Return of Organization Exempt From Income Sax
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.

OMB No 1545 1047 2019

Inter	nal Revenu	the Treasury ue Service	► Go to www.irs.gov/Form990 for instructions and the latest information		Inspection									
A	For the	2019 calend	dar year, or tax year beginning , 2019, and ending		1									
	Check if a	1	C	D Employer iden	tification number									
	Addre	ess change	Montana Conservation Voters Education	81-0525	5336									
	\vdash	e change	Fund	E Telephone nun										
	H	I return	PO Box 853	1	254-1593									
	\vdash	eturn/terminated	Billings, MT 59103	(400) 2										
	\vdash			100	\$ 564.767									
	\vdash	nded return	F Name and address of principal officer Aaron Murphy H(a) is the	G Gross receipts	101									
	Appli	cation pending												
	_		Same As C Above	all subordinates include o," attach a list (see i	ed? Yes No estructions)									
		empt status	X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527											
J	Webs	ite: ► ww		ip exemption number	<u> </u>									
K		forganization	X Corporation Trust Association Other L Year of formation 19	99 M State	legal domicile M'T									
<u>Pā</u>		Summar												
			be the organization's mission or most significant activities Montana Conser											
e)	F	'und eng	ages all Montanans and their communities by empower	ing them t	o protect our									
E			r, clean water, public lands and voting rights thro	ough educat	ion,									
Ĕ		mobilization and the power of grassroots advocacy.												
8			ox • If the organization discontinued its operations or disposed of more than	25% of its net as										
Activities & Governance			oting members of the governing body (Part VI, line 1a)	3	5									
န္တ	l		dependent voting members of the governing body (Part VI, line 1b)	4	5									
ij			of individuals employed in calendar year 2019 (Part V, line 2a) of volunteers (estimate if necessary)	5	0									
늉			ed business revenue from Part VIII, column (C), line 12	6 7a	100									
~	1		I business taxable income from Form 990-T, line 39	7 <u>a</u> 7b	- 0.									
\dashv	5 11	- uniciated	rodsiness taxable income from Form 550-1, line 55	rior Year	Current Year									
	8 C	ontributions	and grants (Part VIII, line 1h) RECEIVED	595,574.	56', 707.									
9	1		(0)	393,374.	307., 101.									
Revenue			ncome (Part VIII, line 2g) 10 come (Part VIII, column (A), line 3 4, and 74) 9 6 2020	-2,503.	ő,060.									
8	11 0	ther revenue	e (Part VIII, column (A), lines 5, 6C, 9c, 10c, and 11e)	-2,303.	0,000.									
ļ	1		e – add lines 8 through 11 (must equal Part VIII, column (A), line (12)	593,071.	566,767.									
\dashv	13 G	rants and su	milar amounts paid (Part IX, column (A) OBDEN, UT		40,000.									
	14 B	enefits naid	to or for members (Part IX, column (A), line 4)		2,000.									
	l		er compensation, employee benefits (Part IX, column (A), lines 5-10)	266 127	276,468.									
es	ì		<u> </u>	<u>266,137.</u>	270,400.									
Su	Į.		fundraising fees (Part IX, column (A), line 11e)											
Expenses	b To	otal fundrais	sing expenses (Part IX, column (D), line 25) ► 60,824.											
	17 0	ther expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	241,197.	185,143.									
	18 To	otal expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	507,334.	501,611.									
	19 R	evenue less	expenses. Subtract line 18 from line 12	85,737.	65,156.									
8 6	-		Beauty	urig of Current Year	End of Year									
Net Assets or Fund Balances	20 To	otal assets ((Part X, line 16)	213,440.	531,268.									
8 a	21 To		s (Part X, line 26)	20,347.	273,019.									
ž Š	22 N	et assets or	fund balances. Subtract line 21 from line 20	193,093.	255, 249.									
		Signatur		199,099.	200/240.									
				a knowledge and be	lief it is true correct and									
comp	plete Decla	aration of propa	rclare that I have examined this return, including accompanying schedules and statements, and to the best of the first of the control of the	ly knowledge and be	ner, it is true, correr- and									
		7												
Sig	ın	Signatur	re of officer	Dele										
Hei		Dare	on Murphy Exec	cutive Dire	ector									
•			print name and title	"CLIAS DILE	CLUI									
		Print/Type n	reparer's name Preparer's signature Date;	l'hook Le	PTIN									
	• . •	Darc		Louise III.	P00851884									
Pai				sell employed	1 00001001									
rre	eparer	Firm's name		∠ ا	14884304									
US	e Only	Firm's addre												
			BILLINGS, MT 59104	Phone no 406	6902427									
May	the IRS	S discuss the	is return with the preparer shown above? (see instructions)		X Yes No									

TEEA0101L 01/21/20

	<u> </u>	81-0	52533	0		age z
Rai	Statement of Program Service Accomplishments					X
	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission					<u> </u>
'	See Schedule O					
	see schedule o					
						· -
2	Did the organization undertake any significant program services during the year which were not listed on the prior					
	Form 990 or 990-EZ?			Yes	X	No
	If "Yes," describe these new services on Schedule O		_		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?		Yes	X	No
	If "Yes," describe these changes on Schedule O					
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t and revenue, if any, for each program service reported	s, as n o other	neasure rs, the f	ed by e total e	expens	ses es,
4 8	a (Code) (Expenses \$ 180,591. including grants of \$) (Rev	enue	\$			
	See Schedule 0					
						_
						. – – –
					-	
						-
	(Code) (Finance C 145 152 includes exacts of C) (Pour		ė			
41	(Code				- F	<u></u>)
	Community Organizing, Outreach and List Enhancement: In 2019, the took on a major initiative called the Montana Outdoor Heritage Pro					
	allies in the conservation community. The MCV Education Fund sent					
	across the state to knock doors and hear from Montananss of all st					
	views on public lands. Overall, 11,000 Montanans took part in the					
	Heritage Project, and the survey reinforced Montanans are willing					:d
	to protect the state's shared outdoor way of life.					
						· -
		_				
4 0	c (Code) (Expenses \$1, 162. including grants of \$) (Rev	enue	\$)
	MCVEF Non-partisan Civic Engagement and Ballot Measure: MCV Educat					
	to coordinate with state based organizations to maintain and prote					ting
	rights and worked on several bills with its partners during the 20	19_1	<u>egis</u> l	<u>ati</u> v	<u>ле</u>	
	session to protect voting rights.					
						-
						· -
						- - -
40	d Other program services (Describe on Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4 €	e Total program service expenses ► 326, 906.					

