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ef	ile G	RAPHIC print	- DO NOT PROCESS As Filed Data -	DLN:	: 93492278008297		
			Short Form		OMB No 1545-1150		
	Q	90-EZ	Return of Organization Exempt From Income T	av			
For	m 🕽 🤄	90-LZ	·		2016		
2			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fou	indations)	2010		
			Do not enter social security numbers on this form as it may be made publi	c.	Ones to Bublic		
Dep	artment	t of the Treasury	Information about Form 990-EZ and its instructions is at <u>www.irs.gov/</u>	<u>form990</u> .	Open to Public		
		venue Service			Inspection		
			r year, or tax year beginning 01-01-2016 , and ending 12-31-2016				
		ıf applıcable s change	C Name of organization Montana Public Lands Council Inc	D Employe	er identification number		
_		change -		81-0454			
	Initial r	eturn	Number and street (or P O box, if mail is not delivered to street address) Room/suite 420 N California Street	E Telephon	e number		
_		eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code		(406) 442-3420		
_		ed return tion pending		F Group Exemption Number ▶			
_		<u> </u>	H Check N	☑ If the	organization is not		
G A	ccoun	iting Method 🛭			Schedule B		
T NA	labait	-01 D N/A	(Form 99	0, 990-EZ	, or 990-PF)		
		:e: ► <u>N/A</u> mpt status(check o	only one) - □ 501(c)(3) ☑ 501(c)(6) ◀(insert no) □ 4947(a)(1) or □ 527				
		<u> </u>					
		-	Corporation Trust Association Other	t- (D-	et II. askuman (D) balauu)		
L A	\$500	es 50, 6c, and 70 ,000 or more, file	to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total as Form 990 instead of Form 990-EZ	issets (Pai	T 11, column (B) below) ▶ \$ 66,200		
	art I	Revenue,	Expenses, and Changes in Net Assets or Fund Balances (see the instruction	ns for Part	: I)		
		Check if the	organization used Schedule O to respond to any question in this Part I		. ´ <u>v</u>		
	1	Contributions, g	lifts, grants, and similar amounts received	1	0		
	2	Program service	e revenue including government fees and contracts	2	6,050		
	3	Membership du	es and assessments	3	60,144		
	4	Investment inco	ome	4	6		
	5a	Gross amount f	rom sale of assets other than inventory 5a	_			
	b	Less cost or ot	her basis and sales expenses	_			
	С	Gain or (loss) fr	om sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6	Gaming and fur	draising events				
120	а	Gross income fr	om gaming (attach Schedule G if greater than \$15,000) 6a				
Revenue	b		om fundraising events (not including \$ of contributions from nts reported on line 1) (attach Schedule G if the				
_		=	oss income and contributions exceeds \$15,000) 6b				
	С		enses from gaming and fundraising events 6c	-			
	d		loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
	7a	,	nventory, less returns and allowances 7a				
	b	Less cost of go	ods sold	7			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 _c			
	8	Other revenue (describe in Schedule O)	8			
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	66,200		
	10	Grants and simi	lar amounts paid (list in Schedule O)	10	_		
	11	Benefits paid to	or for members	11	_		
Expenses	12	Salaries, other	compensation, and employee benefits	12	_		
	13	Professional fee	s and other payments to independent contractors	13	36,500		
ψ,	14	Occupancy, ren	t, utilities, and maintenance	14			
ũ	15	Printing, publica	ations, postage, and shipping	15	100		
	16	Other expenses	(describe in Schedule O)	16	27,865		
	17	Total expense	s. Add lines 10 through 16	17	64,465		
	18	Excess or (defic	ıt) for the year (Subtract line 17 from line 9)	18	1,735		
Assets	19	Net assets or fu	nd balances at beginning of year (from line 27, column (A)) (must agree with				
ASS		end-of-year figu	re reported on prior year's return)	19	18,745		
ž	20	Other changes i	n net assets or fund balances (explain in Schedule O)	20	0		
~	21	Net assets or fu	nd balances at end of year Combine lines 18 through 20	21	20,480		
For	Pane	erwork Reduction	on Act Notice, see the separate instructions. Cat No 10642I		Form 990-EZ (2016)		

