299

Return of Organization Exempt From Income Tax

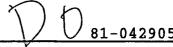
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public \*\*

|             |                          | ary 2020)                                       | ▶ Do no   |                    |                  | ers on this form   | -                                     | e made public.       | nin          | Open to Public                |  |  |
|-------------|--------------------------|---|---|--------------------|------------------|--------------------|---------------------------------------|----------------------|--------------|-------------------------------|--|--|
|             |                          | f the Treasury<br>nue Service                   | · ·   |                    | -                | instructions and   | =                                     | -                    | 9/10         | Inspection (**)               |  |  |
| Ā           | For the                  | 2019 calenda                                    | ar year, or tax year i                            | oeginning          |                  | and                | ending                                |                      |              |                               |  |  |
| В           | Check if applicable      | C Name of                                       | forganization                                     |                    |                  |                    |                                       | D Employer ic        | lentificat   | tion number                   |  |  |
| Г           | Addres                   | S CENT  | RAL MONTANA                                       | A RAIL             |                  |                    |                                       |                      |              |                               |  |  |
| ř           | Name<br>change           | -   | usiness as  |                    |                  |                    |                                       | 81-0429050           |              |                               |  |  |
| Ē           | Initial<br>return        | al N  |   |                    |                  |                    |                                       | <del></del>          |              |                               |  |  |
| Ē           | Final<br>return/         | DO B  | OX 868  |                    | ,                |                    |                                       |                      | 406-567-2223 |                               |  |  |
|             | termin<br>ated           | min-  |   |                    |                  |                    |                                       | G Gross receipts \$  | _            | 2,665,765.                    |  |  |
|             | Ameno                    |   |   | 130-0868           |                  |                    | · · · · · · · · · · · · · · · · · · · | H(a) Is this a gr    |              |                               |  |  |
| , L         | Applic<br>tlon<br>pendir |   | nd address of princip                             | al officer: MIK    | E DEVRI          | ES                 | n l                                   | for subord           |              |                               |  |  |
| ₽_          |                          | SAME  | AS C ABOVE  |                    | 4                |                    | 74                                    | H(b) Are all subord  |              |                               |  |  |
|             |                          | empt status:                                    | 501(c)(3) X                                       | 501(c) ( 4 )       | (insert no.)     | 4947(a)(1)         | or 527                                | 1                    |              | t. (see instructions)         |  |  |
| ٦٣          | Websii                   | te: ► N/A                                       | X Corporation                                     | Trust As           | sociation        | Other -            | I Vear                                | H(c) Group exe       |              | State of legal domicile: MT   |  |  |
|             | art:                     | Summary   | 22   Corporation                                  | 1 11000            |                  | 1                  | , E i Cai                             | or formation.        | 9 9 7 10 0   | rate of legal dollmone. ===   |  |  |
|             |                          | <del></del>                                     | e the organization's                              | mission or most    | significant act  | ivities: RAIL      | TRANS                                 | PORT AND             | RAIL         | (                             |  |  |
|             |                          |   | ITATION SER                                       |                    |                  | <del>- i</del>     |                                       |                      | ·            |                               |  |  |
|             | ē 2                      | Check this bo                                   | x 🕨 🔲 if the org                                  | janization discoi  | ntinued its ope  |                    |                                       |                      | net asset    | s.                            |  |  |
|             | <b>ਭ</b> 3               |   | ting members of the                               |                    |                  |                    |                                       | CORRES               | 3            | <u>8</u>                      |  |  |
| •           | 5 4                      | Number of ind                                   | lependent voting mer                              | mbers of the gov   | erning body (F   | Part VI, line 1b)  | IRS OS                                | WOUTHES              | 4            | 8                             |  |  |
| '           | ν 5<br>φ 5               |   | of individuals employ                             |                    |                  | : V. line 2a)      |                                       |                      | /5           | 7                             |  |  |
| :           | ₽ 6                      |   | of volunteers (estima                             | -                  |                  |                    | NOV 20                                | 2020                 | 6            | 0                             |  |  |
| ,           | } 7a                     |   | d business revenue fi                             |                    | lumn (C), line 1 |                    |                                       | 1020                 | 7a           | 0.                            |  |  |
| •           | b                        |   | business taxable inc                              | -                  | • • •            | 7                  | OGDEN L                               | ITALinen             | 7b           | 0.                            |  |  |
| 77          |                          |   | 20021   |                    |                  |                    |                                       | Prior Year           |              | Current Year                  |  |  |
| 3           | . 8                      | Contributions                                   | and grants (Part VIII,                            | line 1h)           |                  |                    | ( 67)                                 |                      | 0.           | 0.                            |  |  |
| 0 3 ZUZ     | <b>≝</b> 1               |   | ce revenue (Part VIII,                            |                    |                  |                    |                                       | 216,2                | 25.          | 216,237.                      |  |  |
