Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	A F	or the	2018 calendar year, or tax year beginning and	a enaing					
Ī	B CI	heck if oplicable	C Name of organization		D Employer	identificatio	n number		
		Addres	S CENTRAL MONTANA RAIL						
		Name change	Doing business as	81-0429050					
	〒	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number					
	一	Final return/	PO BOX 868			406-567	7-2223		
		termin ated		G Gross receipt		1,539,299.			
	ΓX	Ameno			H(a) Is this a		<u> </u>		
	Ë	_return ∏Applic			-	ordinates?	Yes X No		
	_	_tion pendir	SAME AS C ABOVE		H(b) Are all sub				
-	. T		empt status 501(c)(3) X 501(c) (4) ◀ (Insert no.) 4947(a)(1) or 527	-, · ·		(see instructions)		
•			e: N/A	701	H(c) Group e		•		
			organization: X Corporation	I Vaar			te of legal domicile: MT		
ľ		rt I	Summary	L I Cai	oriormation. 2	2 0 3 W 5 10	te of legar doffmene 222		
اصب	Ť		Briefly describe the organization of most significant activities RAII	. TRANS	SPORT AN	D RATT.	····		
202	8		REHABILITATION SERVICES	- 110111	71 01(1 111)	<u> </u>			
	Governance		Check this box if the organization discontinued its operations or disposition.	osed of more	than 25% of it	e net accets			
2	er		Number of voting members of the governing body (Part VI, line 1a)	osea or more	5 (IIaii 25/0 Oi it	3	8		
	ૃં		- XX 1)			4	8		
AR.	જ		Number of independent voting members of the governing body (Part VI, line 1b)			5	7		
MAR	Activities		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			6	0		
_	ξ		Total number of volunteers (estimate if necessary)			7a	0.		
	Act		Total unrelated business revenue from Part VIII, column (2) line 12			7b	0.		
Ī.	\dashv	b	Net unrelated business taxable income from Form 99617 June 38		Drien Vee				
SCANNED		_		-	Prior Yea	0.	Current Year 0 .		
\ddot{c}	e		Contributions and grants (Part VIII, line 1h)	<u> </u>	241,		216,225.		
တ	ē		Program service revenue (Part VIII, line 2g)	-	280,		202,077.		
	Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>,</u>	971,		941,014.		
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	/ _A -	1,493,		1,359,316.		
	\dashv		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u> </u>	0.	0.		
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)-	′)⊩		0.	0.		
			Benefits paid to or for members (Part IX, column (A), line 4)		552,		594,832.		
	ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		332,	0.	0.		
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	**/ // /				
	꼾		Total fundraising expenses (Part IX, column (D), line 25)		664,	400	665,315.		
	_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	¬, ⊢	1,276,		1,260,147.		
		18	Total expenses Add lines 13-17 (must equal Part IX, column (12 INC STORE) Revenue less expenses Subtract line 18 from line 12 RECEIVED	.	276,		99,169.		
	_ u			n B	eginning of Curre	_	End of Year		
	ts or	20	1 1		7,992,		8,030,505.		
	Sset		Total assets (Part X, line 16) Total liabilities (Part X, line 26) MAR 0 9 2020	ار ا	616,		555,329.		
	超		Net assets or fund balances. Subtract line 21 from line 20	¥ ⊢	7,376,		7,475,176.		
1		rt II	Signature Block GOEN UI		,,,,,,	<u> </u>	7,2,0,2,00		
-			Ities of perjury, I declare that I have examined this return, including accompanying schedul	les and staten	nents and to the l	nest of my know	wledge and belief, it is		
			t, and complete. Declaration of preparer (other then officer) is based on all information of v						
	uuc,	COLLEC	t, and complete. Declaration of preparer (which their onley)'s based on an information of	William propure	3	13/20	77)		
	C	_	Signature of officer	***	Date	12/40			
	Sıgr Here		MIKE DEVRIES, CHAIRMAN						
	пег	6	Type or print name and title		`		-		
			Print/Type preparer's name Preparer's signature		Date	Check	PŤIN		
	Paid		SARAH STANGER, CPA SARAH STANGER,	CPA		if self-employed	P01407904		
	r aiu Prep		Firm's name ANDERSON ZURMUEHLEN & CO., P.C.		Firm'		1-0385940		
		Only	Firm's address 21 10TH STREET SOUTH		1	<u> </u>			
	JJ6	Jy	GREAT FALLS, MT 59401		Phon	e no. 406-	727-0888		
	Mari	the	RS discuss this return with the preparer shown above? (see instructions)		. 17 1101	<u> </u>	X Yes No		
		1 12-3		tions			Form 990 (2018)		
	ゆぶどいに	J 12-3	I-ID LIVE FOI FADELWOIK MEGINCHOIL MCL HUNGE, SEE GIE SEDALAGE IIISBUCI				(2010)		

