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SCANNED AUG 1 0 2016

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047



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	ш.	, ,	Sam	e As C	Above				į	H(b) Are all	subordinate	s inclu	ided?	Yes	No
ī	Tax-	exempt status			X 501(c) (A	4) √ (ın	sert no.)	4947(a)(1) or	527	If 'No,'	attach a lis	t. (see	instructions	., —	
Ţ	We	bsite: ► ww		tvoter		<u>, , , , , , , , , , , , , , , , , , , </u>				H(c) Group	exemption	number	- 82	290	
K	Forn	n of organization		orporation	Trust	Association	Other ►	LY	ear of formati	on 199	8 M	State	of legal dom		
	4 y 11 11 1	Summar	ν												
	1	Briefly descri	be the	e organiza	ation's missi	on or most s	ignificant a	ctivities: To	educa	te and	acti	vate	vote	rs to	be
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	18	Total expense	es. A	oy 12n6≥ 2	(must e	equal Part IX	, column (A	A), line 25)			292,	710		310,	105.
	19	Revenue less	s expe	enses. Su	btract line	8 from line 1	2				54,	088		-32,	631.
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Z	22	Net assets or			. Subtract li	ne 21 from li	ne 20			.	189,	<u>885</u>		<u>157,</u>	254.
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Forn	990 (2015) I	<u>Montana</u>	Conserva	tion Voter	s Inc.			81-0	521030	P	age 2
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					to any line in this F	art III .					X
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2	Form 990 or 99			-	ces during the year w	riich were no	ot listed on the	e prior	□ v ₌₌	₹.	N-
	If 'Yes,' describ			Schodulo O	***				. Yes	X	No
3					ant changes in how i	it conducts	any program	services?	. Tyes	X	No
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4					ments for each of its	three large	et program e	services as i	measured by	eynens	A C
	Section 501(c) and revenue, if	(3) and 50 f any, for e	1(c)(4) organiz each program s	ations are requir ervice reported.	ments for each of its ed to report the amo	ount of gran	ts and alloca	tions to othe	rs, the total e	xpense	S,
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4 e	Total program :	service ext	penses 🕨	204.	981.						

	Checkinst of Required Schedules			
		,	Yes	No
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part 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? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5_	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	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		X
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, VII, VIII, IX, or X as applicable.		· :	
1	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
ı	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
(d 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	X	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
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		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	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
l	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х

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Form **990** (2015)

	Checklist of Required Schedules (continued)			
			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	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	
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	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			v
	Schedule J	23		X
24	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
	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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b 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		Х
27		27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	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		Х
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? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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		X
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
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		-
37		37		х
38		38	х	

Page 5

,	Check if Schedule O contains a response or note to any line in this Part V				
	Chock it Soliced Cookering a response of flote to any line in this fact v		·····	Yes	No
1	a Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	1a 3		103	110
-	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and r	<u> </u>			
	(gambling) winnings to prize winners?	eportable garring	1с	X	
2	a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-			735, 734	
_	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a 28			
	$oldsymbol{b}$ If at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in				
	a Did the organization have unrelated business gross income of \$1,000 or more during the yea		3 a		Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q		3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fi	er authority over, a nancial account)?	4 a		X
	b If 'Yes,' enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial				
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	= =	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt		5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a	х	
	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or aifts were	6 b	х	
7	Organizations that may receive deductible contributions under section 170(c).		:		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	7 a		
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	·	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it				
	Form 8282?		7 c		
	d If 'Yes,' Indicate the number of Forms 8282 filed during the year				
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f		<u> </u>
	g If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h	,	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?	by the sponsoring	8		
۵	Sponsoring organizations maintaining donor advised funds.		0		
•	D.11		9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related per-		9 b		├
	Section 501(c)(7) organizations. Enter:		3.0		
	a Initiation fees and capital contributions included on Part VIII. line 12	10 a			
	b 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	11 a			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	<u> </u>	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	a Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedul				
	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	13b			
	a Did the organization receive any payments for indoor tanning services during the tax year?.		14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in the		14b		
BA/				990 ((2015)

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 Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... 10 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 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed?..... X Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... Х 7 h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8 a X **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O................... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10 a Did the organization have local chapters, branches, or affiliates? X 10 a 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?...... Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule 0 Schedule O how this was done Х 12c X 13 Did the organization have a written whistleblower policy?. 13 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See. Schedule 0 ... 15a b Other officers or key employees of the organization . See Schedule O... 15b 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? Х 16a 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?..... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 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. | Another's website X Upon request Own website 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 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: The Organization 2822 3rd Ave, Ste 203 Billings MT 59101 (406) 254-1593

					-
Form 990 ((2015)	Montana	Conservation	voters	Inc.

81-0521030

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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.