| >           | <b>10</b>                | •   | come (Part VIII, colun                            |                    | and 7d)          |                    |                                       | 202,0                | 77.          | 281,023.                      |  |  |
| ם ר         | 11                       |   | (Part VIII, column (A                             |                    |                  | 11e)               |                                       | 941,0                |              | 1,191,384.                    |  |  |
| L<br>L      |                          |   | - add lines 8 through                             |                    |                  |                    |                                       | 1,359,3              |              | 1,688,644.                    |  |  |
|             |                          |   | milar amounts paid (F                             |                    |                  |                    |                                       |                      | 0.           | 0.                            |  |  |
| 3           | 1                        |   | to or for members (Pa                             |                    |                  |                    |                                       |                      | 0.           | 0.                            |  |  |
|             | . 45                     | Salaries, other compensation, employee benefits |   |                    |                  | (A), lines 5-10)   |                                       | 594,8                | 32.          | 611,619.                      |  |  |
|             | ou i                     |   | IX, column (A), I                                 |                    |                  | 0.                 | 0.                                    |                      |              |                               |  |  |
| 5           | يا اق                    |   | ing expenses (Part IX                             |                    |                  |                    | Ö.                                    | · 李、琴· / 图           | TOTAL P      | Market and Market Billion In. |  |  |
|             |                          |   | es (Part IX, column (A                            |                    | -                | <del> </del>       |                                       | 665,3                |              | 646,852.                      |  |  |
|             | 1                        |   | es (r ait ix, column (r<br>es. Add lines 13-17 (m |                    |                  | ine 25)            | ·- ·                                  | 1,260,1              |              | 1,258,471.                    |  |  |
|             |                          | •   | expenses. Subtract I                              |                    |                  |                    |                                       | 99,1                 |              | 430,173.                      |  |  |
| _           |                          | Ticveriae iess_                                 | experiees. Cabitact I                             | inc to iront into  |                  |                    | Be                                    | ginning of Current   |              | End of Year                   |  |  |
| 17          | 20<br>20                 | Total assets (F                                 | Part X June 16\                                   |                    |                  |                    | -                                     | 8,030,5              |              | 8,422,958.                    |  |  |
| ,           | (29                      |   | (Part X, line 26)                                 |                    |                  | • • • • • • •      |                                       | 555,3                |              | 517,609.                      |  |  |
| > <b>≒</b>  | : 13                     |   | fund balances. Subtr                              | act line 21 from   | line 20          |                    |                                       | 7,475,1              |              | 7,905,349.                    |  |  |
|             |                          | · Signature                                     |   | dot into E t trong |                  |                    | · · · · · · · · · · · · · · · · · · · |                      |              |                               |  |  |
| J— L        |                          |   |   | mined this return. | including accor  | npanying schedule  | s and stateme                         | ents, and to the bea | t of my kr   | nowledge and belief, it is    |  |  |
|             |                          |   | . Declaration of prepare                          |                    |                  |                    |                                       |                      |              |                               |  |  |
| <u> </u>    | ,                        | MA  | the wall  | 1/112              |                  |                    |                                       |                      | Man          | 2020                          |  |  |
| yo<br>V     | ign                      | Signatur  | e of officer                                      | 0,000              |                  |                    |                                       | Date                 |              |                               |  |  |
| J H         | -                        | MIKE  | DEVRIES,  | CHAIRMAN           |                  |                    |                                       |                      |              |                               |  |  |
| 3           |                          |   | print name and title                              |                    |                  |                    |                                       |                      |              |                               |  |  |
| 4<br>7 -    |                          | Print/Type pre                                  | parer's name                                      |                    | Preparer's sign  | nature             | I                                     | Date                 | heck         | ] PTIN                        |  |  |
| ЭP.         | aid                      | SARAH S   | TANGER, CP  |                    |                  |                    | CPA                                   |                      | elf-employed |                               |  |  |
| Ρ           | reparer                  |   | ► ANDERSON  |                    |                  | O., P.C.           |                                       | Firm's E             | IN ▶ 8:      | 1-0385940                     |  |  |
| Ų           | se Only                  | Firm's address                                  | 21 10TH   | STREET S           | OUTH             |                    |                                       |                      |              |                               |  |  |
| <u></u> ≥ _ |                          |   | GREAT FA  | LLS, MT            | 59401            | =                  | × 1                                   | Phone r              | p.406        | <u>-727-0888</u>              |  |  |
| , <u>N</u>  | lay the I                | RS discuss the                                  | s return with the prep                            | parer shown abo    | ve? (see instru  | ictions) $\angle$  | 4.11                                  |                      |              | X Yes No                      |  |  |
| 93          | 2001 01-2                | 20-20 LHA I                                     | For Paperwork Redu                                | uction Act Notic   | ce, see the se   | parate instruction | 9hs. [   ] 7                          | 7-/-/                | T            | Form <b>990</b> (2019)        |  |  |