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		westion in this Par	+ 11			П
	Check if the organization used Schedule	O to respond to any q			eginning of year	· ·	(B) End of year
22 Cash, sa	vings, and investments			(7) 00	18,745	22	20,480
	buildings				·	23	· · ·
24 Other as	sets (describe in Schedule O)					24	
25 Total as	sets				18,745	25	20,480
26 Total lia	ibilities (describe in Schedule O)				0	26	0
	ets or fund balances (line 27 of column	• •			18,745	27	20,480
Part III	Statement of Program Service	•				/ P.	Expenses equired for section 501(c)
What is the i	Check if the organization used Schedule organization's primary exempt purpose?	O to respond to any c	question in this Par	C 111	🗵	(3)	and 501(c)(4)
	upport for public lands and land policies						ganizations, optional for ners)
measured by	organization's program service accompli / expenses In a clear and concise manne nd other relevant information for each pro	r, describe the service				J.	
28 See Addition	al Data Table						
(Grants \$)	If this amoun	t includes foreign gran	ts sheek here		. ▶ □	28a	
(Grants 5) 29	II this amoun	t includes foreign gran	its, check here .	•	<u>. , , , , , , , , , , , , , , , , , , ,</u>	28a 29a	
(Grants \$)	If this amoun	t ıncludes foreign gran	ts, check here	_	. ▶ □		
30	I chis diffedit	- melades foreign gran	ico, check fiere	•	·	30a	
30						30a	
(Grants \$)	If this amoun	t includes foreign gran	ts shock here		. ▶ □		
' '			•	•	. • -	-	
	ogram services (describe in Schedule O)			•	·	L.	
(Grants \$)		t includes foreign gran				31a 32	
Part IV	ogram service expenses (add lines 28a List of Officers, Directors, Trustees,		(list each one even if				
i di c z v	Check if the organization used Schedule						
	(a) Name and Add	(6) 0			(4) -	-6.4-	14-3 5-4
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/109	n 99-	benefit plans,	nploy and	(e) Estimated amount of other compensation
			MISC) (if not pa enter -0-)		deferred compen		
Vicki Olson		1 00		0			0
Chairman							
Johnnie Schi	ultz	1 00		0			0
Vice Chairma	an						
Llane Carroll		1 00		0			0 0
Board Memb	er						
Chris King		1 00		0			0 0
Board Memb							
Warren Lybe		1 00		0			0 0
		1 00		١ ١			
Board Memb	er	1.00					
Rick Sandru		1 00		0			0
Board Memb	er						
Nick Schultz		1 00		0			0
Board Memb	er						
Jacob Smith		1 00		0			0 0
Board Memb	er						
Tom Sparks		1 00		0			0 0
·				-			
Board Memb		1.00					0 0
Richard Stuk	сег	1 00		0			0
Board Memb	er						
George Trisc	hman	1 00		0			0 0
Board Memb	er						
Jeff Willmore		1 00		0			0 0
Board March	or						
Board Memb	CI						Form 990-F7 (2016)

Form	990-EZ (2016)			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the	<u>;</u>	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . $$.		🗵	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	Yes	
36	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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	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 tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	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	40e		No
	The organization's books are in care of ▶ Jay Bodner Telephone no ▶ (406) 4	42-3420)
	Located at ▶ 420 N California Street HELENA, MT ZIP + 4 ▶	5960	1	
L	At any time during the calendar year, did the arganization have an interest in an a signature or other authority ever a	-		
b	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)?		Yes	No
	If "Yes," enter the name of the foreign country	42b		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
C	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
C	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d		
45~	explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44a 45a		No No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	734		140
730	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