	Position (do not check more										
(A) Name and Title	(B) Average hours per	than	n one s both dire	box, an o ector	unles officer truste	ss personal and a ee)	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Michelle Stearns	7										
Secretary		X		Х		<u> </u>		0.	0.	0.	
(2) Jock Conyngham	2									1	
Director	0	Х						0.	0.	0.	
(3) Juanita Vero	7										
Chairperson	0	Х		Х				0.	0.	0.	
(4) Ben Graybill	2					Π					
Director	0	Х			L.			0.	0.	0.	
(5) Robin Saha	7				ļ	[[···	
Vice Chair	0	X		Х				<u> </u>	0.	0.	
(6) Rich Day	4]									
Director	5	X						0.	0.	0.	
<pre>O Dave Chadwick</pre>	2						l				
Director	0	X						0.	0.	0.	
(8) Rachel Carroll Rivas	2										
Director	0	X						0.	0.	0.	
(9) Elizabeth Ametsbichler	6										
Treasurer	0	X		X				0.	0.	0.	
(10) Derf Johnson	2					1	Ī			l	
Director	0	X						0.	0.	0.	
(11) Theresa Keaveny	40]]					
Executive Dir.	25	L_		Х				69,659.	0.	0.	
(12) Clayton Elliott Executive Dir.	$\frac{40}{20}-$			Х				7,084.	0.	0.	
(13)											
(14)							-		<u> </u>		

Form 990 (2015) Montana Conservation Voters Inc. 81-0521030 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Empl										
Section A. Officers, Directors, 110	(B)	Ney	EII		oye C)	es,	aric	nignest Con	ipensated Em	oloyees (continuea)
(A) Name and title	Average hours per week	box	, unte cer a	nd a	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	-ormer	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)									-	
(16)										
(17)					-					
(18)							i			
(19)										
(20)		1								
(21)										
(22)										
(23)		-					i			
(24)										
(25)		-								
1 b Sub-total c Total from continuation sheets to Part VII, Section							•	76,743. 0.	0	
d Total (add lines 1b and 1c)						•	•	76,743.	0	. 0.
from the organization 0				_	_					Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	h individu	al	• • • •	• • • •	••••		• • •			з х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$1	50,00	00?	nsa If '} 	es'	and comp	otne	er compensation to e Schedule J for 	rom	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e compen s,' comple	satio te Sc	n fre ched	om a lule	any <i>J fo</i>	unrei r <i>suc</i>	ate h p	d organization or erson	indıvıdual	5 X
1 Complete this table for your five highest compens compensation from the organization. Report compensation from the organization.	sated inde	pend the ca	lent alen	cor	ntrac vear	tors	that	t received more th	nan \$100,000 of	
(A) Name and business add								Description of)	(C) Compensation
2 Total number of independent contractors (including be \$100,000 of compensation from the organization	▶ 0	ted to				abo	ve)	who received more	than	Farm 000 (201E)

		Statement of Rev							
		Check if Schedule O	contains	respo	onse or note to any	line in this Part VI	III		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1 a	Federated campaigns.		1 a					
ons, Giffts, Grants Similar Amounts	b	Membership dues		1 b	69,784.				
ع ق	، ا	: Fundraising events		1 c	03//01/				
its FA	ا	Related organizations		1 d	40,000.				
<u>a</u> 🚡	ءَ ا	Government grants (contributi		1 e	40,000.				
운동		•	· ·	16					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, e similar amounts not included	L	1 f	145,706.				
ĘŞ	. ~	Noncash contributions include	d in lines 1a-	1f: \$_					
	h	Total. Add lines 1a-1f			<u></u> . •	255,490.			
≗					Business Code				
Program Service Revenue	2a	l							
æ	b	,							
9	c	:					 		
£	d	_ 							
Š	٠							-	
<u> </u>	٤	All other program service		<u>-</u>					
_2		, ,		<u> </u>					
<u> </u>	_	Total. Add lines 2a-2f			• • • • • • • • • • • • • • • • • • • •		· ·		
	3	Investment income (incother similar amounts)	luding div	dends,	, interest and	120	120		
		•				138.	138.		
	4	Income from investmen	it of tax-ex	empt	oona proceeas.				
	5	Royalties.							
	_	_	(i) Re	al	(II) Personal				
		Gross rents							
	b	Less: rental expenses							
	С	: Rental income or (loss) .							
	d	l Net rental income or (lo	ss)						
	7 a	Gross amount from sales of	(ı) Secu	ities	(II) Other				
	٠.	assets other than inventory							
	h	Less: cost or other basis							
		and sales expenses							
	c	Gain or (loss)							
		Net gain or (loss)			>				
-									
enue	σa	Gross income from fund	araising ev	ents					
ē		(not including . \$of contributions reported	d on line 1	<u>c)</u>					
ē		See Part IV, line 18	<u> </u>	. a	26 121				
声	h	Less: direct expenses	•		0071011				
Other Rev		Net income or (loss) fro				01 046			27 246
0				-		21,846.			21,846.
	9 a	Gross income from gam See Part IV, line 19	ning activit	ies.					
		Less: direct expenses.							
	С	Net income or (loss) fro	om gaming	activii	iles				
	10a	Gross sales of inventory							
		Less: cost of goods sold							
	C	Net income or (loss) fro		finven					
		Miscellaneous Revenu	ue		Business Code				
	11 a			. L					
	b			L					
	C			[
		All other revenue							
	e	Total. Add lines 11a-11	d		-				
	12	Total revenue. See inst	ructions .	<u></u>	<u></u>	277,474.	138.	0.	21,846.