| Form      | 990 (2019) CENTRAL MONTANA RAIL   | 81-0429050                            | Page 2                                |
|-----------|---|---------------------------------------|---------------------------------------|
| Pai       | t III 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 pnor Form 990 or 990-EZ?   | . 🗆                                   | res X No                              |
| _         | If "Yes," describe these new services on Schedule O.  |                                       | res X No                              |
| 3         | Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other |                                       |                                       |
|           | revenue, if any, for each program service reported.   | ns, the total expenses                | s, and                                |
| 4a        | (Code ) (Expenses \$ 1,005,780 • including grants of \$) (Rever   | nue \$ 61.9                           | 9,268.)                               |
|           | PROVIDE RAIL TRANSPORT SERVICES AND REHABILITATION OF RA  |                                       |                                       |
|           | AREAS SURROUNDING GERALDINE AND DENTON, MONTANA.  | -                                     |                                       |
|           |   |                                       |                                       |
|           |   |                                       |                                       |
|           |   | <del></del>                           |                                       |
|           |   | <del>- 1- : :</del>                   | · · · · · · · · · · · · · · · · · · · |
|           |   | A**.                                  |                                       |
|           |   | <del></del>                           |                                       |
|           |   |                                       | <del></del>                           |
|           |   | · · · · · · · · · · · · · · · · · · · | <del></del>                           |
|           |   |                                       |                                       |
| 4b        | (Code) (Expenses \$ including grants of \$) (Reve   | enue \$                               | )                                     |
|           |   |                                       | <del></del>                           |
|           |   |                                       |                                       |
|           |   |                                       |                                       |
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|           |   |                                       |                                       |
|           |   |                                       |                                       |
|           |   |                                       |                                       |
|           |   |                                       |                                       |
| 4c        | (Code) (Expenses \$   | nue \$                                | }}                                    |
|           |   |                                       |                                       |
|           | •   |                                       |                                       |
|           |   |                                       |                                       |
|           |   |                                       | <del></del>                           |
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|           |   | <del></del>                           |                                       |
|           |   |                                       |                                       |
|           |   |                                       |                                       |
|           |   |                                       |                                       |
| 4d        | Other program services (Describe on Schedule O.)  |                                       |                                       |
|           | (Expenses \$ including grants of \$ ) (Revenue \$   | )                                     |                                       |
| <u>4e</u> | Total program service expenses ▶ 1,005,780.   | F                                     | m <b>990</b> (2019)                   |
|           |   | ror                                   | <del></del> (2019)                    |



Form 990 (2019) CENTRAL MONT
Part IV 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            |     | X             |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2            |     | X             |
| 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            |     | ĺ             |
| 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            |     | X             |
| 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,  |              |     | $\overline{}$ |
| •      | 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   |              |     |               |
| Ū      |  | 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  | ٦            |     | <del></del> - |
| •      | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |              |     |               |
|        | $\sim$   | 9            |     | x             |
| 10     | If "Yes," complete Schedule D, Part IV   | <del>"</del> |     | _ <del></del> |
| 10     |  | 10           |     | х             |
| 44     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10           |     |               |
| 11     | as applicable.   |              |     | l İ           |
| _      |  |              |     |               |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  | ا ـــــا     | х   |               |
|        | Part VI  | 11a          |     | <del></del>   |
| D      | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |              |     | х             |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b          |     |               |
| С      | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |              |     | v             |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII   | 11c          |     | X             |
| d      | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |              |     | v             |
|        | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d          |     | X             |
|        | Did the organization report an amount for other liabilities in Part X, line 253 If "Yes," complete Schedule D, Part X  | 11e          |     |               |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  | l            |     | v             |
|        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f          |     | X             |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |              |     | v             |
|        | Schedule D, Parts XI and XII   | 12a          |     | X             |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?  |              |     |               |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b          |     | X             |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13           |     | X             |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a          |     | X             |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |              |     |               |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |              |     |               |
|        | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b          |     | X             |
| 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           |     | <u> X</u>     |
| 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           |     | <u>X</u>      |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 1            |     |               |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17           |     | X             |
| 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           |     | X             |
| 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             |
| 20a    | and the second s | 20a          |     | X             |
| 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           |     | X             |
| 932003 | 3 01-20-20   | Form         | 990 | (2019)        |