Form	990 (2018) CENTRAL MONTANA RAIL	81-0429050	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	RAIL TRANSPORT & RAIL REHABILITATION SERVICES		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y _€	s 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 services?	☐ Y∈	s 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 services, as n	nessured by expense	•
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
		s, the total expenses,	and
4-	revenue, if any, for each program service reported	230	,370.)
4a	(Code) (Expenses \$1,007,567. including grants of \$) (Revenue PROVIDE RAIL TRANSPORT SERVICES AND REHABILITATION OF RAIL TRANSPORT SERVICES AND REHABILITATION SERVICE		
		LLWAIS TO I	ne
	AREAS SURROUNDING GERALDINE AND DENTON, MONTANA.	_ 	
		-	
	<u> </u>	<u> </u>	
	T /i		
	7/1		
4b	(Code) (Expenses \$	ie \$	
70	(Code) (Expenses 2) (Heavening		
		 -	
			
4c	(Code) (Expenses \$including grants of \$) (Revenue	ie \$	
	(COSC	•	
			
			
			
		 -	
4d	Other program services (Describe in Schedule O)		
-	(Expenses \$ including grants of \$) (Revenue \$	ì	
4e	Total program service expenses \(\bigs\) 1,007,567.		
<u> </u>	To a final and an indication of the second o		990 (2018)
		1 011)	, (2010)

Schedule D, Part III

		0429050	Р	age 3
<u>[</u> Pa	rtilVi Checklist of Required Schedules		Ι.,	Τ
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B. Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates public office? If "Yes," complete Schedule C, Part I	for 3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in during the tax year? If "Yes," complete Schedule C, Part II	effect 4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	, or 5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D			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	,		

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 provided redit counseling, debt management, credit repair, or debt negotiation services?
If "Yes," complete Schedule D, Part X

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? (**Yes*** complete Schedule D, Part V

1 If the organization's answer to any of the collowing questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If "Yes," complete Schedule D,

b Did the organization report an amount for investments of 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 YI

c Did the organization report an amount for investments - program/related in Rart X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Rart VIII

d Did the organization report an amount for other assets in Part X, line 15 that \$5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year included footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, " complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

t	10		x
	10		
	11a	х	
	11b		x
	11c		<u>x</u> _
	11d		
	11e		X
	11f	-	X
	12a		x
	12b		X
	13		X
	14a		X
	14b		X
	15		x
	16		x
	17		<u>x</u> _
	18		х
	19		X X
	20a		<u>X</u> _
	20b		L

Form	990 (2018) CENTRAL MONTANA RAIL 81-042	9050	P	age 4
(P ai	tilVi Checklist of Required Schedules (continued)			
	Dutable and the design of the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			 -
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		T	<u> </u>
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x .
h	Schedule K If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	†	<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			ĺ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L. Part III	27		X
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			
а	A current or former officer, director, trustee, or key employee of "yes." complete Schedule L. Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key/employee? If "Yes, " complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Ì
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, PartilV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions of if "Yes, "complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Wes, "complete		1	l
	Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	+	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	Ì		١,,
	Part V, line 1	34	\vdash	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	+	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
	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	 	+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+	┿
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	1

Part V	Statement	s Regarding	Other IRS	Filings and	d Tax Comp	liance
Note	. All Form 990 fi	lers are required t	to complete S	chedule O		
	-	•	•	•		

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

Yes 0 1c X Form 990 (2018)