Form 990 (2019) Montana Conservation Voters Education Partive Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	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	-	X
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	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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	,		
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
Ł	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	х	
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
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
ŀ	o Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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		x
2 0 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		<u>-</u>
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	

orn	, n 990 (2019) Montana Conservation Voters Education 81-052533	6	Р	age'
විධ	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 ^o If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24 a	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	1	Х
ŀ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	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)			
á	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		Х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 **Note:** All Form 990 filers are required to complete Schedule O Party Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

1 a Enter the	number	reported	ın Box	3 of Form	1096	Enter	-0- ıf	not ap	plicable	9
b Enter the	number	of Forms	W-2G	ıncluded ır	line '	la Ent	er -0-	- ıf not	applica	ble

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes No 1 a 0 1c X

38

Х

Х

Form 990 (2019) Montana Conservation Voters Education

Part Val

Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2 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	0		
ь	of at least one is reported on line 2a, did the organization file all required federal employmen	nt tax returns?	2 b	,	صـــــــــــــــــــــــــــــــــــــ
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	structions)	· / 1/2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3 a		X
b	olf 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O		3 Ь		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		11/10	Jan Karly	100 mm
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta		5 a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ter transaction?	5 b		X
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?	and did the organization	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 ь	- K	*****
7	Organizations that may receive deductible contributions under section 170(c).		7/1/11	Tigging S	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	partly for goods and	- 67, 3 3	The state of	
	services provided to the payor?		7 a		<u>X</u>
	of f 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	: Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	was required to file	7 c		Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	1.19.18	M/17-17:	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7 f	'	X
	If the organization received a contribution of qualified intellectual property, did the organization file as required?		7 g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h		419
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	À	managari 1
9	Sponsoring organizations maintaining donor advised funds.		 1		體影门
	a Did the sponsoring organization make any taxable distributions under section 4966?	_	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	rson ⁷	9 b	t Kraan	ans v
	Section 501(c)(7) organizations. Enter	امما		9" 23 - 1	700
	a Initiation fees and capital contributions included on Part VIII, line 12	10a		1997 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11 a			
	Gross income from other sources (Do not net amounts due or paid to other sources	114			
i.	against amounts due or received from them.)	11 Ь			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	7		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		7.28		All Sir
а	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 Schedu	le O			
t	Enter the amount of reserves the organization is required to maintain by the states in	Land			
_	which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	14a	Ç. (* 13)	题》」 X
	to lif 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on</i>	Schedule O	14a		
			140		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N	n remuneration or	15	1. h	X
				18 , 10	<i>X</i> X
16	Is the organization an educational institution subject to the section 4968 excise tax on net in	ivestment income?	16	Mary M	A.
BAA	If 'Yes,' complete Form 4720, Schedule O TEEA0105L 07/31/19	<u> </u>	Form	·990 (2019)
-/-	. ILLAUTUSE ONSTITUS			1	, /

PartiVI■ 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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

	Greek in Schedule O Contains a response of note to any line in this fact vi	· · · · · · · · · · · · · · · · · · ·									
Sec	tion A. Governing Body and Management			-:-							
1 a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O	1a	5	Yes	No						
ı	Enter the number of voting members included on line 1a, above, who are independent	1ь	5								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?		2		X						
3	Did the organization delegate control over management duties customarily performed by or under to of officers, directors, trustees, or key employees to a management company or other person		3	,	Х						
4	Did the organization make any significant changes to its governing documents		4	_	х						
_	since the prior Form 990 was filed?	diam's assault ?	5		X						
5	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?	IIIOH S assets?	6		X						
6 7 a	7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?										
ı	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?										
8	stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
ä	The governing body?		8 a	Х							
1	Each committee with authority to act on behalf of the governing body?		8 b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	not be reached at the	9		х						
Sec	tion B. Policies (This Section B requests information about policies not re-	guired by the Internal F	Reveni	ie Co	ode.)						
		<u> </u>		Yes	No						
10 a	Did the organization have local chapters, branches, or affiliates?		10a		X						
ı	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?	and branches to ensure their	10 b								
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	Х							
ı	Describe in Schedule O the process, if any, used by the organization to review this Form 99	O See Schedule O									
12	Did the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х							
ı	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could give rise	12b	Х							
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If Schedule O how this was done See Schedule O	Yes,' describe in	12c	Х							
13	Did the organization have a written whistleblower policy?		13	X							
14	Did the organization have a written document retention and destruction policy?		14	Х							
15	Did the process for determining compensation of the following persons include a review and appropersons, comparability data, and contemporaneous substantiation of the deliberation and defeated to the contemporaneous of the deliberation and defeated to the contemporaneous substantiation of the deliberation and d										
	The organization's CEO, Executive Director, or top management official See Schedul	e Q	15a	X							
1	Other officers or key employees of the organization		15 b		Х						
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)										
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similal taxable entity during the year?	r arrangement with a	16 a		X						
ı	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure			•							
	List the states with which a copy of this Form 990 is required to be filed None		_								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection. Indicate how you made these available. Check all that apply	e), 990, and 990-T (Section	501(c)(3)s or	aly)						
_	Own website Another's website X Upon request Ot	ner (explain on Schedule O)									
19	the public during the tax year See Schedule O		ilable to								
20	State the name, address, and telephone number of the person who possesses the organization's b		0.2								
	こうりゅう しょうりょうしょうち スロンス・スピタ ひなんめいん N くそん フロス・・ロミーミりから MT ち		u <								