81-0429050

Form 990 (2019) CENTRAL MONTANA RA
Part IV 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? If "Yes," complete Schedule I, Parts I and III   | 22   |                                       | X        |
| 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  | 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  |                                       | X        |
|       | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                           | 24b  |                                       | ļ        |
| 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  |                                       | <b></b>  |
|       | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                     | 24d  |                                       | -        |
| 25 a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                |      |                                       | v        |
|       | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                               | 25a  | -                                     | X        |
| 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       | 056  |                                       | х        |
|       | Schedule L, Part I  | 25b  |                                       |          |
| 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%                     | 26   |                                       | x        |
| 07    | controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part it                          | 20   |                                       |          |
| 27    | 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? It Yes," complete Schedule L, Part III     | 27   |                                       | x        |
| 20    | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV           | 21   |                                       |          |
| 28    | instructions, for applicable filing thresholds, conditions, and exceptions)   |      |                                       |          |
| _     | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If            |      |                                       |          |
| а     | "Yes," complete Schedule L, Part IV   | 28a  |                                       | х        |
| h     | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                             | 28b  |                                       | X        |
|       | 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   |                                       | X        |
| 30    | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation |      |                                       |          |
|       | contributions? If "Yes," complete Schedule M  | 30   |                                       | х        |
| 31    | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I          | 31   |                                       | 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   |                                       | X        |
| 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   |                                       | X        |
| 35a   | 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   |      |                                       | ŀ        |
|       | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                     | 35b  |                                       | <u> </u> |
| 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            |      |                                       | l        |
|       | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                | 37   |                                       | Х        |
| 38    | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?              |      |                                       |          |
|       | Note: All Form 990 filers are required to complete Schedule O   | 38   | X                                     | <u> </u> |
| Pa    | rt V Statements Regarding Other IRS Filings and Tax Compliance  |      |                                       |          |
|       | Check if Schedule O contains a response or note to any line in this Part V  |      | · · · · · · · · · · · · · · · · · · · | لبل      |
|       |   |      | Yes                                   | No       |
|       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |      |                                       |          |
|       | 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          | -    | ~ <u>~</u> ~                          | }        |
|       | (gambling) winnings to prize winners?   | 1c   | X                                     | <u></u>  |
| 93200 | 4 01-20-20  | Form | 990                                   | (2019)   |

| Form   | 990 (2019) CENTRAL MONTANA RAIL 81-0429  | 050              | Р        | age 5         |
|--------|--|------------------|----------|---------------|
| Par    | t V 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,  |                  |          |               |
|        | filed for the calendar year ending with or within the year covered by this return  |                  |          |               |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b               | X        |               |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | -                |          |               |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a               |          | X             |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b               |          |               |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |                  |          |               |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a               |          | х             |
| b      | If "Yes," enter the name of the foreign country  |                  |          |               |
| _      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |                  |          |               |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a               |          | X             |
|        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b               |          | X             |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c               |          |               |
|        | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |                  |          |               |
|        | any contributions that were not tax deductible as charitable contributions?  | 6a               |          | Х             |
| h      | 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).  |                  |          |               |
| 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?  | 7a               |          |               |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b               |          |               |
|        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |                  |          |               |
| С      | to file Form 8282?   | 7c               |          |               |
| 4      | If "Yes," indicate the number of Forms 8282 filed during the year  | ٠.               |          |               |
|        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e               |          | X             |
| e<br>4 | Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?   | 7f               |          | X             |
| f      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g               |          |               |
| 9      | If the organization received a contribution of qualified intellectual property and the arganization received a contribution of cars, boats, airplanes, or other vehicles; did the organization file a Form 1098-C? | 7h               |          |               |
| _      | Sponsoring organizations maintaining donor advised funds. Pid a donor advised fund maintained by the   |                  |          |               |
| 8      | sponsoring organization have excess business holdings at any time during the year?   | 8                |          |               |
| 0      | Sponsoring organizations maintaining donor advised funds.  | <u> </u>         |          |               |
| 9      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a               |          |               |
| a      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b               |          |               |
| 10     |  |                  | ·        |               |
| 10     | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12   | İ                |          |               |
| a      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 1                |          |               |
|        |  | 1                | 1        |               |
| 11     | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  |                  |          |               |
| a      | Gross income from members or shareholders  | 1                | 1        |               |
| Ь      |  |                  |          |               |
| 10-    | amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a              |          |               |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  | <del></del>      |          |               |
|        | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 1                |          |               |
| 13     | Is the organization licensed to issue qualified health plans in more than one state?   | 13a              | <u> </u> |               |
| а      |  | <del>  154</del> | T -      |               |
| •      | Note: See the instructions for additional information the organization must report on Schedule O.  | 1                |          |               |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the   |                  |          |               |
|        |  | 1                |          |               |
| C      |  | 14a              |          | х             |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14b              | †        | ├ <u></u> -   |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 1-40             | †        |               |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  | 15               |          | x             |
|        | excess parachute payment(s) during the year?   | 13               | t        | <del></del> - |
|        | If "Yes," see instructions and file Form 4720, Schedule N.   | 16               |          | X             |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 10               | t        | † <del></del> |
|        | If "Yes," complete Form 4720, Schedule O.  | Forn             | 990      | (2019)        |

