efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492319047628 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 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. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 01-01-2017 and ending 12-31-2017 B Check if applicable C Name of organization D Employer identification number MONTANA PUBLIC LANDS COUNCIL INC \square Address change 81-0454376 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 420 N CALIFORNIA STREET ☐ Final return/terminated (406) 442-3420 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return HELENA, MT 59601 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►N/A **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 7,140 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 69,354 4 4 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6dGross sales of inventory, less returns and allowances 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 76,502 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 35,090 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 35,559 17 Total expenses. Add lines 10 through 16 17 70,649 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5,853 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20,480 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 26,333 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

1 OHH 330-L2	2 (2017)						Page Z
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		ulestion in this Pa	art II			П
	Check if the organization used Schedule	O to respond to any q	uestion in this Fa		eginning of year	• •	□ (B) End of year
22 Cash, sa	vings, and investments			(7) 0	20,480	22	26,333
	d buildings		🗀		,	23	· ·
24 Other as	sets (describe in Schedule O)					24	
25 Total as	ssets				20,480	25	26,333
	abilities (describe in Schedule O)		-			26	0
	ets or fund balances (line 27 of column	· · -	· · · · · · · · · · · · · · · · · · ·		20,480	27	26,333
Part III	Statement of Program Service A Check if the organization used Schedule	•			tIII) ☑	(Re	Expenses equired for section 501(c)
	organization's primary exempt purpose?	, ,	,		<u> </u>		and 501(c)(4)
Describe the	SUPPORT FOR PUBLIC LANDS AND LAND organization's program service accompli y expenses In a clear and concise manne	shments for each of its					ners)
•	nd other relevant information for each pro	ogram title				+	
28 See Addition	nal Data Table						
(Grants \$)	If this amoun	t includes foreign gran	its. check here		. ▶ □	28a	
29						29a	
(Grants \$)	If this amoun	t ıncludes foreıgn gran	its, check here		. ▶ □		
30						30a	
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ □		
31 Other pr	ogram services (describe in Schedule O)						
(Grants \$)	If this amoun	t ıncludes foreıgn gran	ts, check here .		. ▶ 🗆	31a	
	ogram service expenses (add lines 28a					32	
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule	O to respond to any q	(list each one even juestion in this Pa	of not co art IV.	mpensated — see the	ınstru	ctions for Part IV)
		1				۶.	14.5=
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/10 MISC) (if not particular contraction)	on 099- paid,	(d) Health bend contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
LLANE CARR	OLL	1 00	enter -0-)	0			0 0
BOARD MEM	BER						
CHRIS KING		1 00		0			0 0
BOARD MEM	BER						
WARREN LY		1 00		0			0 0
BOARD MEM	DED						
JACK MCRAE		1 00		0			0 0
BOARD MEM		1 00		0			0 0
RICK SANDF	KO	1 00		١			"
BOARD MEM							
JOHNNIE SC	HULTZ	1 00		0			0
BOARD MEM	BER						
JEFF WILLM	ORE	1 00		0		1	0
BOARD MEM	BER						
VICKI OLSO	N	1 00		0			0 0
CHAIRMAN							
JACOB SMIT	TH THE THE THE THE THE THE THE THE THE T	1 00		0			0 0
BOARD MEM	BER						
TOM SPARKS		1 00		0			0 0
				-			
BOARD MEM NICK SCHUL		1 00		0			0 0
MICK SCHOL	-14	1 00		١			
VICE CHAIR							
JAY BODNEF	K	1 00		0			0
SECRETARY	-TREASURER						
							Form 990-EZ (2017)

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗵	
		\square	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			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)			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)?			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	35a 35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)			
36				No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
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 39a			
b	Gross receipts, included on line 9, for public use of club facilities	1		
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	40ь		
С	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			
е	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
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ▶ JAY BODNER Telephone no ▶ (406) 442-3420			
	Located at ▶ 420 N CALIFORNIA STREET HELENA, MT ZIP + 4 ▶)1	
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)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
r	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S?	42c		No
Ī				
42 '	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		▶ □	
+3 .	and enter the amount of tax-exempt interest received or accrued during the tax year	•		
	and effect the amount of tax exempt interest received of accrace during the tax year.		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
	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
	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 explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No
		1 1		