RartiVIII 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

See instructions for the order in which to list the persons above

Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	isate	d any	cu	irrent officer, direct	or, or trustee	
				(C))					
(A) Name and title		IS	both dır	an c ector	not check more , unless person officer and a r/trustee)			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
·	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)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Aaron Murphy	_ 17								05 540	07 077
Executive Dir.	23			Х		-		29,758.	37,542.	27,277.
_(2)_Nicola_Laverack Secretary	$-\frac{1}{0}$	X		х				0.	0.	0.
(3) Jeanne-Marie Souvigney	2									
Treasurer	0	X				\sqcup		0.	0.	0.
	2	X						0.	0.	0.
(5) Dohin Caha	3	1			 	\vdash		<u> </u>		
Chairman	4	X		х				ο.	0.	0.
(6)				**					0.	
<u></u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Partiving Section A. Officers, Directors, The	(B)					C3, (um	Tilgilest con	ipensatea Emp	Cyccs (communica)
(A) Name and title	Average hours per	box,	unle	heck ss pe	sition more erson	than is bott or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	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)	related organizations (W-2/1099-MISC)	of ultra compensation from the organization and related organizations
(15)										
(16)			-							
(17)										-
(18)										
(19)										
(20)										
(21)									_	
(22)										
(23)	-								-	
(24)										
(25)										
1 b Subtotal c Total from continuation sheets to Part VII, Secti	on A		!		!	l	>	29,758. 0.	0.	27,277. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited from the organization ► 0	I to those I	ısted	abov	ve) v	who	recei	ved	29,758. more than \$100,00	37,542.	27,277. pensation
 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such that is the sum of the organization and related organizations great such individual 	<i>ch individu</i> f reportab	<i>ial</i> le coi	mpe	ensa	ition	and	oth	ner compensation	from	Yes No 3 X 4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie comper s,' comple	satio	n fr	om lule	any <i>J fo</i>	unre	elate ch p	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors										
Complete this table for your five highest comper compensation from the organization Report comper	sation for	epen the ca	deni	t co dar	ntra year	ctors endi	tha ng v	with or within the or	ganization's tax year	
Name and business add	ress							Description	of services	(C) Compensation
										
2 Total number of independent contractors (including \$100,000 of compensation from the organization		ited to	tho	se l	isted	abo	ve)	who received more	than	II.
BAA		TEEAC	108L	07/	31/19				-	Form 990 (2019)