| Par          | tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "  | No" re   | espons                  | e      |
|--------------|--|----------|-------------------------|--------|
|              | 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  |          |                         | X      |
| Sec          | tion A. Governing Body and Management  |          |                         |        |
| _            |  | فهرماد   | Yes                     | No     |
| 1a           | Enter the number of voting members of the governing body at the end of the tax year 1a 8   |          | الا تأثيد و<br>المعادلة |        |
|              | If there are material differences in voting rights among members of the governing body, or if the governing  | 262 56   | 100 Mg                  | "      |
| _            | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  |          |                         |        |
| b            | Enter the number of voting members included on line 1a, above, who are independent 1b 8  | THE A    | 365                     | -      |
| 2            | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   | 3        |                         |        |
| _            | officer, director, trustee, or key employee?   | 2        |                         | X      |
| 3            | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |          |                         | v      |
|              | of officers, directors, trustees, or key employees to a management company or other person?  | 3        | $\vdash$                | X      |
| 4            | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4        | <b></b>                 | X      |
| 5            | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5        |                         | X      |
| 6            | Did the organization have members or stockholders?   | 6        |                         |        |
| 7a           | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |          |                         | х      |
|              | more members of the governing body?  | 7a       |                         |        |
| D            | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   | 76       |                         | х      |
| _            | persons other than the governing body?   | 7b       | 7. P Y                  |        |
| 8            | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |          | X                       | لد     |
| a            | The governing body?  | 8a<br>8b | X                       |        |
| O O          | Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section Aswho cannot be reached at the               | OU       | -                       |        |
| 9            | <b></b>  | 9        |                         | х      |
| Sec          | organization's mailing address? If "Yes." provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | _ 3      | 1                       |        |
|              | This Section B requests miormation about policies not regarded by the internal nevertile Code.)  |          | Yes                     | No     |
| 10a          | Did the organization have local chapters, branches, or affiliates?   | 10a      | 103                     | X      |
|              | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |          |                         |        |
| D            | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b      |                         |        |
| 112          | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a      | Х                       |        |
| b            | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 12 .     |                         |        |
| 12a          | Did the organization have a written conflict of interest policy? If "No, "golfo line 13  | 12a      |                         | X      |
| , <u>_</u> _ | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b      |                         |        |
|              | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |          |                         |        |
| _            | ın 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?   | 14       |                         | X      |
| 15           | Did the process for determining compensation of the following persons include a review and approval by independent   | ·        | harries.                |        |
|              | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | ٠        | F4 1                    |        |
| а            | The organization's CEO, Executive Director, or top management official   | 15a      | X                       |        |
| 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).  |          |                         | 1      |
| 16a          | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  | l        | <u> </u>                |        |
|              | taxable entity during the year?  | 16a      |                         | X      |
| b            | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   | ` ",     | 2 - h A                 |        |
|              | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |          |                         |        |
|              | exempt status with respect to such arrangements?   | 16b      |                         | L      |
| 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, and 990-T (Section 501(c)(3):   | only)    | availa                  | ble    |
|              | for public inspection. Indicate how you made these available. Check all that apply.  |          |                         |        |
|              | Own website Another's website X Upon request Other (explain on Schedule O)   |          |                         |        |
| 19           | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | finan    | cıal                    |        |
|              | 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 books and records   |          |                         |        |
|              | CARLA ALLEN - (406)567-2223  |          |                         |        |
|              | PO BOX 868, DENTON, MT 59430   |          |                         |        |
| 932006       | 01-20-20   | Forn     | 1 <b>990</b>            | (2019) |