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX ... (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundráising Program service Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. 12,500. 12,500. Grants and other assistance to domestic individuals. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors. 8,232 trustees, and key employees 34,978 16,483 10,263. 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 142,358. 104,280. 8,232. 29,846. Pension plan accruals and contributions (include section 401(k) and 403(b) <u>1,2</u>97 employer contributions)...... 900 86 311. Other employee benefits..... 7,609. 4,065 2,674. 14,348 1,470 16,647. 11,538 3,639. 11 Fees for services (non-employees): a Management...... 277 c Accounting. 361 31 53. d Lobbying . e Professional fundraising services. See Part IV, line 17. . . f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.). 13,602 6.945. 5,238 1,419. Advertising and promotion 315. 162. 90 63. **13** Office expenses.... 1,546. 1,090. 456. 14 Information technology 234 6,465. 4,789. 1,442. 15 Royalties . 16 Occupancy 9,955 7,743. 2,212 15,958 9,735. 2,203 4,020. Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings.... 376 7,981 6,421 1,184. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 1,150. 832. 86. 232. 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.) a Printing and Publications 8,078. 4,489. 1,134. 2,455. b Postage and Shipping 5,795. 3,316 118 2,361 5,517. c <u>Small Equipment</u> 5,517 d Dues/Registrations 4,342 4,340 6,912. 1,532. 3,591. 1,789. 25 Total functional expenses. Add lines 1 through 24e . . . 310,105. 204,981. 42,916. 62,208. 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	7,328.	1	40,118.
١	2	Savings and temporary cash investments		2	116,078.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	J	trustees, key employees, and highest compensated employees. Complete		,	
				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
9	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10-	Land huildings, and equipments each or other basis			
	iva	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,535			
	b	Less: accumulated depreciation 10b 7,535		10 c	
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,308.	15	1,308.
	16	Total assets. Add lines 1 through 15 (must equal line 34).		16	157,504.
	17	Accounts payable and accrued expenses	•	17	
	18	Grants payable		18	
١	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
5	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	,	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,318.	25	250.
	26	Total liabilities. Add lines 17 through 25		26	250.
nces	_ 	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	1,310.		250.
2	27	Unrestricted net assets	189,885.	27	157,254.
<u>a</u>	28	Temporarily restricted net assets	105/003.	28	157,254.
8	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
Net Assets or Fund Balan		and complete lines 30 through 34.			
93	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances	189,885.	33	157,254.
	34	Total liabilities and net assets/fund balances	191,203.	34	157,504.
BA	4				Form 990 (2015)

Forn	n 990 (2015) Montana Conservation Voters Inc. 81-	0521030	F	age 12
	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	277,	474.
2	Total expenses (must equal Part IX, column (A), line 25)	2	310,	105.
3	Revenue less expenses. Subtract line 2 from line 1	3	-32,	631.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	189,	885.
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,			
	column (B))	10	157,	<u>254.</u>
	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other See Sch. O			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2.	Note the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
26			Za	_ A
	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:	l on a		:
	Separate basis Consolidated basis Both consolidated and separate basis			
ŀ	b Were the organization's financial statements audited by an independent accountant?		2 b	X
_	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat			
	basis, consolidated basis, or both:	~		
	Separate basis Consolidated basis Both consolidated and separate basis			:
ď	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?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			:
3 a	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?		3 a	Х
Ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audi	t l		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3 b	
BAA			Form 990	(2015)

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

Schedule C (Form 990 or 990-EZ) 2015

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 527 organizations: Complete Part I-A only.

-	that have filed Form 5768 (election under sect	. , .	•	Dort II D
	that have NOT filed Form 5768 (election under sect			
Part II-A.	·			•
(Proxy Tax) (see instructions), the	s,' on Form 990, Part IV, line 5 (Proxy Tax) (en	(see instructions) or i	orm 990-EZ, Part V, III	le 35C
	organizations: Complete Part III.			
Name of organization			Employer identifica	tion number
Montana Conservation	Voters Inc.		81-052103	
Complete if the o	rganization is exempt under section	on 501(c) or is a s	ection 527 organiz	ation.
1 Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV. See Part	IV
3 Volunteer hours			,	
Complete if the o	rappization is exempt under section	on E01/c)/2)	-	
1 Enter the amount of any exc	ise tax incurred by the organization under	section 4955	> \$	
	cise tax incurred by organization managers			
3 If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
-		•		
b If 'Yes,' describe in Part IV.	••••			les like
	rganization is exempt under section	on E01/o) overe	coetion E01/o/(2)	
	pended by the filing organization for section			
				6,085.
2 Enter the amount of the filing function activities	organization's funds contributed to other organ	nizations for section 527	⁷ exempt 	
3 Total exempt function exper line 17b	nditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,		6,085.
4 Did the filing organization fil	e Form 1120-POL for this year?			X Yes No
5 Enter the names, addresses organization made payment amount of political contribution segregated fund or a political	and employer identification number (EIN) s. For each organization listed, enter the aris received that were promptly and directly delal action committee (PAC). If additional spa	of all section 527 poli mount paid from the fi livered to a separate po ice is needed, provide	tical organizations to willing organization's fund blitical organization, such information in Part IV.	nich the filing s. Also enter the 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) MT Conservation Voters	2822 3rd Ave, Ste 203	81-0531919		2,740.
Action Fund	Billings, MT 59101			
(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) 2015	Montana Cor	<u>servation Voters</u>	Inc.	81-0521	
Complete if the section 501(h	he organizatio	n is exempt under se	ction 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► if the filing	organization belon	gs to an affiliated group (and	l list in Part IV each affilia	ted group member's name),
		d share of excess lobbying			
B Check ► I if the filing	g organization che	cked box A and 'limited co	ntrol' provisions apply.		
(The term '	Limits on Lobby	ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditur	es to influence pu	iblic opinion (grass roots lo	bbying)		
b Total lobbying expenditur	res to influence a	legislative body (direct lobb	ying)		
c Total lobbying expenditur	es (add lines 1a a	and 1b)			
d Other exempt purpose ex	penditures				
e Total exempt purpose ex	penditures (add lii	nes 1c and 1d)			
f Lobbying nontaxable amo	ount. Enter the am	nount from the following tab	ole in		
If the amount on line 1e, colu		The lobbying nontaxable			
Not over \$500,000	(.,,, (,	20% of the amount on line 1e.			
Over \$500,000 but not over \$1,0	00,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1	,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$1		\$225,000 plus 5% of the excess			
Over \$17,000,000	· · · · · · · · · · · · · · · · · · ·	\$1,000,000.	<u></u>		
g Grassroots nontaxable ar	mount (enter 25%				
h Subtract line 1g from line	-				
i Subtract line 1f from line	1c. If zero or less	s, enter -0	}		
j If there is an amount other section 4911 tax for this	than zero on eithei	r line 1h or line 1i, did the org	ganızatıon file Form 4720	reporting	Yes No
	 . 	4-Year Averaging Period			
(Some		at made a section 501(h) elns below. See the instructi	lection do not have to c		
	Lobi	oying Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					·
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	990 or 990-EZ) 2015