sears aux	382' <u>C. 20' D. D.</u>		le O	contains	a resp	onse or note to ar	ny line in this Part V	7II		<i>i</i> [
		·			, , , , , , , , , , , , , , , , , , ,	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a	Federated campaig	ıns		1 a					
Srai our	b	Membership dues			1 ь	-				
S, C	c Fundraising events. 1c									
育	d Related organizations		1 d				The second second			
ans,	e f	Government grants (cont All other contributions, g			1 e	·				
utio	'	similar amounts not incl			1f	560,707.				
를통	g	Noncash contributions in lines 1a-1f	rclude	d ın	1 g	·		The Same of the Same		
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a	-1f		[. 9]		560,707.			
<u>e</u>					Ĭ	Business Code		7.52		Section 2
Program Service Revenue	2 a				[
æ	b			'						
ξ̈	C									
쨠	d									
ram	e	All other program s			<u>-</u> – –		 	-		
ğ	<u>'</u>	Total. Add lines 2a		te revent	ie [-		William St. St. Property	######################################	**************************************
—	3	Investment income (dino dividi	ands ir	nterest and		Manager Constitution of the Constitution of th	Allahah BBNAASS (S. m. c)	POSTASSI VIIIII III SALS SA
		other similar amou	nts)	ang arvia	ciius, ii	horost, and	6,060.			6,060.
	4 Income from investment of			t of tax-e	xempt	bond proceeds •			-	
	5	5 Royalties				•	A TOTAL PROPERTY.	Manu Cus 1 1 200	Calbri Bill It I I I I I I I I I	In 31198034 PONING I AT S
	٠.	0		(i) R	eal	(ii) Personal				
		Gross rents	6a 6b							
		Less rental expenses Rental income or (loss)								
		Net rental income of	$\overline{}$	oss)				\$3000 \$100 \$1500 A \$1000	W.S. Company Company of the Company	7/3/52/6/1988/MINISTERS &
		Gross amount from		(ı) Secu	urities	(ii) Other		100 PM		
	, a	sales of assets	7a					100 m		a Salana
	Ь	other than inventory Less cost or other basis								
		and sales expenses	7b							
	1	Gain or (loss)	7с				The care the session	William San	William Single	Maria Mallina 1888
		Net gain or (loss)				•	### TO STOCK		VIIII (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886) (1886)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
, P	8 a	Gross income from fund (not including \$	raisin	g events						
Ven		of contributions reported	on li	ne 1c)	-					5.
æ		See Part IV, line 18		,	8	a				
Other Revenu	b	Less direct expens	ses		8	ь				
₹	С	Net income or (loss	s) fro	m fundra	ıısın <u>g</u> e	events				
	9 a	Gross income from gami See Part IV, line 19	ng ac	tivities						
		•		•	9					
		Less direct expens Net income or (loss			9			A STATE OF THE STA		9343980000000000000000000000000000000000
		•	•	om gamin	g activ	rities		William Control of the Control of th	i	· · · · · · · · · · · · · · · · · · ·
	10 a	Gross sales of inventory, returns and allowances	, less		10	a				0.000
		Less cost of goods		d	10					
		Net income or (loss			of inve	ntory	* * * * * * * * * * * * * * * * * * *	700004 7000000	11111 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	n 117 m mar man managen
22						Business Code				77. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
<u>8</u> a	11 a				[
퍨	b	'				-				."
scellaneo Revenue	^C	All other recession						-		
Miscellaneous Revenue	٦ ٦	All other revenue Total. Add lines 11	a.11	d	L		<u> </u>	######################################	MANAGES STATE OF ASSESS	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	12	Total revenue. See				-		0.	0.	6,060.
								, .	,	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX X (D) (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and Fundraising Program service expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 40,000 40,000 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, trustees, and key employees 11,784 8,150. 28,700 8,766 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 47,545 11,495. Other salaries and wages 206,006. 146,966 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,541 1,392 393. 5,326 Other employee benefits 401. 16,117 10,617 4.099 Payroll taxes 13,787 4,955 577. 10 20,319 Fees for services (nonemployees) a Management **b** Legal 995 488 369 138. c Accounting 8,160. 5,938 962 260. d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0 Sch 13,080 23,097 21,965. 58,142 Advertising and promotion 46,805 100. 46,905 12 2,231 13 Office expenses 122. 2,898 545 Information technology 6,024 4,144. 1,504 376. 14 15 Royalties Occupancy 7,504 4,928. 2,022. 554. 16 17 Travel 18,861. 10,611 3,369. 32,841 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 216 20. Insurance 986 750 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Events/Canvass 11,105 870 670 9,565. b Printing and Publications 2,922 241 266 415. 2,086. 424 59. c <u>Dues/Registrations</u> 2,569 742. d Bank Charges 1,428 167 519 e All other expenses 1,901. 123. 2,664 640. 60,824. Total functional expenses Add lines 1 through 24e 501,611 326,906. 113,881 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)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 114,546. Cash - non-interest-bearing 133,581 1 2 381,922. 2 Savings and temporary cash investments 50,830 3 Pledges and grants receivable, net 3 4 350 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 CAN THE SECOND Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 14,500 2.24 10b 10 c b Less accumulated depreciation 14,500 11 Investments - publicly traded securities. 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 34,450 Other assets See Part IV, line 11 29,029 15 16 531,268. Total assets. Add lines 1 through 15 (must equal line 33) 213,440. 16 17 17 Accounts payable and accrued expenses Grants payable 18 19 Deferred revenue 20,347 19 273,019 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D. 21 21 Loans and other payables to any current or former officer, director, trustee, 22 key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 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. 25 26 273.019 Total liabilities. Add lines 17 through 25 20 347 Organizations that follow FASB ASC 958, check here or Fund Balances Х and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 171,093 27 236,249 27 Net assets with donor restrictions 22,000 28 22,000 Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 32 258,249 32 Total net assets or fund balances 193,093

531,268.

33

213,440.

33

Total liabilities and net assets/fund balances

For	rm 990 (2019) Montana Conservation Voters Education 8	1-0525336	Page 12
Pa	artXI饕 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	566,767.
2	2 Total expenses (must equal Part IX, column (A), line 25)	2	501,611.
3	Revenue less expenses Subtract line 2 from line 1	3	<u>65,156.</u>
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	193,093.
5	Net unrealized gains (losses) on investments	5	
6	5 Donated services and use of facilities	6	
7	7 Investment expenses	7	
8	B Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 	10	258,249.
P	artiXIII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	<u>.</u>	
2	2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both Separate basis Consolidated basis X Both consolidated and separate basis	iewed on a	
	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 se basis, consolidated basis, or both Separate basis Consolidated basis X Both consolidated and separate basis	parate	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O		
,, 3	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	3a X
•	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b
BA	TEEA0112L 01/21/20		Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Montana Conservation Voters Education

Open to Public

OMB No 1545-0047

Inspection •

Employer identification number

81-0525336

Pantil Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and junrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g. Provide the following information about the supported organization(s) (III) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (ii) EIN (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes (A) (B) (C) (D) (E) Total

|Pຊື່ສັນໄປຢູ່Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the €) organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year (a) 2015 **(b)** 2016 (d) 2018 (e) 2019 (f) Total (c) 2017 beginning in) > Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') 505,667 2,287,507. 402,931 362,780 429,800 586,329 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0. The value of services or facilities furnished by a governmental unit to the organization without charge n Total. Add lines 1 through 3 505,667 2,287,507. 402,931 362,780 429,800 586,329 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ,260,399. Public support. Subtract line 5 from line 4 ,027,108. Section B. Total Support Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total beginning in) 2,287,507. Amounts from line 4 402,931 362,780 429,800 586,329 505,667 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources -388 801 -2,5046,060 5,695. 1,726 Net income from unrelated business activities, whether or not the business is regularly carried on 0. Other income Do not include gain or loss from the sale of capital assets (Explain in 0. Part VI) Total support. Add lines 7 2,293,202. through 10 12 Gross receipts from related activities, etc. (see instructions) 12 2,293,202. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 44.79% 15 Public support percentage from 2018 Schedule A. Part II. line 14 15 50.81% 16a 33-1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part VI how the organization meets the 'facts-and-circumstances' test as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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 2019