932006 01-20-20

## Part VII 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.

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

| Check this box if neither the organi | 1                 | orga<br>I                      | nıza  |              |  | npen   | sat          |                         |                              |                        |  |
|--------------------------------------|-------------------|--------------------------------|---|--------------|--|--|--------------|-------------------------|------------------------------|------------------------|--|
| (A)                                  | (8)               | (C)<br>Position                |   |              |  |  |              | (D)                     | (E)                          | (F)                    |  |
| Name and title                       | Average           | (do                            | not c   | heck :       | more   | than o   | one          | Reportable              | Reportable                   | Estimated<br>amount of |  |
|                                      | hours per<br>week | offi                           | box, unless person is to<br>officer and a director/to |              |  | s bou<br>r/trus                                  | n an<br>tee) | compensation            | compensation<br>from related | amount of other        |  |
|                                      | (list any         | ğ                              |   |              |  |  |              | îțhe                    | organizations                | compensation           |  |
|                                      | hours for         | diec                           |   |              |  | 9  |              | organization            | (W-2/1099-MISC)              | from the               |  |
|                                      | related           | e e                            | stee  |              |  | arsat  | 1            | (W-2/1099;MISC)         | ,                            | organization           |  |
|                                      | organizations     | tros                           | 쿌   |              | oyee   | e e  |              |                         |                              | and related            |  |
|                                      | below             | Individual trustee or director | Institutional trustee                                 | <u>چ</u>     | Key employee                                     | Highest compensated employee                     | Former       |                         |                              | organizations          |  |
|                                      | line)             | 를                              | E   | Officer      | Ş.   | ₹5   | <u> </u>     | $\langle \cdot \rangle$ |                              |                        |  |
| (1) KAREN DAVIS                      | 1.00              | ١.,                            |   | ,,           | l  |  | <b>\</b>     |                         | 0                            | 0                      |  |
| DIRECTOR                             | 1 00              | X                              | ⊢   | X            | <del>                                     </del> |  | -            | 0.                      | 0.                           | 0.                     |  |
| (2) DALE STONE                       | 1.00              |                                |   |              | 1  |  | ~            | 0.                      | 0.                           | 0.                     |  |
| DIRECTOR                             |                   | X                              |   | _            | H  |  | ⊢            | 1 1                     | U •                          | <u> </u>               |  |
| (3) MIKE DEVRIES                     | 1.00              | ٠,                             |   | X            | ,\   | /  | -            | 0.                      | 0.                           | 0.                     |  |
| CHAIRMAN                             | 1 00              | X                              | <del>  /</del>  | ^            | <u>/</u> _                                       |  | -            | <u> </u>                | <u> </u>                     |                        |  |
| (4) LARRY BARBER                     | 1.00              | x                              | (   |              | '  | 1)   |              | 0.                      | 0.                           | 0.                     |  |
| VICE-CHAIRMAN (5) DONALD ENGELLANT   | 1.00              | ^                              | 1   | <u> </u>     |  | <del>  /</del>                                   | $\vdash$     | <u> </u>                |                              |                        |  |
| DIRECTOR                             | 1.00              | X                              |   | X            |  | 1  |              | 0.                      | 0.                           | 0                      |  |
| (6) JACK MCINTOSH                    | 1.00              | ^                              | ├   | ^            | ├  | ╁  | -            | · · · · · ·             | · ·                          |                        |  |
| DIRECTOR                             | 1.00              | X                              | ŀ   |              |  |  |              | 0.                      | 0.                           | 0 .                    |  |
| (7) LAURENCE HESS                    | 1.00              | 1                              | <b>†</b>  | ┢            | <del>                                     </del> |  | ╁╌           |                         |                              |                        |  |
| DIRECTOR                             | 1.00              | $\mathbf{x}$                   |   | 1            |  |  |              | 0.                      | 0.                           | 0.                     |  |
| (8) JIM WOODBURN                     | 1.00              | † <del></del>                  | ✝   | <b>†</b>     |  | <del>                                     </del> | $\vdash$     | <u> </u>                |                              |                        |  |
| SECRETARY/TREASURER                  |                   | X                              |   |              |  |  |              | 0.                      | 0.                           | 0.                     |  |
| (9) CARLA ALLEN                      | 40.00             |                                |   | Π            |  |  |              |                         |                              |                        |  |
| GENERAL MANAGER                      |                   |                                |   | X            |  |  | L            | 85,341.                 | 0.                           | 28,708.                |  |
|                                      |                   |                                |   |              |  |  |              |                         |                              |                        |  |
|                                      |                   |                                |   | L            |  |  | L            | •                       |                              |                        |  |
|                                      |                   |                                |   | İ            | l  |  |              |                         |                              | u.                     |  |
|                                      |                   |                                |   |              | L  | ┖  |              |                         |                              |                        |  |
|                                      |                   | ⇃                              |   |              |  |  |              |                         |                              |                        |  |
|                                      |                   | ↓_                             |   |              | ļ  | _  | ┖            |                         |                              |                        |  |
|                                      |                   | ]                              | 1   |              |  | 1  | 1            |                         |                              |                        |  |
|                                      |                   | 丄                              | _   | _            | <u> </u>   | ╙  | ┞-           |                         |                              |                        |  |
|                                      |                   |                                | ŀ   | l            | 1  | l  | ł            |                         |                              |                        |  |
|                                      |                   | <u> </u>                       | <u> </u>  | <u> </u>     | <u> </u>   | ┞  | ┞-           |                         |                              |                        |  |
|                                      |                   | 4                              |   | 1            |  |  |              |                         |                              |                        |  |
|                                      |                   | 1                              | 1-  | <del> </del> | <u> </u>   | <del> </del>                                     | $\vdash$     | -                       |                              |                        |  |
|                                      |                   | 4                              |   | 1            |  |  |              | 1                       |                              |                        |  |
|                                      |                   | ┼                              |   | <del> </del> | ـ  |  | $\vdash$     |                         |                              | <del></del>            |  |
|                                      |                   | -                              |   | 1            |  |  |              |                         |                              |                        |  |
|                                      |                   |                                | <u>L</u>  | <u></u>      |  | <u> </u>   | <u> </u>     | 1                       | <u> </u>                     | - 000                  |  |