(election under section 501(h)).				
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)	
of the lobbying activity.	Yes	No	Amount	
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?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				_
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				,
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Complete if the organization is exempt under section 501(c)(4), section 501(c)(5).	or		
section 501(c)(6).				
			Yes N	0
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?				X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				X
Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) is answered 'Yes.'	Part I	, or se II-A, li	ection 501(c) ine 3, is	
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		2c		
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		o.
5 Taxable amount of lobbying and political expenditures (see instructions)		5		<u>.</u>
Supplemental Information			<u>-</u>	·

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

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.

Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

In the summer and fall of 2015, MCV chapter leaders and staff prepared non-partisan questionnaires mailed to candidates running for the city councils and commissions in Billings, Bozeman, Helena, Missoula, Whitefish and Livingston and invited them to participate at chapter membership meetings. MCV also communicated with members

about what was at stake in the 2015 city elections and provided voter information to

Supplemental Information (continued)

Part I-A, Line 1 - Direct and Indirect Political Campaign Activities (continued)

residents of these communities about the environmental positions of those who responded to questionnaires.

BAA

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Montana Conservation Voters	s Inc.		81-0521030
	Organizations Maintaining Dono	or Advised Funds or Ot	her Similar Funds or A	
	Complete if the organization ansi	wered 'Yes' on Form 99	0, Part IV, line 6.	
		(a) Donor advise	d 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 dor are the organization's property, subject to the	nor advisors in writing that the	e assets held in donor advise	d funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit	-		
	impermissible private benefit?		<u></u>	Yes No
	Conservation Easements.			
	Complete if the organization ans			
1	<u> </u>	,	'' ''	
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of a historic	•
	Protection of natural habitat		Preservation of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation co	ontribution in the form of a cons	
				Held at the End of the Tax Year
	a Total number of conservation easements			·
	b Total acreage restricted by conservation ease		├	
	c Number of conservation easements on a certif	fied historic structure include	d in (a) 2c	
	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06,		
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished	d, or terminated by the organiza	ation during the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitori	ng, inspection, handling of vi	olations, Yes No
6	Staff and volunteer hours devoted to monitoring,			
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, a	nd enforcing conservation ease	ments during the year
Я	Does each conservation easement reported or	n line 2(d) above satisfy the i	equirements of section 170/h	0)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	to the organization's financia	s revenue and expense stateme I statements that describes th	ent, and balance sneet, and ne organization's accounting for
	Organizations Maintaining Colle	ctions of Art, Historica	l Treasures, or Other S	imilar Assets.
	Complete if the organization ans	wered 'Yes' on Form 99	0, Part IV, line 8.	
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finant	eld for public exhibition, educat	ion, or research in furtherance	ent and balance sheet works of of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education,	or research in furtherance of pu	ublic service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to the	ese items:	provide the following
	a Revenue included on Form 990, Part VIII, line	1		►\$
	b Assets included in Form 990, Part X			▶\$