									Page 4
								Yes	No
	anization engage, directly or indirect for public office? If "Yes," complete :						46		NI -
	ction 501(c)(3) organizations	•					46		No
All s	section 501(c)(3) organizations	must answer quest	ons 47-49b and 52,	and c	omplete	the table	s for lu	nes 50	_
Cne	ck if the organization used Schedule	O to respond to any q	uestion in this Part VI					Yes	No
7 Did the ora	anization engage in lobbying activitie	es or have a section 50	N(h) election in effect	durina	the tay v	aar?			
	mplete Schedule C, Part II	· · · · · · ·	· · · · · · ·	• •			47		
8 Is the orga	nization a school as described in sect	ion 170(b)(1)(A)(ii)?	If "Yes," complete Sche	edule E			48		
9a Did the org	anization make any transfers to an e	xempt non-charitable	related organization?				49a		
b If "Yes," wa	as the related organization a section	527 organization? .					49b		
	his table for the organization's five h						and key	employ	ees)
	eceived more than \$100,000 of cominion of cominion of cominion of cach employee	pensation from the org (b) Average	janization If there is n (c) Reportable		iter "None Health b		(e) Es	timated	amoun
. ,	, ,	hours per week devoted to position	compensation (Forms W-2/1099-	contri		employe	of other	er comp	ensation
		devoted to position	MISC)			pensation			
				1			1		
1 Complete ti compensati	hber of other employees paid over \$1 his table for the organization's five h ion from the organization If there is	ghest compensated in none, enter "None "							
1 Complete ti compensati	his table for the organization's five h	ghest compensated in none, enter "None "			ech receiv			0,000 o	 f
1 Complete ti compensati	his table for the organization's five h ion from the organization If there is	ghest compensated in none, enter "None "							 f
1 Complete ti compensati	his table for the organization's five h ion from the organization If there is	ghest compensated in none, enter "None "							 f
1 Complete ti compensati	his table for the organization's five h ion from the organization If there is	ghest compensated in none, enter "None "							 f
1 Complete ti compensati	his table for the organization's five h ion from the organization If there is	ghest compensated in none, enter "None "							 f
1 Complete ti compensati	his table for the organization's five h ion from the organization If there is	ghest compensated in none, enter "None "							 f
1 Complete ti compensati	his table for the organization's five hion from the organization. If there is (a) Name and business address of ea	ighest compensated in none, enter "None " ach independent contr	actor						
1 Complete the compensation (his table for the organization's five h ion from the organization If there is	ighest compensated in none, enter "None " ach independent contr	actor						 f
d Total num	his table for the organization's five his table for the organization. If there is (a) Name and business address of each of the contractor of other independent contractor organization complete Schedule A?	ighest compensated in none, enter "None " ach independent contri ach independent contri ach independent contri ach independent contri	\$100,000	(b) Ty	rpe of ser	vice (d	Comp	ensation	f
d Total num 2 Did the ocomplete	his table for the organization's five his table for the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? New Schedule A	s each receiving over: OTE. All Section 501(\$100,000	(b) Ty	rpe of ser	vice (∢	Comp	ensation	f
d Total num Did the ocompletes on onwiedge and be	his table for the organization's five his non from the organization. If there is (a) Name and business address of each organization complete schedule A? New Schedule A	s each receiving over and this return, including this return, including the second sec	\$100,000	st attac	th a	wice (c	Comp	ensation	f
d Total num 2 Did the ocomplete to complete to comple	his table for the organization's five his table for the organization. If there is (a) Name and business address of each organization complete Schedule A? Noted Schedule A	s each receiving over and this return, including this return, including the second sec	\$100,000	st attac	the of ser	ments, an	Comp	ensation	f
d Total num 2 Did the ocomplete onder penalties on owiedge and be sany knowledge	his table for the organization's five his non from the organization. If there is (a) Name and business address of each organization complete schedule A? New Schedule A	s each receiving over and this return, including this return, including the second sec	\$100,000	st attac	e of ser	ments, an	Comp	ensation	f
d Total num 2 Did the ocomplete or owiedge and be sany knowledge gn ere	his table for the organization's five his table for the organization. If there is (a) Name and business address of each organization complete Schedule A? Noted Schedule A	s each receiving over and this return, including this return, including the second sec	\$100,000	st attac	the of ser	ments, an	Comp	ensation	f
d Total num 2 Did the ocomplete so owiedge and be so any knowledge any knowledge and be so any knowle	his table for the organization's five his non from the organization. If there is (a) Name and business address of each organization complete schedule A? Noted Schedule A	s each receiving over and this return, including this return, including the second sec	\$100,000	st attac	the of ser	ments, and another state of the	Comp	ensation	f
d Total num 2 Did the complete to complet	his table for the organization's five his non from the organization. If there is (a) Name and business address of each organization complete schedule A? Noted Schedule A	s each receiving over to the control of this return, including the control of the	\$100,000	st attac	end on all III	ments, and formation	Comp Ye d to the of whice	ensation	f
d Total num 2 Did the complete of complet	his table for the organization's five his non from the organization. If there is (a) Name and business address of each organization complete schedule A? Noted Schedule A	s each receiving over to the control of this return, including the control of the	\$100,000	st attac	the of ser	ments, and formation 5	Yed to the of whice	ensation	f
d Total num 2 Did the complete to complet	his table for the organization's five his non from the organization. If there is (a) Name and business address of each organization completes schedule A? Note of Schedule A	s each receiving over to the control of this return, including the control of the	\$100,000	st attac	the of ser	ments, and formation	Yed to the of whice	ensation	f
d Total num 2 Did the ocomplete to complete to comple	his table for the organization's five his non from the organization. If there is (a) Name and business address of each organization complete schedule A? Noted Schedule A	s each receiving over to the control of this return, including the control of the	\$100,000	st attac	the of ser	ments, and formation 5	Yed to the of whice	ensation	f