Form 990 (2019)

| rar | Section A. Officers, Directors, Trus  | tees, Key Emr                                    | ploye                          | ees,                                    | and      | Hig          | ghes                         | t C      | ompensated Employee        | S (continued)     |          |                |              |
|-----|---|--|--------------------------------|---|----------|--------------|------------------------------|----------|----------------------------|-------------------|----------|----------------|--------------|
|     | . (A)   | (B)  | (C)                            |   |          | (D)          | (E)                          | ]        | (F)                        |                   |          |                |              |
|     | Name and title  | Average  | ۔ در                           | Position<br>(do not check more than one |          | Reportable   | Reportable                   |          | Estima                     | ted               |          |                |              |
|     |   | hours per  | box.                           | unles                                   | ss per   | son I        | s both                       | an       | compensation               | compensation      | ،        | amoun          | t of         |
|     | •   | week   | $\vdash$                       | er an                                   | dad      | recto        | r/trus                       | tee)     | from                       | from related      |          | othe           | r            |
|     |   | (list any  | eçi.                           |   |          |              |                              |          | the '                      | organızations     | . [      | compens        | ation        |
|     |   | hours for  | Individual trustee or director |   |          |              | ted                          |          | organization               | (W-2/1099-MIS     | C)       | from t         | he           |
|     |   | related  | stee 0                         | nste                                    |          |              | ensa                         |          | (W-2/1099-MISC)            |                   |          | organiza       | ation        |
|     |   | organizations                                    | i i                            | Institutional trustee                   |          | Key employee | Highest compensated employee |          |                            |                   |          | and rela       |              |
|     |   | below  | Mag                            | at di                                   | Officer  | dwa          | ploye                        | Former   |                            |                   | l        | organiza       | tions        |
|     | ·   | line)  | 삘                              | SE .                                    | Off      | Key          | 물등                           | For      |                            |                   |          |                |              |
|     |   |  |                                |   |          |              |                              |          |                            |                   |          |                |              |
|     |   | ļ  |                                |   |          | L            |                              |          |                            |                   |          |                |              |
|     |   |  |                                |   |          | ŀ            | ľ                            |          |                            |                   | }        |                |              |
|     |   |  |                                |   |          |              |                              |          |                            |                   |          |                |              |
|     |   |  |                                |   |          |              |                              |          |                            |                   |          |                |              |
|     |   |  |                                |   |          |              |                              |          |                            |                   | l        |                |              |
|     |   |  |                                |   |          |              |                              |          |                            |                   |          |                |              |
|     |   |  |                                |   |          | l            |                              |          |                            |                   | l        |                |              |
|     |   |  |                                |   |          | -            | 1                            | -        |                            |                   | -        |                |              |
|     |   |  |                                |   |          |              |                              |          |                            |                   |          |                |              |
|     |   | <del>                                     </del> |                                | _                                       |          | ├            |                              | -        | 1                          |                   | -        |                |              |
|     |   |  |                                |   |          | 1            |                              |          | / [ ]                      |                   | l        |                |              |
|     | · · · · · · · · · · · · · · · · · · ·   |  |                                |   |          | -            | ├                            | <u> </u> |                            |                   |          |                |              |
|     |   |  |                                |   |          |              |                              | ا ا      |                            |                   |          |                |              |
|     |   |  | _                              |   |          |              |                              | Ļ        | / ) )                      |                   | $\dashv$ |                |              |
|     |   | <u> </u>   |                                |   |          |              |                              |          |                            |                   |          |                |              |
|     |   |  |                                |   |          |              |                              | -        |                            |                   |          |                |              |
|     |   |  | Į                              |   |          | 1            |                              | -        |                            |                   |          |                |              |
|     |   |  |                                |   |          |              |                              |          | * 1                        |                   |          |                |              |
| 1b  | Subtotal  |  |                                |   |          | V            |                              |          | */ 85,3 <b>41</b> .        |                   | 0.       | 28,7           | <u> 708.</u> |