Schedule D (Form 990) 2015 Monta				81-052		Page 2
Organizations Mainta	ining Collection	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (contir	nued)
3 Using the organization's acquisition items (check all that apply):	, accession, and othe	r records, check ar	ny of the following that a	re a significant use of its	collection	
a 🔲 Public exhibition		d \ Loan o	or exchange programs			
b Scholarly research		e Other				
c Preservation for future generation	ations	_				,
4 Provide a description of the organiz Part XIII.	ation's collections an	d explain how they	further the organization	s exempt purpose in		
5 During the year, did the organizato be sold to raise funds rather th	tion solicit or receive ian to be maintained	e donations of art	, historical treasures, o ganization's collection:	r other similar assets	Yes	No
Escrow and Custodia line 9, or reported an	Arrangements	. Complete if the	ne organization an	swered 'Yes' on Fo	rm 990, Pa	art IV,
1 a is the organization an agent, trus on Form 990, Part X?	tee, custodian or ot	her intermediary f	or contributions or othe	er assets not included	Yes	□No
b if 'Yes,' explain the arrangement	ın Part XIII and con	nplete the followin	g table:			
					Amount	
c Beginning balance						
d Additions during the year				. 1 d		
e Distributions during the year				<u> </u>		
f Ending balance						
2a Did the organization include an a b If 'Yes,' explain the arrangement						No
Endowment Funds. C						
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the current year	end balance (line	1g, column (a)) held	as:		
a Board designated or quasi-endowme	ent ▶	ક				
b Permanent endowment	8	<u> </u>				
c Temporarily restricted endowmen	t ►	%				
The percentages on lines 2a, 2b, an	d 2c should equal 10	0% .				
3a Are there endowment funds not in the organization by:			re held and administered	for the	Vas	
(i) unrelated organizations					Yes	No
					. 3a(i)	
b If 'Yes' on line 3a(ii), are the rela					. 3a(ii)	
4 Describe in Part XIII the intended					. 3b	
		ation's endowriter	it iurias.			
Land, Buildings, and I Complete if the organi		l 'Yes' on Forn	n 990, Part IV, line	11a. See Form 99	0, Part X,	lıne 10.
Description of property	(a) Cos	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
			7,535.	7,535.		0.
Total. Add lines 1a through 1e. (Column	n (d) must equal Fo	rm 990, Part X, co				0.
BAA				Schedu	ule D (Form 99	

Investments - Other Securities.	'Vest on Form 000	N/A N Part IV line 11h See Form 900 Part V line	12
(a) Description of security or category (including name of security)	(b) Book value), Part IV, line 11b. See Form 990, Part X, line (c) Method of valuation: Cost or end-of-year market value	12.
	(D) DOOK VAIUE	(C) Method of Valuation. Cost of end-of-year market value	
(1) Financial derivatives			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			
Investments – Program Related.	'Vaal on Earm 000	N/A N Part IV line 11a See Form 990 Part V line	12
(a) Description of investment	(b) Book value), Part IV, Iline 11c. See Form 990, Part X, line (c) Method of valuation: Cost or end-of-year market value	13.
	(b) Dook value	(c) Wellow of Valuation. Cost of Cha-of-year market Valu	
(3)			-
(4)			
(5)			
(6)			
(7)			•
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).			
	1		
Other Assets.	N/A	Part IV line 11d See Form 990 Part X line	15
Other Assets. Complete if the organization answered	'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line	15.
Other Assets. Complete if the organization answered (a) Des		, Part IV, line 11d. See Form 990, Part X, line (b) Book value	15.
Other Assets. Complete if the organization answered (a) Des (1) (2)	'Yes' on Form 990		15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3)	'Yes' on Form 990		15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 990		15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	'Yes' on Form 990		15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 990		15.
Other Assets. Complete if the organization answered (a) Description (a) Description (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	'Yes' on Form 990		15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 990		15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990		15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990 scription	(b) Book value	15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities.	'Yes' on Form 990 scription	(b) Book value	15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fe	'Yes' on Form 990 scription B) line 15.)	(b) Book value	15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 990 scription	(b) Book value	15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes	Yes' on Form 990 scription B) line 15.)	e or 11f. See Form 990, Part X, line 25	15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Credit Card	Yes' on Form 990 cription 3) line 15.)	e or 11f. See Form 990, Part X, line 25	15.
Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (c) Other Liabilities. Complete if the organization answered 'Yes' on Form (c) (a) Description of liability (1) Federal income taxes (2) Credit Card (3) Rounding (4)	Yes' on Form 990 cription 3) line 15.)	(b) Book value	15.
Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (c) Other Liabilities. Complete if the organization answered 'Yes' on Form (c) Description of liability (1) Federal income taxes (2) Credit Card (3) Rounding (4) (5)	Yes' on Form 990 cription 3) line 15.)	(b) Book value	15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Credit Card (3) Rounding (4) (5) (6)	Yes' on Form 990 cription 3) line 15.)	(b) Book value	15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Credit Card (3) Rounding (4) (5) (6) (7)	Yes' on Form 990 cription 3) line 15.)	(b) Book value	15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Credit Card (3) Rounding (4) (5) (6) (7) (8)	Yes' on Form 990 cription 3) line 15.)	(b) Book value	15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Credit Card (3) Rounding (4) (5) (6) (7) (8) (9)	Yes' on Form 990 cription 3) line 15.)	(b) Book value	15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Credit Card (3) Rounding (4) (5) (6) (7) (8) (9) (10)	Yes' on Form 990 cription 3) line 15.)	(b) Book value	15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Credit Card (3) Rounding (4) (5) (6) (7) (8) (9) (10) (11)	'Yes' on Form 990 scription B) line 15.) orm 990, Part IV, line 11 (b) Book value	(b) Book value le or 11f. See Form 990, Part X, line 25 9. 1.	15.
Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) Credit Card (3) Rounding (4) (5) (6) (7) (8) (9) (10)	3) line 15.)	(b) Book value e or 11f. See Form 990, Part X, line 25 9. 1.	15.