Open(to Rublico Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

• :	Section 501(c)(4), (5), or (6) o	organizations Complete Part III								
Name	of organization Montana Co	nservation Voters Education	ı	Employer identific						
	Fund			81-052533						
		rganization is exempt under section		<u></u>	zation.					
1		organization's direct and indirect political on of 'political campaign activities')	campaign activities in	Part IV						
2	Political campaign activity ex	xpenditures (see instructions)		► \$	l					
3	Volunteer hours for political	campaign activities (see instructions)								
Pa	tll:BI Complete if the o	rganization is exempt under section	on 501(c)(3).							
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ \$	0.					
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	▶\$	0.					
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No					
4:	a Was a correction made?				Yes No					
ı	b If 'Yes,' describe in Part IV				Н П					
Pa	tllEG Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).						
	*	pended by the filing organization for section	• • • •							
2	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 file	e Form 1120-POL for this year?			Yes No					
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly del il action committee (PAC). If additional spa	mount paid from the livered to a separate po	filing organization's fun- ditical organization, such	ds 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) Amoun' of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-					
(1)	-									
(2)										
(3)										
(4)										
(5)										
(6)										

Schedule C (Form 990 or 990-EZ) 2019

Part II A Complete if section 501(the organization	is exempt under se	ction 501(c)(3) and	filed Form 5768 (e	lection under
A · Check ► ☐ If the filin	ng organization belong	s to an affiliated group (and		ated group member's nam	ne,
	• •	I share of excess lobbying ked box A and 'Iimited co	·		
	Limits on Lobby	ing Expenditures ns amounts paid or incur		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	•	<u> </u>		3,297.	-
b Total lobbying expendit	ures to influence a l	egislative body (direct lobb	oying).	68,510.	
c Total lobbying expendit		nd 1b)	•	71,807.	0.
d Other exempt purpose	•		•	429,805.	
e Total exempt purpose e	expenditures (add lin	es 1c and 1d)		501,612.	0.
f Lobbying nontaxable and both columns.	nount Enter the am	ount from the following tal	ble in	100,242.	
If the amount on line 1e, col	lumn (a) or (b) is.	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1	· · ·	\$100,000 plus 15% of the excess			Port of the Control o
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$ Over \$17,000,000	· · · · · · · · · · · · · · · · · · ·	\$225,000 plus 5% of the excess \$1,000,000	over \$1,500,000		
g Grassroots nontaxable			,	25,061.	<i></i>
h Subtract line 1g from lin	•	•		23,001.	0.
i Subtract line 1f from lin			•	0.	0.
j If there is an amount othe section 4911 tax for this	er than zero on either s year?	line 1h or line 1i, did the org	ganization file Form 4720		Yes No
(S om	e organizations tha columns be	4-Year Averaging Period I t made a section 501(h) el ow. See the separate inst	lection do not have to or ructions for lines 2a th	rough 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Peri	od 	
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2 a Lobbying nontaxable amount	79,26	94,709.	101,100.	100,242.	375,320.
b Lobbying ceiling amount (150% of line 2a, column (e))					562,980.
c Total lobbying expenditures	3,78		14,255.	71,807.	94,021.
d Grassroots nontaxable amount	19,81	7. 23,677.	25,275.	25,061.	93,830.
e Grassroots ceiling amount (150% of line 2d, column (e))	Charles and the second of the relation of the second of th			terroria de la tradique management de management	_ 140,745.
f Grassroots lobbying expenditures	1,89	4. 525.	2,150.	3,297.	<u>7,</u> 866.
BAA				Schedule C (For	m 990 or 990-EZ) 2019

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.

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

OMB No 1545-0047 2019 Open to Public, Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Montana Conservation Votes	cs Education		81-0525336	
D=-	Fund	or Advised Funds or Other Similar Fu	inde or Acc		
Pai	Complete if the organization and	swered 'Yes' on Form 990, Part IV, line	e 6.	ounts.	
		(a) Donor advised funds		unds and other accou	 ints
1	Total number at end of year	(a) Bottor advised failes	(5)	and and other dood	
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 donors are the organization's property, subject to the	onor advisors in writing that the assets held in a	donor advised	funds Yes	
6	for charitable purposes and not for the bene-	ors, and donor advisors in writing that grant ful fit of the donor or donor advisor, or for any other	nds can be use er purpose cor	nferring	
	impermissible private benefit?			Yes	No
Pa	Conservation Easements.	and Waster Form 200 Bort IV In	. 7		
		swered 'Yes' on Form 990, Part IV, lin	e /.		
ı	Purpose(s) of conservation easements held	• • •		waally wasartast land	0.00
	Preservation of land for public use (for exar			rically important land fied historic structure	area
	Preservation of open space	Freserva	illori or a certii	ieu mstoric structure	
2	· '	held a qualified conservation contribution in the fo	orm of a consen	vation easement on the	
_	last day of the tax year	Their a qualified conservation contribution in the io	illi oi a conserv	valion easement on the	
			(1)	leld at the End of the	Tax Year
	a Total number of conservation easements		2 a		
(b Total acreage restricted by conservation eas	ements	2 b		
(c Number of conservation easements on a cer	tified historic structure included in (a)	2 c		
(d Number of conservation easements included structure listed in the National Register	ın (c) acquired after 7/25/06, and not on a hist	oric 2 d		
3	Number of conservation easements modified, tratax year ►	ansferred, released, extinguished, or terminated by	the organization	in during the	
4	Number of states where property subject to con-	servation easement is located >			
5	and enforcement of the conservation easem			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring	, inspecting, handling of violations, and enforcing o	conservation ea	sements during the yea	ır
7	Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and enforcing conse	ervation easeme	ents during the year	
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of s	section 170(h)((4)(B)(ı) Yes	☐ No
9		eports conservation easements in its revenue a e to the organization's financial statements that			
Ŗai	All Organizations Maintaining Coll	ections of Art, Historical Treasures, of Swered 'Yes' on Form 990, Part IV, lin	or Other Sin	nilar Assets.	
1.		· · · · · · · · · · · · · · · · · · ·		halansa shaat warks	of ort
1 4		er FASB ASC 958, not to report in its revenue eld for public exhibition, education, or research ial statements that describes these items			
ı		er FASB ASC 958, to report in its revenue state for public exhibition, education, or research in furth		ic service, provide the	art,
	(i) Revenue included on Form 990, Part VII	I, line 1		► \$	
	(ii) Assets included in Form 990, Part X			► \$	
	amounts required to be reported under FASE	•	ancial gain, pro		
	a Revenue included on Form 990, Part VIII, Iir	e 1		* \$	
	b Assets included in Form 990, Part X			▶\$	