832004 12-31-18

Form	990 (2018) CENTRAL MONTANA RAIL 81-0429	050	Р	age 5
Rar	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return 2a 2	A1188 . A.	***** 	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	X 7 4
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u>Žì</u>	<u> </u>	-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			١
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	38° . A.	X
b	If "Yes," enter the name of the foreign country		學學	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		130	اسمكنستان
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
·_	were not tax deductible?	6b	§?(@#	***
7	Organizations that may receive deductible contributions under section 170(c).	7a		لتقحظه
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the goods or services provided?	7b	<u> </u>	
b		 ''	 	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	* ***. *** ****************************	700 100	55. x.
e	Did the organization receive any funds, directly or indirectly to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	100)	200
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Service of	***	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		↓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1 / 2 / 20vd
10	Section 501(c)(7) organizations. Enter	1	الإن فأست. الداخة م	
а	Initiation fees and capital contributions included on Part VIII, line 12		*	4
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 中	*	1
11	Section 501(c)(12) organizations. Enter	\$ \$600 1000 1000 1000 1000 1000 1000 1000	4 - (1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Gross income from members or shareholders	- A	1 2 m	or Marcoli
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1	**	**
	amounts due or received from them)	10-	Marie J	· Maria
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1 16 1	1000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(4)(200) wealth account to be also because increases.	₩	in Spani	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	- 1	\$2.4.485
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	3. z	ževar š	
h	Enter the amount of reserves the organization is required to maintain by the states in which the		Marke S	
D	organization is licensed to issue qualified health plans	1	grade a	
_	Enter the amount of reserves on hand	1	\$ 450°	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	100	å- %	h 🖟 4
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	\$ 'F	2	1 200
		Ford	n 990	(2018)

Form 990 (2018)

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 th			a "No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See in	istructions			(TOT)
	Check if Schedule O contains a response or note to any line in this Part VI				-	X
Sec	tion A. Governing Body and Management					Γ
		1.	1	o Francisco	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8). Well	
	If there are material differences in voting rights among members of the governing body, or if the governing	}				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ŀ				324
b	Enter the number of voting members included in line 1a, above, who are independent	1b		8	1. de 1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	any other	200 A	\$1.3614gr	التيتا
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			۱.,
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6	<u> </u>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	1		l
	more members of the governing body?			7a	<u> </u>	X_
. р	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or		1	l
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	6.00	<u>14.19.11</u>	الْفِيْتِ ا
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee-listed in Part VII, Section A, who cannot be rea	iched a	at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9	<u> </u>	<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates			10a	ļ	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			¥. **	-	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e.to con	flicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy?					
	in Schedule O how this was done		•	12c		
13	Did the organization have a written whistleblower policy?	*		13		X_
14	Did the organization have a written document retention and destruction policy?		A	14		X.
15	Did the process for determining compensation of the following persons include a review and approve	≠ al by ın	gependent	15,000	age de	v & §
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		7	2.27		
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				7 × 49 7 25 95	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	/ith a		, p. 1 %	***
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation	123	3 P 3	如李金
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		-	\$ 4 A	多養力	1
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					-
17	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), 990, a	nd 990	-T (Section 501(c)(3	3)s only)	avaıla	ble
	for public inspection Indicate how you made these available Check all that apply		, - 1-/1-	,		
	Own website Another's website X Upon request Other (explain	ח וח כר	hedule (1)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	nd financ	ıal	
19	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's bo	nke an	d records			
20	CARLA ALLEN - (406)567-2223	ons all				
	PO BOX 868, DENTON, MT 59430		•,-			
	10 DON 000, DENION, MI 33430			Corn	. 990	/2018\

