improve its web site, and improved informational materials featuring its mission and logo. MCV's outreach continued to include monthly e-newsletters and periodic updates to its members. Outreach activities also included staff attendance at the Yellowstone Conservation Roundtable, the Missoula Conservation Roundtable, and participation in the Flathead Conservation Roundtable and the Great Falls Conservation Council. MCV's 2009 Statewide Annual Meeting in March observed the group's 10th anniversary and brought together over 250 members and conservationists to celebrate the environment. MCV's outreach also included door to door canvassing in Missoula to discuss proposed federal climate change legislation; a pilot project being replicated in 2010. Total expense: \$28,554

Grand Total \$163,154