Schedule D (Form 990) 2019 Monta					81-052		Page 2
					**	<u>·</u>	·
3 Using the organization's acquisition items (check all that apply)	, accession, and othe	er records, check a	any of t	the following that m	ake significant use of its	collection	
a Public exhibition		d \square Loan	or exc	change program			,
b Scholarly research		e Other		3 , 3			
c Preservation for future gener	ations	- 🗀					
4 Provide a description of the organiz		d explain how the	y furthe	er the organization's	s exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receiv	e donations of a	rt, hist	orical treasures, o	or other similar assets	Yes	No
Rartiliv Escrow and Custodia line 9, or reported an	l Arrangements	. Complete if	the o	rganization an		orm 990,	Part IV,
1 a Is the organization an agent, trus		· · · · · · · · · · · · · · · · · · ·			er assets not included		
on Form 990, Part X? b If 'Yes,' explain the arrangement	in Part XIII and cor	nolete the follow	ına tah	ale		Yes	∐ No
bit 163, explain the arrangement	in r are xiii ana coi	inplete the follow	ing tat	310		Amount	
c Beginning balance					1 c		_
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1 f		-
2 a Did the organization include an a	mount on Form 990), Part X, line 21	, for es	scrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII Check	here if the expla	nation	has been provide	d on Part XIII	Ш	H
. ,		·		·			ш
Partive Endowment Funds. C	omplete if the o	rganization ai	nswei	red 'Yes' on Fo	orm 990, Part IV, II	ne 10.	
	(a) Current year	(b) Prior yea		(c) Two years back			years back
1 a Beginning of year balance	29,029			26,94			25,001.
b Contributions		,					
c Net investment earnings, gains, and losses	5,421	2,6	566.	4,75	4. 1,440		499.
d Grants or scholarships		·				· · ·	
e Other expenditures for facilities and programs					0		
f Administrative expenses	•			-			
g End of year balance	34,450	. 29,0	029.	31,69	5. 26,941		25,500.
2 Provide the estimated percentage	· · · · · · · · · · · · · · · · · · ·						, , , , , , , , , , , , , , , , , , ,
a Board designated or quasi-endowni	•	8	•				
b Permanent endowment ►							
c Term endowment ►							
The percentages on lines 2a, 2b, ar		00%					
· -	·		ara bal	d and administered	for the		
3 a Are there endowment funds not in the organization by	ne possession or the	organization that	are ner	u anu auministereu	Tor the	TY	es No
(i) Unrelated organizations						3a(i)	Х
(ii) Related organizations						3a(ii)	Х
b If 'Yes' on line 3a(ii), are the rela	ited organizations li	sted as required	on Scl	hedule R?		3b	
4 Describe in Part XIII the intended	-	•			t. XIII	L	
Part VII Land, Buildings, and				555 141	<u> </u>		
Complete if the organi		d 'Yes' on For	m 99	0, Part IV, line	11a. See Form 99	90, Part X	(, line 10
Description of property		st or other basis nvestment)		Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	k value
1 a Land		,	<u> </u>		,		
b Buildings			<u> </u>	<u> </u>			
c Leasehold improvements.				****			
d Equipment	 			14,500.	14,500.	-	0.
e Other	 			14,500.	14,500.		
Total. Add lines 1a through 1e (Column	ın (d) must eaual Fo	orm 990. Part X	colum	n (B), line 10c)	•	_	0.
BAA	., .=== =	,,		· · · · · · · · · · · · · · · · · · ·	Sched	ule D (Form	