Part_tVIII 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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			_ (0			_	(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	nore	i than d	one	Reportable	Reportable	Estimated
_	hours per	box	unle: cer an	ss per	son (s both	an	compensation	compensation	amount of
	week	⊢	Cer an	o a c	79010	i/us	199)	from	from related	other
	(list any	rect						the	organizations	compensation from the
.	hours for related	o d	<u>a</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
~ (organizations	ustee	Irus		99	u de		(44-2/1099-141130)		and related
	below	lag t	trona		nploy	S &				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN DAVIS	1.00	r								
DIRECTOR		X	7	X		<u> </u>	_	0.	0.	0
(2) DALE STONE	1.00		γ_	1	•			_		_
DIRECTOR		X.				<u> </u>	<u> </u>	0.	_0.	0
(3) MIKE DEVRIES	1.00	١				1				_
CHAIRMAN	1 00	X	•	X		-		0.	0.	0
(4) LARRY BARBER VICE-CHAIRMAN	1.00	$ _{\mathbf{x}}$	1	1	•			0.	0.	, 0
(5) DONALD ENGELLANT	1.00	₽	 	-	-4		7.	<u> </u>		
DIRECTOR	1.00	x		x		(0.	0.	0
(6) JACK MCINTOSH	1.00		╁─	<u> </u>		t	1			
DIRECTOR		x						0.	0.	0
(7) LAURENCE HESS	1.00									
DIRECTOR		x						40.	0.	0
(8) JIM WOODBURN	1.00							~ 🗸		_
SECRETARY/TREASURER		X	<u> </u>	_				0.	0.	0
(9) CARLA ALLEN	40.00									
GENERAL MANAGER		_	╄	X	<u> </u>	-	<u> </u>	82,312.	0.	32,691
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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	1 Hi	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(de		Pos		than c	ne	Reportable	Reportable		Estimated
	hours per	box,	, unles	ss per	rson ı	s both	an	compensation	compensation	ո	amount of
	week		er an	a a d	u ecto	r/trus	(90)	from	from related		other
	(list any hours for	recto						the	organizations		compensation
	related	or dt	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	□	from the organization
	organizations	rustee	trust		8	inge		(44-2/1099-141130)			and related
	below	Individual trustee or director	Institutional trustee	ا	nploy	st cor	<u></u>				organizations
	line)	ndivit	Institu	Officer	Key employee	Highest compensated employee	Former				•
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			γ_	1	>						
	, '	A.	No.								
1b Sub-total				Ž.		A	>	82,312.	_	0.	32,691.
c Total from continuation sheets to Part V	I, Section A					.		0.		0.	0.
d Total (add lines 1b and 1c)				100				82,312.		0.	32,691.
.2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	wh	ø, re	eceived more than \$100,	000 of reportable		
compensation from the organization							AA				0
•										_	Yes No
3 Did the organization list any former officer	director, or tru	uste	e, ke	у ег	nplo	yee,	or	highest gompensated er	nployee on	1	
line 1a? If "Yes," complete Schedule J for s				•		•					3 X
4 For any individual listed on line 1a, is the si		le co	mpe	ensa	ition	and	oth	ner compensation from t	he organization	2	
and related organizations greater than \$15								V	A	ľ	4 X
5 Did any person listed on line 1a receive or									dual for services	X	
rendered to the organization? If "Yes." con										**	5 X
Section B. Independent Contractors	por Ochiculii	<u> </u>	<u> </u>	بلسد		111			-		•
Complete this table for your five highest co	mpensated inc	dene	nde	nt co	ontr	acto	rs th	hat received more than 9	100.000 of comp	ensatio	on from
the organization Report compensation for											•
(A)	o oalondar y	-u, c	.,	<u> </u>		J. 441		(B)			(C)
Name and business	address	N	INC	3				Description of s	ervices	Co	mpensation
		-11	<u> </u>			-	\dashv				
							-				
· · · · · · · · · · · · · · · · · · ·							\dashv	<u> </u>			1
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						-]	<u> </u>		المستحدث	
2 Total number of independent contractors (-	ot lır	nited	d to		_	ted	l above) who received m	ore than	No. 12	
\$100,000 of compensation from the organ	zation		_			<u> </u>					000 (0040)
										_	· IHHI MAAAN

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) Related or Unrelated Total revenue exempt function business revenue revenue Federated campaigns Membership dues 1b Fundraising events 1c 1d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a CONTRACTED JOBS 480000 109,495 109,495 480000 81,980. 81,980 EXCURSIONS 480000 24,750 24,750 FREIGHT/TRANSPORATION INCOME All other program service reven 216,225. Total. Add lines 2a-2f Investment income (including dividends, interest, and 84,503. 84,503. other similar amounts) Income from investment of tax-exempt bond proces (i) Real 911,729 6 a Gross rents Less rental expenses 911,729 15,140 Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 295,257 2,300 assets other than inventory b Less cost or other basis 179,983. and sales expenses 115,274. 2,300 c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See. Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory <u>Business C</u>ode Miscellaneous Revenue MISCELLANEOUS 14,060. 14,060. 480000 SALVAGE 480000 85, All other revenue 14,145. Total. Add lines 11a-11d 1,128,946, 1,359,316. 230.370. Total revenue. See instructions