46 Did th								Page
6 Did th							Yes	No
candic	e organization engage, directly or indirec dates for public office? If "Yes," complete	tly, in political campaid	n activities on behal					
Part VI	Section 501(c)(3) organization					46		No
uic vi	All section 501(c)(3) organizations	must answer quest	ons 47-49b and 5	2, and o	complete the table	es for li	nes 50	and 5
	Check if the organization used Schedule	O to respond to any q	uestion in this Part V	I	<u> </u>		 Yes	□ No
		_						
	e organization engage in lobbying activiti s," complete Schedule C, Part II	es or have a section 50	, ,		the tax year?	47		
18 Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sc	hedule E		48		
19a Did th	e organization make any transfers to an	exempt non-charitable	related organization	,		49a		
b If "Yes	s," was the related organization a section	527 organization? .				49b		
i0 Compl	lete this table for the organization's five h	- nighest compensated e	mployees (other thar	officers	, directors, trustees	and key	employ	ees)
	ach received more than \$100,000 of com Name and title of each employee	pensation from the org	ganization If there is (c) Reportable		nter "None "	(a) Ea	stimated	200011
(a)	Name and title of each employee	hours per week	compensation	contr	butions to employe	1,		
		devoted to position	(Forms W-2/1099 MISC)		enefit plans, and erred compensation			
				-				
						+		
f Tota	l number of other employees paid over \$	100,000			· · · •			
	lete this table for the organization's five hensation from the organization. If there is		ndependent contracto	rs who e	each received more	than \$10	0,000 o	f
Соттро	(a) Name and business address of e	·	actor	(b) T	ype of service (c) Comp	ensation	
		·			,			
								_
								_
								_
d Tota	Il number of other independent contractor	rs each receiving over	\$100,000		•			
	·	_						
5 2 Did	Il number of other independent contractor the organization complete Schedule A? N	IOTE. All Section 501(c)(3) organizations n			► □ Ye	es √ N	
52 Did com	the organization complete Schedule A? N	IOTE. All Section 501(c)(3) organizations n					
52 Did com nder penalt	the organization complete Schedule A? National Properties of Schedule A	IOTE. All Section 501(c)(3) organizations n	hedules	and statements, ar	nd to the	best of	my
52 Did com nder penalt	the organization complete Schedule A? National Properties of Schedule A	IOTE. All Section 501(c)(3) organizations n	hedules	and statements, ar	nd to the	best of	my
nder penalt	the organization complete Schedule A? National Properties of Schedule A	IOTE. All Section 501(c)(3) organizations n	hedules	and statements, ar	nd to the	best of	my
i2 Did com	the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete wiedge	IOTE. All Section 501(c)(3) organizations n	hedules	and statements, ared on all information	nd to the	best of	my
i2 Did com	the organization complete Schedule A? National Properties of perjury, I declare that I have examined belief, it is true, correct, and complete wiledge ****** Signature of officer JAY BODNER SECRETARY-TREASURER Type or print name and title	IOTE. All Section 501(c)(3) organizations m	chedules	and statements, ared on all information 2018-10-29 Date	nd to the	best of	my
nder penalt nowledge a as any know	the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete will be signature of officer JAY BODNER SECRETARY-TREASURER	IOTE. All Section 501(c)(3) organizations n	chedules	and statements, ared on all information 2018-10-29 Date Check I if PTIN P009	nd to the	best of	my
nder penalt nowledge a as any know ign ere	the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete will be signature of officer JAY BODNER SECRETARY-TREASURER Type or print name and title Print/Type preparer's name AMANDA VANNATTA	IOTE. All Section 501(c)(3) organizations n	chedules	and statements, ared on all information 2018-10-29 Date	nd to the n of which	best of	my
nder penalt nowledge a as any know ign lere	the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete will be signature of officer JAY BODNER SECRETARY-TREASURER Type or print name and title Print/Type preparer's name AMANDA VANNATTA Firm's name WIPFLI LLP	IOTE. All Section 501(c)(3) organizations n	chedules	and statements, ared on all information 2018-10-29 Date Check if proof self-employed	48755	best of	my
nder penalt nowledge a as any know ign ere	the organization complete Schedule A? Note that I have examined belief, it is true, correct, and complete wiedge ******* Signature of officer JAY BODNER SECRETARY-TREASURER Type or print name and title Print/Type preparer's name AMANDA VANNATTA Firm's name WIPFLI LLP	nined this return, incluing Declaration of preparer's signature	c)(3) organizations n	chedules	and statements, ared on all information 2018-10-29 Date Check ☐ if PTIN P009 self-employed Firm's EIN ▶ 39-0758	48755	best of	my
52 Did com	the organization complete Schedule A? In pleted Schedule A	nined this return, incluing Declaration of preparer's signature	c)(3) organizations n	chedules	and statements, ared on all information 2018-10-29 Date Check ☐ if PTIN P009 self-employed Firm's EIN ▶ 39-0758	48755	best of	my