ี 21	_	_	_		2	2	_
×ı	- 1	_	•	~	٠.	٠.	h

PartiVIII Investments — Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of	-year market value
(1) Financial derivatives			<u> </u>
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)	<u></u>		·
(l)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12) Partivilli Investments — Program Related.		N/A	Company of the Compan
Complete if the organization answered	'Yes' on Form 990), Part IV, line 11c. See Form 9	90, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	·		•
<u>'' (7)</u>			<u>-</u> -
(8)		•	
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13			
PartIIX機 Other Assets.			
Complete if the organization answered	'Yes' on Form 990), Part IV, line 11d, See Form 9	90, Part X, line 15.
	'Yes' on Form 990 scription), Part IV, line 11d. See Form 9	90, Part X, line 15. (b) Book value
(1) Endowment), Part IV, line 11d. See Form 9	(b) Book value 33,011.
(1) Endowment (2) Restricted Cash), Part IV, line 11d. See Form 9	(b) Book value
(a) Des (1) Endowment (2) Restricted Cash (3)), Part IV, line 11d. See Form 9	(b) Book value 33,011.
(a) Des (1) Endowment (2) Restricted Cash (3) (4)), Part IV, line 11d. See Form 9	(b) Book value 33,011.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5)), Part IV, line 11d. See Form 9	(b) Book value 33,011.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6)), Part IV, line 11d. See Form 9	(b) Book value 33,011.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7)), Part IV, line 11d. See Form 9	(b) Book value 33,011.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7) (8)), Part IV, line 11d. See Form 9	(b) Book value 33,011.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7)), Part IV, line 11d. See Form 9	(b) Book value 33,011.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7) (8) (9)	scription), Part IV, line 11d. See Form 9	(b) Book value 33,011.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	B) line 15)		(b) Book value 33,011. 1,439.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F	3) line 15) orm 990, Part IV, line 1		(b) Book value 33, 011. 1, 439.
(a) Description (b) Endowment (a) Description (b) Description (a) Description (b) Description (b) Description (c) Description (d) Description	B) line 15)		(b) Book value 33, 011. 1, 439.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (b) Federal income taxes	3) line 15) orm 990, Part IV, line 1		(b) Book value 33, 011. 1, 439.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (column (b) Federal income taxes (2)	3) line 15) orm 990, Part IV, line 1		(b) Book value 33, 011. 1, 439.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (column (d) Description (d)	3) line 15) orm 990, Part IV, line 1		(b) Book value 33, 011. 1, 439.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (1) (1) Federal income taxes (2) (3) (4)	3) line 15) orm 990, Part IV, line 1		(b) Book value 33, 011. 1, 439.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (b) Federal income taxes (2) (3) (4) (5)	3) line 15) orm 990, Part IV, line 1		(b) Book value 33, 011. 1, 439.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (b) (c) (1) Federal income taxes (2) (3) (4) (5) (6)	3) line 15) orm 990, Part IV, line 1		(b) Book value 33, 011. 1, 439.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (b) Federal income taxes (2) (3) (4) (5)	3) line 15) orm 990, Part IV, line 1		(b) Book value 33, 011. 1, 439.
(a) Description (a) Description (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on Financial (column (b) must expension answered 'Yes' on Financial (column (b) must expension answered 'Yes' on Financial (column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on Financial (column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on Financial (column (b) Description (column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on Financial (column (b) Description (column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. (a) Description (column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. (a) Description (column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. (a) Description (column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. (b) Other Liabilities. (column (b) Description (column (column (b) Description (column (col	3) line 15) orm 990, Part IV, line 1		(b) Book value 33, 011. 1, 439.
(a) Description (a) Description (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	3) line 15) orm 990, Part IV, line 1		(b) Book value 33, 011. 1, 439.
(a) Des (1) Endowment (2) Restricted Cash (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	3) line 15) orm 990, Part IV, line 1		(b) Book value 33, 011. 1, 439.
(a) Description (a) Description (b) Part X, column (b) must equal Form 990, Part X, column (b) Part X (a) Description (b) Federal Income taxes (c) (d) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	B) line 15) orm 990, Part IV, line 1 inption of liability	le or 11f. See Form 990, Part X, line 25.	(b) Book value 33,011. 1,439. 34,450. (b) Book value

1			
Schedule D (Form 990) 2019 Montana Conservation Voters Edu	ıcation	81-0525336	Page 4
Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return. N/A	
Complete if the organization answered 'Yes' on Form 9	90, Part IV, line 1	2a.	•
1 Total revenue, gains, and other support per audited financial statements	.	1	-
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b.	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	: 12)	5	
PartiXII Reconciliation of Expenses per Audited Financial State	tements With Exp	enses per Return. N/A	
Complete if the organization answered 'Yes' on Form 9	90, Part IV, line 1.	2a.	
Total expenses and losses per audited financial statements		1	-
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)	5	

PartiXIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part 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

Part V, Line 4 - Intended Uses Of Endowment Fund

Interest from Endowment Fund will be reinvested.

BAA

SCHEDULE I

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.
--

OMB No 1545-0047

Department of the Treasury Internal Revenue Service		► Go to www.ir	Go to www.irs.gov/Form990 for the latest information.	u. latest information.			Open(o) Fublic Inspection
Name of the organization Montana Co	Conservation Voters	s Education				Employer identification number 81-0525336	ation number 3 6
Partil General Information on Grants and Assistance	on Grants and Assista	ınce					
1 Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	cords to substantiate the amovard the grants or assistanc		the grants or assistance, the grantees' eligibility for the grants or assistance, and	eligibility for the grants	or assistance, and		X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	on's procedures for monitoring	g the use of grant fur	ids in the United States		See F	See Part IV]
Rartill Grants and Other Assistance to Domestic Organ Form 990, Part IV, line 21, for any recipient that i	sistance to Domestic (e 21, for any recipient		izations and Domestic Governments. Complete if the organization answered 'Ye eceived more than \$5,000. Part II can be duplicated if additional space is needed		Complete if the organization answered 'Yes' on be duplicated if additional space is needed.	tion answered 'Y space is needed	es' on J.
1 (a) Name and address of organization or government	(b) 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 noncash assistance	(h) Purpose of grant or assistance
(1) Montana Conservation V							MT leg rep, pub
<u>PO Box 63 </u>			40,000.	0			mtgs, outreach & ed
(3)							
	!						
(4)	1 1						
	1						
(e)	1 1						
	,						
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	01(c)(3) and government or	rganizations listed i	n the line 1 table			•	0
3 Enter total number of other organizations listed in the line 1 table	janizations listed in the line	1 table				•	

Schedule I (Form 990) (2019)

TEEA3901L 07,10/19

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule | (Form 990) (2019) Montana Conservation Voters Education

Part III 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.

	in the second of					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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2						
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7						
Part IV	Part IV 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, col	umn (b); and any othe	additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Grant from Montana Conservation Voters Education Fund to Montana Conservation Voters

for current year legislative services. This amount is reflected in Schedule C in

accordance with 501(h) lobbying election.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

2019 Open to Publica Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Montana Conservation Voters Education Fund

Employer identification number 81-0525336

Form 990, Part III, Line 1 - Organization Mission

Montana Conservation Voters Education Fund engages all Montanans and their communities by empowering them to protect our clean air, clean water, public lands and voting rights through education, mobilization and the power of grassroots advocacy.