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Form **990** (2018)

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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 (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b, Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 16,462. 82,312. 65,850. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 55,226. 276,130. 220,904. Other salaries and wages Pension plan accruals and contributions section 401(k) and 403(b) employer contill bution 31,809. 127,238. 159,047. Other employee benefits 9 61,874. 15,469. 77,343. 10 Payroll taxes Fees for services (non-employees) a Management Legal 9,570. Accounting Lobbying "我们"的"一个" Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 75Õ 750 column (A) amount, list line 11g expenses on Sch O.) 1,272. 272. Advertising and promotion 12 5,480. 5,480. 13 Office expenses 14 Information technology Royalties 15 16,910. 3,382. 13,528 16 Occupancy 584. 584 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,000. 4,000. Conferences, conventions, and meetings 19 28,766. 28,766. 20 21 Payments to affiliates 81,982. 409,910. 327,928. 22 Depreciation, depletion, and amortization 37,047. 29,638. 7,409. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 55,780. 55,780. FUEL 25,591. WEED CONTROL 25,591. 17,160. VEHICLE EXPENSE 17,160. d REPAIRS & MAINTENANCE 15,421. <u>15,421.</u> 5,323. 37,074. 31,751. e All other expenses 260,147. 252,580. 0. 007,567. <u>25</u> Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. ıf following SOP 98-2 (ASC 958-720) Check here

	14V.18	Datance Sneet			· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response or note to any line in this Part X			
í			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	446,630.	1	392,825.
	2	Savings and temporary cash investments	65,523.	2	263,377.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	302,453.	4	111,323.
	5	Loans and other receivables from current and former officers, directors,	7,577		
	-	trustees, key employees, and highest compensated employees. Complete		<u>".</u>	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- 1	,	employers and sponsoring organizations of section 501(c)(9) voluntary			
ا يو		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	r
Assets	7	Notes and loans receivable, net		7	
تخ	8	Inventories for sale or use	564,935.	8	550,718.
	9	Prepaid expenses and deferred charges	40,757.	9	41,547.
-	10a	Land, buildings, and equipment cost or other			the second second
		basis Complete Part VI of Schedule D 10a 16,140,944.			
	ь	Less accumulated depreciation 10b 11,926,524.	4,517,277.	10c	4,214,420.
- 1	11	Investments - publicly traded securities	2,047,983.	11	2,449,614.
	12	Investments - other securities See Part IV, line 11		12	
ł	13	Investments - program-related See Part IV, line 1977		13	
	14	Intangible assets		14	\
1	15	Other assets See Part IV, line 11	6,681.	15	6,681.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,992,239.	16	8,030,505.
	17	Accounts payable and accrued expenses	36,545.	17	12,947.
	18	Grants payable		18	
	19	Deferred revenue	<u> </u>	19	34,000.
	20	Tax-exempt bond liabilities		20	<u> </u>
ĺ	21	Escrow or custodial account liability Complete Part IV of Schedule	(A) 200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	21	- 41\$ATUTS/ % 3 &
္က	22	Loans and other payables to current and former officers, directors, trustees		1	
┋		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L	F10 607	22	F00 303
۱ ۲	23	Secured mortgages and notes payable to unrelated third parties	57,9,687.	23	508,382.
	24	Unsecured notes and loans payable to unrelated third parties		24	<u>. </u>
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of		١	
		Schedule D	616,232.	25	555,329
┥	26	Total liabilities. Add lines 17 through 25	010,232.	26	333,329
ŀ		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
es		complete lines 27 through 29, and lines 33 and 34.		<u> </u>	
a a	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets	######################################	29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
로		and complete lines 30 through 34.	- L. C.	2.333	0.
s or Fu	00	•	l		
sets or ru	30	Capital stock or trust principal, or current funds	0.	30	
Assets or Fu	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Vet Assets or Fu	31 32	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	7,376,007.	31 32	7,475,1 <u>76</u> .
Net Assets or Fund Balances	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	0.	31	7,475,176. 7,475,176. 8,030,505.