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.	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 OPERATIONS 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	28a	0	
(Grants \$ 0) If this amount includes foreign grants, check here • \Box			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93492319047628 TY 2017 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.

SCHEDULE C

Section 527 organizations Complete Part I-A only

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

Political Campaign and Lobbying Activities

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

Open to Public

OMB No 1545-0047

DLN: 93492319047628

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶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

Inspection

• S • S f the Prox	Section 501(c)(3) organizations that Section 501(c)(3) organizations that		ection 501(h)) Co ider section 501(h	mplete Part II-A Do not)) Complete Part II-B [t complete Do not cor	e Part II-E nplete Pa	art II-A
Nar	ne of the organization			Employer id	dentificat	tion num	ber
NON	NTANA PUBLIC LANDS COUNCIL INC			81-0454376			
Par	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is			n .	
1		ization's direct and indirect political cam		_			
	"political campaign activities")	·	npaign activities in	Part IV (see Instruction	is for defi	nition of	
2	Political campaign activity expend	· ·		•	\$		
3	Volunteer hours for political camp		- =04(-)(0)				
		nization is exempt under sectio					
1	•	ix incurred by the organization under se		>	\$		
2	•	ıx ıncurred by organızatıon managers ur		•	\$		
3	_	ion 4955 tax, did it file Form 4720 for t	his year?			Yes	☐ No
4a	Was a correction made?					Yes	☐ No
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the organ	nization is exempt under sectio	n 501(c), exce	ept section 501(c)((3).		
1	Enter the amount directly expende	ed by the filing organization for section	527 exempt funct	ion activities	\$		
2	Enter the amount of the filing organization activities	anızatıon's funds contributed to other o	rganızatıons for se	ection 527 exempt	\$		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$		
4	Did the filing organization file For	m 1120-POL for this year?				Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fur olitical organization, suc	nds Also e	enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds If none, enter -0-	con r ai dire	tributions nd promp ctly deliv eparate p	rered to a political If none,
L							
2							
3							
1							
5							
5							
or P	aperwork Reduction Act Notice, see t	:he instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule	C (Form 9	90 or 990	D-EZ) 2017

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures 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

Schedule C (Form 990 or 990-EZ) 2017

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

No

Yes

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? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(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

efile GRAPHI	C print - DO NOT PROCESS As Filed Data -	DLN	: 93492319047628
SCHEDULI (Form 990 or 9 EZ)	2017 Open to Public Inspection		
	O, Supplemental Information Explanation	81-0454376	tification number
FORM 990- EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 8		

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990-	DESCRIPTION NATIONAL PUBLIC LANDS COUNCIL DUES AMOUNT 33,311 DESCRIPTION OFFICE EXPEN
EZ, PART I,	SE AMOUNT 20 DESCRIPTION MEETINGS AND CONFERENCES AMOUNT 1,312 DESCRIPTION STAFF T
LINE 16 -	RAVEL AMOUNT 914 DESCRIPTION MISCELLANEOUS AMOUNT 2 TOTAL TO FORM 990-EZ, LINE 16
OTHER	35,559
EXPENSES	