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

4 b

a Investment expenses not included on Form 990, Part VIII, line 7b,

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....

c Add lines 4a and 4b

b Other (Describe in Part XIII.)

Supplemental Information.

4 c

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Montana Conservation Voters Inc. 81-0521030 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply, X Mail solicitations e X Solicitation of non-government grants Internet and email solicitations b f Solicitation of government grants X Phone solicitations g X Special fundraising events d X In-person solicitations **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Gross receipts from activity (i) Name and address of individual (ii) Activity (v) Amount paid to (vi) Amount paid to (or retained by) (iii) Did fundraiser or entity (fundraiser) (or retained by) fundraiser listed in have custody or control of contributions? organization column (i) Yes 1 3 5 6 7 9 10 Total 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Sch	edule	G (Form 990 or 990-EZ) 2015 Montana			81-05	
		Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gre	event contributions	nswered 'Yes' on Fo s and gross income	orm 990, Part IV, I on Form 990-EZ,	ine 18, or reported lines 1 and 6b.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
R			Conservation C (event type)	Annual Meeting (event type)	None (total number)	(add column (a) through column (c))
REVEZUE	1	Gross receipts	18,915.	17,216.		36,131.
Е	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	18,915.	17,216.		36,131.
	4	Cash prizes				
Þ	5	Noncash prizes	4,000.			4,000.
D I R E C T	6	Rent/facility costs	2,500.	1,100.		3,600.
	7	Food and beverages	3,070.	1,400.		4,470.
Ž P E	8	Entertainment		200.		200.
EXPERSES	9	Other direct expenses	2,015.			2,015.
3	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro				
		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes			
	$\overline{}$	\$15,000 on Form 990-E2, line oa.				1
REVERUE	<u> </u>		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ë E	1	Gross revenue				
E	2	Cash prizes				
DIRECT	3	Noncash prizes				
Č Š T E S	4	Rent/facility costs				
	5	Other direct expenses.				
	6	Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)	••••	▶	
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	n (d)		
	ls tl	er the state(s) in which the organization co he organization licensed to conduct gamino lo,' explain:	activities in each of th	ese states?		Yes No
•						
		e any of the organization's gaming license				Yes No
RΔΔ			TEE 437021 0	6/02/15	Schedule G (Form	n 990 or 990-F7\ 2015

Sche	edule G (Form 990 or 990-EZ) 2015 Montana Conservation Voters inc. 81-0521030	Page 5
11	Doe's the organization conduct gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	No
	Indicate the percentage of gaming activity conducted in:	
í	a The organization's facility	 8
1	b An outside facility 13b	8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name •	
	Address •	
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party:	No
	Name •	
	Address •	
16	Gaming manager information:	
	Name •	- -
	Gaming manager compensation ► \$	
	Description of services provided ▶	-
	Director/officer Employee Independent contractor	
17	•	
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activities during the tax year ► \$	<i>(</i>)
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	(v);

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

Per la

er identification number 0521030 **%** □

⊠Yes

•	Governments, and maividuals in the Cinica States
,	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.
partment of the Treasury smal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.
ne of the organization	Employ
ontana Conser	vation Voters Inc.
General In	General Information on Grants and Assistance
1 Does the organizati the selection crite	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Orga Form 990, Part IV, line 21, for any recipient that	nce to Domestic , for any recipien	Organizations of that received r	unizations and Domestic Governments. Complete if the organization answered 'Yes' on t received more than \$5,000. Part II can be duplicated if additional space is needed.	ernments. Comple	te if the organizat cated if additional	ion answered 'Y I space is neede	es' on id.
(a) Name and address of organization or government	(9) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) League of Conservation Voters 1920 L Street NW, Ste 800 Mashington, DC 20036	52-1733698 501 (501 (c) (4)	12,500.	.0			Direct Lobby, Voters Education
(2)							
(3)							
(b)							
(<u>6</u>)							
(9)							
6							
(8)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	(3) and government o	rganizations listed i	in the line 1 table			. :	1 0
BAA For Paperwork Reduction Act Notice, see the Instructions for	e, see the Instruction	s for Form 990.		TEEA3901L 11/04/15	11/04/15	Schedul	Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Page 2 Schedule I (Form 990) (2015) Montana Conservation Voters Inc.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	סמון בס ממשונים וו מממונים ומו כשמס ום ווססמסמי	300 IS 1100000:				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1		-				
2						
3						
4						
5						
9						
7						
	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	te the information	required in Part I,	line 2, Part III, co	umn (b), and any othe	r additional information.

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015

Department of the Treasury Internal Revenue Service

Employer identification number

81-0521030

Form 990, Part III, Line 1 - Organization Mission

Montana Conservation Voters Inc.

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.