Form	1 990 (2018) CENTRAL MONTANA RAIL	81-04	29050	Pag	_{je} 12
Pa	rt·XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		.=-		
			4 250		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,359		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,260		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>69.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,376	, 0	<u> </u>
5	Net unrealized gains (losses) on investments	5	<u> </u>		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,475	5,1'	<u>76.</u>
Pa	rt/XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
			\rightarrow	Yes	No
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	0			
2a	- 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 reviewed	on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			3.0	
b	Were the organization's financial statements audited by any independent accountant?		2b.		X
	If "Yes," check a box below to indicate whether the linancial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an auditor audits as set forth in the Sir			,	
	Act and OMB Circular A-133?		3 <u>a</u>		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	2018)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Nam	e of the organization CENTRAL MONTANA RA	TT	Employer identification number 81-0429050
Dai	till Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	
'i. di			Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	Total number of and of uses	(a) Donor advised failes	(b) i dilas ana other associates
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a	• •	-
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	Yes No
Pai	mpermissible private benefit? Till Conservation Easements. Complete if the organization	repression answered "Vas" on Form 990	
	Purpose(s) of conservation easements field by the organization		rartiv, mie i
1			stawaalli, waxaataat laad ayaa
	Preservation of land for publicuse (e garrecreation or e		storically important land area
	Protection of natural habitat	Preservation of a ce	rulled historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	Held at the End of the Tax Year
_	day of the tax year		1 1
a	Total number of conservation easements	ô	2a 2b
D	Total acreage restricted by conservation easements Number of conservation easements on a certified historic str	Auro instrudad in (a)	2c
c	▼ 1		
a	Number of conservation easements included in (c) acquired	ater 1/25/05 and not on a historic struct	2d
2	listed in the National Register Number of conservation easements modified, transferred, rel	assert authoriushed, or terminated by th	
3	year	eased? extinguished or terminated by the	e organization during the tax
4	Number of states where property subject to conservation eas	remont to located	
4 5	Does the organization have a written policy regarding the per	¥ 89 4 7 43	•
3	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
J	Land volunteer hours devoted to monitoring, inspecting,	Marianing of Violations	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserve	ation easements during the year
•	S	ming of violations, and emorating concerns	and caseline its dailing the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	o sails y and requirements or seement a	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	
J	include, if applicable, the text of the footnote to the organization		
	conservation easements		, and organization of accounting terms
Pa	t{III} Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	, '	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		•
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items	,	
	(i) Revenue included on Form 990, Part VIII, line 1		` ▶ \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	
-	the following amounts required to be reported under SFAS 1		g, p
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		\$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 201