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

Conservation Policy Program: MCV Education Fund undertook a variety of activities to educate the public and to promote sound public policies that safeguard wild lands and clean water. The organization also led the conservation community's efforts to ensure that government officials understood the issues, heard the concerns of Montanans and knew the importance of their decisions in office. This included pushing the government to fund the Land and Water Conservation Fund through a series of impactful tactics including a rally, outreach to journalists, and other public education; and holding the new Acting Director of the Bureau of Land Management accountable for his anti-public lands record and his consistent support of selling off public lands.

Additionally, the MCV Education Fund has supported a collaborative, consensus-based effort between ranchers, timber, recreation, conservation and wildlife groups to create jobs, strengthen the local economy and protect 79,000 acres of wildlife habitat in the Bob Marshall and Scapegoat Wilderness Areas.

During the summer of 2019, the MCV Education Fund worked closely with Governor Steve Bullock on his executive order on the climate. For the first time in the history of the Treasure State, Governor Bullock acknowledged the goal of "a carbon-free energy future" in his executive order.

Name of the organization Montana Co	onservation Voters Education	Employer identification number	
Fund	16	81-0525336 <u>.</u>	

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

The MCVEF board reviews the Form 990 before it is submitted.

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

All MCVEF governing documents are assembled in an organizational manual which is updated annually and reviewed by the Board and staff in an orientation session. The Board has implemented a disclosure statement for the directors to sign regarding 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. The initial ED base salary was compared to similar organizations within our region.

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

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

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B) Program	(C) Management	(D) Fund-
		Total	Services	& General	<u>raising</u>
Consultant		55,142.	10,080.	23,097.	21,965.
Polling	Total	3,000. \$ 58,142.	3,000. \$ 13,080.	\$ 23,097.	\$ 21,965.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Montana Conservation Voters Education

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.

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

2019

OMB No 1545-0047

Employer identification number

(g) Sec 512(b)(13) controlled entity? ž (f)
Direct controlling
entity Schedule R (Form 990) 2019 × Yes 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. (f)
Direct controlling
entity 81-0525336 N/A (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) **Partital** Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. 501(c)(4) (d) Total income (d) Exempt Code section TEEA5001L 06/27/19 501(c)(4) (c) Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) M Primary activity 9 Education and conservation advocacy on (b)
Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity Conservation_Voters_Inc_ (a) (a) Name, address, and EIN of related organization Fund 1 1 Partill 1 (E) 3 **©**! <u>ල</u> | 4 ල

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Schedule R (Form 990) 2019 Montana Conservation Voters Education

Part ill Identification 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 dom related organization (state)	gal licile ie or sign		(e) Predominant income Share of total Share excluded from tax under sections asset in the sections as a section as	ome Share of total ax	of total S	(g) Share of end-of-year assets	3 5 5 5 €	Code V-UBI amount in box 20 of Schedule K-11 (Form	Genera manag partne	Or Percentage ownership
(η)	(famos)		(1)				Yes	(con-	Yes	0
						_				
(2)										
									-	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						•				
(3)										
1 1 1 1 1 1 1 1										
Part IV. Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answ line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	i zations Ta x nore related	cable as organiza	a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, ations treated as a corporation or trust during the tax year.	or Trust. Co	omplete if the tion or trust	e organizati during the t	on answer ax year.	red 'Yes' on Fo	orm 990,	Part IV,
(a) Name, address, and EIN of related organization	(b) Primary activity		Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp, S corp,	y Share of pp, total income		(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?
			country)	פוווווא	()spii io					Yes No
(1)										
	-									
	ı									
(2)										
	-	·					•			
	ı									
(3)										
	 									
ВАА	-		TEEA5002L	91/L 06/27/19				Scl	hedule R (Fo	Schedule R (Form 990) 2019

81-0525336

Rartive Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36

			>	Yes No
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?	d in Parts II-IV?			<u></u>
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	×
b Gift, grant, or capital contribution to related organization(s)			1 p	×
c Gift, grant, or capital contribution from related organization(s)			10	×
d Loans or loan guarantees to or for related organization(s)			P L	×
e Loans or loan quarantees by related organization(s)			9	×
			2	4
f Dividends from related organization(s)			11	×
g Sale of assets to related organization(s)			٦ و	×
h Purchase of assets from related organization(s)			٦,	×
i Exchange of assets with related organization(s)			; <u> </u>	×
j Lease of facilities, equipment, or other assets to related organization(s)			i.	×
K Lease of facilities, equipment, or other assets from related organization(s)			<u>×</u>	×
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)			E	×
			-	×
 Sharing of paid employees with related organization(s) 			10	×
p Reimbursement paid to related organization(s) for expenses			1 p	×
q Reimbursement paid by related organization(s) for expenses			19	×
 Other transfer of cash or property to related organization(s) 			-	×
S			18	×
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	termınıng volved
(1) Montana Conservation Voters Inc	q	40,000.Cash	Cash	
(2) Montana Conservation Voters Inc	Ω	401, 545.	Cost Alloc	ပ
(3)				
(4)				
(5)		,		
(9)			100	
BAA TEEA5003L 06/27/19		Schec	Schedule R (Form 990) 2019	990) 2019