Form 990, Part III, Line 4a - Program Service Accomplishments

Conservation Policy Campaign: MCV's 2015 Conservation Policy Campaign was dedicated to working in the 2015 Montana State Legislature and with the administration of Governor Steve Bullock to ensure strong environmental policies and prevent any rollbacks of key environmental laws. Specific areas of work in 2015 included

1) work in the 2015 Montana State Legislature advocating for bills to advance clean, renewable energy and energy efficiency, public lands protection, as well as clean water laws and measures to ensure broad-based citizen participation, while opposing roll backs;

- 2) opposing proposals to transfer federal lands to the state as well as the dedication of any state funds to study this;
- 3) post-2015 legislature, testifying before the Interim Energy and Telecommunications legislative subcommittee and the Environmental Quality Council;
- 4) coordination of weekly meetings during the session of the Conservation Working Group, a coalition of groups organized to advocate for strong environmental policies; and
- 5) recruiting and securing appointments of conservation and environmental group leaders to openings on relevant local and statewide boards and commissions.

Employer identification number

81-0521030

Form 990, Part III, Line 4a - Program Service Accomplishments

Accomplishments include the passage of the Confederated Salish and Kootenai Water Compact and passage of the Sage Grouse Conservation Act. Additional accomplishments include the defeat of legislation that would have transferred federal lands to the state, in part thanks to the hundreds of public comments submitted to the EQC, defeat of measures that would have weakened Montana's Renewable Energy Standard as it affects clean energy, energy rates and jobs, and defeat of bills that would have rolled back essential local planning tools. Accomplishments were achieved with the support of the Conservation Working Group, comprised of 13 allied organizations.

Montana Conservation Voters' 2015 State Legislative Scorecard was published in May, 2015 and sent to members, legislators, state and federal officials and participants in the Conservation Working Group. It was the centerpiece of post-legislative meetings held throughout the state.

As it does each year, MCV released the national League of Conservation Voters

Congressional Scorecard in February, 2015 with a press release and in-studio TV

interviews in Billings, MT. A special Congressional Scorecard was released in late

January, featuring votes during the 2014 Congressional Lame Duck session, and MCV

released this with similar earned and social media.

MCV coordinated, with chapters and Board members, five meetings with legislators in Billings (27 in attendance) Bozeman 38 in attendance), Missoula (19 in attendance), Great Falls (21 in attendance), Whitefish (29 in attendance) and Helena (18 in attendance) after the 2015 legislative session to discuss environmental policy priorities during the 2015-2016 state legislative interim.

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Form 990, Part III, Line 4a - Program Service Accomplishments

At the federal level, MCV advocated passage of the Production Tax Credit (to promote renewal energy), as well as range of public lands policies including full funding for the Land and Water Fund. MCV also worked to reform chemical policy and continued its work to defend the Clean Air Act. Staff took two trips to Washington DC to lobby Congress (two staff people in each trip, two leaders in the second trip), and convened meetings with Sen. Tester. Cong. Zinke and the staff of Sen. Daines.

In the summer and fall of 2015, MCV chapter leaders and staff prepared non-partisan questionnaires mailed to candidates running for the city councils and commissions in Billings, Bozeman, Helena, Missoula, Whitefish and Livingston and invited them to participate at chapter membership meetings. MCV also communicated with members about what was at stake in the 2015 city elections and provided voter information to residents of these communities about the environmental positions of those who responded to questionnaires.

Total Expense: \$112,256

Form 990, Part III, Line 4b - Program Service Accomplishments

Leadership and Staff Development:

Four MCV staff and two board members attended the national League of Conservation Voters training meeting in Annapolis, MD; three staff and one board member attended a fundraising training in Seattle, WA; one staff attended a public policy and advocacy training sessions in Washington, DC; one staff person attended a leadership training hosted by the Ballot Initiative Service Center; one staff person attended a leadership training sponsored by NTEN; and one staff person took online training to learn how to effectively utilize MCV's new data base. Additionally, MCV staff continued training for on the new data base, as part of a 4-state pilot project with

Form 990, Part III, Line 4b - Program Service Accomplishments

the national League of Conservation Voters. MCV held one leadership orientation session in 2015 attended by 11 board members

Additionally, MCV launched a strategic planning process that included a January, 2015 retreat, followed by periodic leadership calls to finalize the plan. This was done working with a consultant who conveyed key planning principles, and who assisted in the creation of the plan. For more than half of the leaders and staff, this strategic planning process was their first such experience.

A new MCV Executive Director was recruited, screened, hired and orientation and training began in late 2015. This included an overview to organizational goals and objectives, fundraising training, personnel and financial management. This work included an extensive search process with a team of MCV Board members, who were assisted by a consultant and who learned basics of job description development, skills assessment and recruitment and screening interview techniques.

The MCV Board of Directors and staff also began a financial literacy program offered by the League of Conservation Voters, "Fun with Financials", which included a "Fiscal Fitness Test" and follow up leadership and staff development program. The program included one face to face training session with three MCV staff, three sessions with the MCV Finance Committee and Board of Directors, and a transition call with the outgoing and new Executive Director.

Ongoing staff development included participation in monthly League of Conservation

Voters Development Director calls, monthly organizing calls and participation at

LCV's Executive Director meeting which included a staff development component. MCV

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Form 990, Part III, Line 4b - Program Service Accomplishments

staff carried out their professional development plans including training on legal compliance issues, civic engagement, environmental policy and fundraising skills.