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		MONTANA R						29050	
Pa	Islis Organizations Maintaining Co	llections of Ar	t, Historic	al Treasu	res, or Oth	er Simil	ar Assets	(continue	ed)
3	Using the organization's acquisition, accession	, and other record	s, check any	of the follow	ing that are a	significant	t use of its c	ollection it	ems
	(check all that apply)								
а	Public exhibition	c	l 🔲 Loan	or exchange	e programs				
b	Scholarly research	•							
С	Preservation for future generations	-							
4	Provide a description of the organization's colle	ections and explai	n how they fu	rther the org	anızatıon's ex	kempt purp	ose in Part	XIII	
5	During the year, did the organization solicit or r	receive donations	of art, historic	al treasures,	or other simi	lar assets			
	to be sold to raise funds rather than to be main	ntained as part of t	he organizati	on's collectio	n?			Yes	No_
Pai	tilVi Escrow and Custodial Arrange	ements. Compl	ete if the orga	anızatıon ans	wered "Yes"	on Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21							
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for contr	ibutions or o	ther assets n	ot included	t		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing table						
				,				Amount	
С	Beginning balance					10	;	•	
d	Additions during the year					10	ı		
e	Distributions during the year					1e			
f	Ending balance								
2a	Did the organization include an amount on For	m 990, Part X, line	21, for escro	w or custodi	al account lia	ıbılıty?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII. C								
	t V Endowment Funds. Complete in								
		(a) Current year	(b) Prior		Two years back		e years back	(e) Four y	ears back
1a	Beginning of year balance				•				
b	Contributions						•		
c	Net investment earnings, gains, and losses	W ST	1		```				
d								<u> </u>	
	Other expenditures for facilities	A A A			-	1			
·	and programs								
f	Administrative expenses			<u> </u>					
g	End of year balance	<u> </u>				1		<u> </u>	
2	Provide the estimated percentage of the current	nt vear end balanc	e (line 1a1col	umn (all held	l as				
a	Board designated or quasi-endowment	n your one bulling	%		A				
b	Permanent endowment	%	- ~						
c	Temporarily restricted endowment	^~ %							
·	The percentages on lines 2a, 2b, and 2c should			0.00			•	,	
32	Are there endowment funds not in the possess	•	ation that are	held and ad	ministered for	rathe organ	uzation		
Ou.	by	Jon or the organiza						[v	es No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(ii)	
la.	If "Yes" on line 3a(ii), are the related organization	one lietad se raqui	red on Schod	lule R2	The same	and T		3b	
4	Describe in Part XIII the intended uses of the o	•						(00)	
Pai	TEVIE Land, Buildings, and Equipme	nt.	Willent fullus	·					
1-2-	Complete if the organization answered) Part IV line	11a See Fo	orm 990 Part	X line 10			
		(a) Cost or o		b) Cost or of) Accumul	ated	(d) Book	value
	Description of property	basis (investi		basis (othe	1 .	depreciati		(u) DOOK	- 4140
	Land *	Dasis (investi		•	000.			10	,000.
	Land ¹			424,5		384,			,520.
	Buildings		1	4,134,0		,074,		4,059	
c	Leasehold improvements					,466,			,40 <u>3.</u> ,411.
	Equipment	-		1,572,4	*00+ 1	,400,	777.	102	, 4 1 1 •
	Other							4,214	420
Tota	L Add lines 1a through 1e. (Column (d) must equ	ual Form 000 Part	V column (P	1 line 10c 1				4.414	, 4 4 U .

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 CENTRAL MO	NTANA RAIL		81-	-0429050 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes				
(a) Description of security or category (including name of security	(b) Book value	(c) Method of v	aluation Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)		_		
(B)		*	,	
(C)				
(D)				
<u>(E)</u>				·
				•
(G)		<u> </u>		
		Anni Canadarina merupa	ESSECTION OF THE PROPERTY OF T	4 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	The second secon		
PartivIII Investments - Program Related.			,	
Complete if the organization answered "Yes	s" on Form 990, Part IV, lin			
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end-	of-year market value
(1)				•
(2)				
(3)				 ;
(4)				
(5)				
(6) (7)				
			1	
(9)		59/49-55	e e e e e e e e e e e e e e e e e e e	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	- 1 5 000 6 1	444 0 5 000	Dark V. Iron 45	
Complete if the organization answered "Ye	a) Description	e Ma See Form 990,	Part X, line 15	(b) Book value
	a) Description	yn H S		. (b) DOOK Value
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)				
(3)				
(4)	-			
(5)			♣	
(6)				
(7)			/ \	
(8)				1
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) Part X Other Liabilities.	ine 15.)			-
Complete if the organization answered "Ye	s" on Form 990 Part IV Jun	e 11e or 11f See Form	1 990 Part Y line 25	
(a) December of lightly	S OITTOITH 930, Part IV, IIII	(b) Book value	1930, 1 art X, line 23	
(1) Federal income taxes		(B) Book value		
				A. 200
(2)			2.	
(3)	,		100	A CALLED TO
(4)	*		10.000	
(5)				
(6)				

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

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.

2018
Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

CENTRAL MONTANA RAIL 81-0429050
AMENDED RETURN EXPLANATION
AMENDING RETURN TO INCLUDE FORM 8900 FOR THE 2018 TAX YEAR. PLEASE SEE
ATTACHED FORM AND SUPPORTING SCHEDULES.
FORM 990, PART VI, SECTION B, LINE 11B:
LINE 11A EXPLANATION - BOARD OF DIRECTORS REVIEWS AND SIGNS FORM 990 IN
CONJUNCTION WITH AUDER EXIT CONFERENCE.
<u> </u>
FORM 990, PART VI, SECTION B, LINE 15:
BOARD OF DIRECTORS ESTABLISHES PAY RATE GUIDELINES DURING ANNUAL REVIEW &
BUDGET PROCESS.
FORM 990, PART VI, SECTION C, LINE 190
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, ROLICIES AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)