Additional Data

Software ID:

Software Version:

EIN: 81-0454376

Name: Montana Public Lands Council Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	` (c	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)			
Since the earliest settlement of the West, and particularly Montana, ranchers have been the caretakers and stewards of open, federal rangeland. This arrangement has been a mutually beneficial one-lessees of federal lands are responsible, environmentally-conscious land managers in partnership with the federal government. In turn, these lands, in combination with private lands, help to create many viable ranching options for rural families, contributing to local economies and the western way of life. The main responsibility of the Montana Public Lands Council is to develop and coordinate unified policy positions and pursue legislative and regulatory actions that most effectively represent Montana public lands grazing users. The Montana Public Lands Council is a leading state organization in monitoring, initiating and coordinating actions on priority public lands issues in the state. The Montana Public Lands Council also works closely with the National Public Lands Council in Washington, D.C., on a number of national issues affecting federal lands grazing. (Grants \$ 0) If this amount includes foreign grants, check here	28a	0			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492278008297 TY 2016 Transfers Personal Benefits **Contracts Declaration** Name: Montana Public Lands Council Inc.

EIN: 81-0454376 **Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

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SCHEDULE C (Form 990 or 990-

Department of the Treasury

Internal Revenue Service

EZ)

3

5

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93492278008297

Open to Public Inspection

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 527 organizations Complete Part I-A only

• 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

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

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then **Employer identification number**

• Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Montana Public Lands Council Inc 81-0454376 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

4 Did the filing organization fileForm 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none,

enter -0-3 5

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

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SCHEDUL	E O Supplemental Information to Form	990 or 990-EZ	OMB No 1545-0047	
(Form 990 or E Z)		pecific questions on al information.	2016 Open to Public	
Department of the T	reasury www.irs.gov/form990.		Inspection	
Internal Revenue Se Name of the org		Employer iden	tification number	
Montana Public Lar	ds Council Inc	81-0454376		
Return Reference	e O, Supplemental Information Explanation			
Form 990- EZ, Part I, Line 4 - Other Investment Income	Description Interest Income Amount 6			

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16 - Other Expenses	Description National Public Lands Council Dues Amount 24,087 Description Office Expen se Amount 20 Description Meetings and Conferences Amount 2,957 Description Staff T ravel Amount 801 Total to Form 990-EZ, line 16 27,865