Total expense: \$46,490

Form 990. Part III, Line 4c - Program Service Accomplishments

Outreach and Community Organizing: In 2015, MCV ran a grassroots canvass and public education campaign to call on Governor Bullock to support the Clean Power Plan, a proposal by EPA to reduce carbon emissions in order to halt further climate change. MCV contacted approximately 4,300 voters at their doors, obtained postcards from 1,271 which were subsequently turned in to Gov. Bullock, and received post card returns from another 526 people. These individuals were then sent public education materials in the fall to bring them up to speed on the final Clean Power Plan rule and provide avenues for action.

The Flathead MCV Chapter, with staff assistance, provided public education information to members about an April, 2015 local mill levy increase to raise funds to protect Haskell Basin, the main source of water to Whitefish Lake. The measure passed by 81%.

MCV's four chapters, Yellowstone Cty, Gallatin-Park Cty, Missoula Cty and Flathead cty each convened membership meetings attended by a low of 18 members and a high of 79. Chapter boards meet approximately 9 times per year.

Total expense: \$46,235

Employer identification number

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Form 990, Part VI, Line 11b - Form 990 Review Process

The MCV board reviews the Form 990 before it is submitted. It is available on file for review by members and the public upon request.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

At its meetings, the board regularly monitors and enforces the conflict of interest policy.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Board performs an annual review at an Executive Committee meeting before any salary adjustment is given to Executive Director.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Board is provided 1-3 salary/wage/benefit comparisons annually when the budget is adopted. It is discussed in Executive session before the budget is adopted. There is no review of salary/wages by an independent entity.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All MCV governing documents are assembled in an organizational manual which is updated annually and reviewed by the Board and staff in an orientation session.

This manual is also available to all MCV members upon request. The organizational manual is also available to chapter boards upon request.

Form 990, Part XII, Line 1 - Other Accounting Method

Modified Cash

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

(g) Sec 512(b)(13) controlled entity? Ŷ Schedule R (Form 990) 2015 (f)
Direct controlling entity × Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes Employer identification number (f)
Direct controlling entity 81-0521030 N/A (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. 501 (c) 3 **(d)** Total income (d) Exempt Code section 501 (c) 3 (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) ¥ (b) Primary activity education to MT Research and conservtion (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) (ame, address, and EIN (if applicable) of disregarded entity (1) Montana Conservation Voters Educat (a) Name, address, and EIN of related organization Montana Conservation Voters Inc. PO Box 853 Billings, MT 59103 81-0525336 Name of the organization 11111 ଷ୍ଟା 8 8 Ξ¦ 0

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Schedule R (Form 990) 2015 Montana Conservation Voters Inc.

Received the organization of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Name, address, and EIN of Primary activity related organization		(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportonate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne		(k) Percentage ownership
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Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	l Organi ne or m	zations Tore relate	ons Taxable as related organiza (b)	e as a Corporation or Trust Complete of the organization answered 'Yes' anizations treated as a corporation or trust during the tax year. (c) (d) (d) Direct (state or foreign controlling (C corp., S, corp.) total income year asset	as a corpor as a corpor (d) Direct controlling	Complete if the or ration or trust dur (e) Type of entity (C corp., S corp.)	if the organicust during the state of the st	lanization and the tax ye (f) Share of total income	swered ar. Share		on Form 990, Part IV, -of- Recentage Sec 512(b)(s ownership controlled en	Part IV, (0) Sec 512(b)(13) controlled entity?	/,))(13) entity?
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Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Page 3

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed in Parts II-IV?			Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				×
b Gift, grant, or capital contribution to related organization(s)	:	:	1 b	X
c Gift, grant, or capital contribution from related organization(s)	:	:	. 1c	×
d Loans or loan guarantees to or for related organization(s)	: :	: : : : : : : : : : : : : : : : : : : :	p1	×
e Loans or loan guarantees by related organization(s)	:	:		X
f Dividends from related organization(s)	:		1	×
			- 1g	×
				×
i Exchange of assets with related organization(s)			11	×
j Lease of facilities, equipment, or other assets to related organization(s)	: : : : : : : : : : : : : : : : : : : :	: : : .	. 1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	:	:	, ,	×
Performance of services or membership or fundraising solicitations for related organization(s)	: : : .	:	=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	:	: : : : : : : : : : : : : : : : : : : :	- 1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	: :	:	. 1n	×
o Sharing of paid employees with related organization(s)	: : : : : : : : : : : : : : : : : : : :	:	10	×
p Reimbursement paid to related organization(s) for expenses.			10	×
q Reimbursement paid by related organization(s) for expenses.	:		14	×
r Other transfer of cash or property to related organization(s)			-	×
s Other transfer of cash or property from related organization(s)	:		. 1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	relationships and tran	saction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	stermining ivolved
(1) Montana Conservation Voters Education Fd	U	40,000.		
(2) Montana Conservation Voters Education Fd	п	21,069.	21,069.cost/time	e allo
(3) Montana Conservation Voters Education Fd	0	192,522.	192,522.cost/time	e allo
(4) Montana Conservation Voters Education Fd	Ь	70,702.	70,702.cost/time	e allo
(5)				
(6)				
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Montana Conservation Voters Inc. Schedule R (Form 990) 2015

Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unre- lated, excluded from tax under	(e) Are all partners section 501(c)X3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	al or P	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes	2	
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Schedule R (Form 990) 2015 Montana Conservation Voters Inc. 81-052103

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).