| С   | Total from continuation sheets to Part VI   |  |                                |   |          | 7            | Modera                       |          | 0.                         |                   | 0.       |                | 0.           |
|     | Total (add lines 1b and 1c)   |  |                                | 1                                       |          |              |                              |          | 85,341.                    |                   | 0.       | 28,7           | 708.         |
| 2   | Total number of individuals (including but n  |  | ose                            | liste                                   | dab      | ove          | ) wh                         | o re     | ceived more than \$100,    | 000 of reportable |          |                |              |
| _   | compensation from the organization  |  |                                | /                                       | •        | _            |                              |          |                            | •                 |          |                | 0            |
|     |   |  |                                |   | <u> </u> |              |                              |          |                            |                   |          | Yes            | No           |
| 3   | Did the organization list any former officer,   | director trust                                   | ee k                           | ev e                                    | mol      | ove          | e or                         | hia      | hest compensated emp       | lovee on          |          |                |              |
| J   | •   | •  | •                              | •                                       | •        | •            |                              | •        | •                          | •                 | _        | 3              | X            |
|     | line 1a? If "Yes," complete Schedule J for s<br>For any individual listed on line 1a, is the su |  |                                |   |          |              |                              |          |                            |                   | -        | <del>-</del>   | +==-         |
| 4   | •   | •  |                                | -                                       |          |              |                              |          | ·                          | ne organization   | -        | 4              | X            |
| _   | and related organizations greater than \$150  |  |                                |   |          |              |                              |          |                            |                   | ·  -     | 4              | 1            |
| 5   | Did any person listed on line 1a receive or a   |  |                                |   |          |              |                              | elate    | od organization or individ | dual for services |          |                | X            |
| _   | rendered to the organization? If "Yes." con   | plete Schedul                                    | e <i>J f</i> e                 | or su                                   | ich i    | oers         | on                           |          |                            | <del></del>       |          | 5              | <u> </u>     |
|     | tion B. Independent Contractors   |  |                                |   |          |              |                              |          |                            |                   |          |                |              |
| 1   | Complete this table for your five highest co  |  |                                |   |          |              |                              |          |                            |                   | ensatic  | n trom         |              |
|     | the organization. Report compensation for   | the calendar ye                                  | ear e                          | ndır                                    | ıg w     | rth c        | or wi                        | thin     | •                          | ear.              |          |                | <del></del>  |
|     | (A)   |  |                                |   | _        |              |                              | -        | (B)                        |                   | 0-       | (C)            |              |
|     | Name and business   | address  | N                              | NE                                      | <u> </u> |              |                              |          | Description of s           | services          | Co       | mpensati       | on .         |
|     |   |  |                                |   |          |              |                              | [        |                            |                   |          |                |              |
|     |   |  |                                |   |          |              |                              | _        |                            |                   |          |                |              |
|     |   |  |                                |   |          |              |                              | -        |                            |                   |          |                |              |
|     |   |  |                                |   |          |              |                              |          |                            | <u></u>           |          |                |              |
|     |   |  |                                |   |          |              |                              | Į        |                            | T                 |          |                |              |
|     |   |  |                                |   |          |              |                              | l        |                            |                   |          |                |              |
|     |   |  |                                |   |          |              |                              |          |                            |                   |          |                |              |
|     |   |  |                                |   |          |              |                              | - [      |                            |                   |          |                |              |
|     |   |  |                                |   |          |              |                              | $\dashv$ | <del></del>                |                   |          |                |              |
|     |   |  |                                |   |          |              |                              | 1        |                            | 1                 |          |                |              |
| _   | Total number of independent contractors (i  | noludina hid a                                   | Ot 1:-                         | nitos                                   | 1 + ^ -  | thar         | مرا م                        | tod      | above) who received m      | ore than          |          |                |              |
| 2   | -   | _  | Or III                         | ını <del>c</del> (                      |          |              | se iis<br>O                  | .cu      | andver will received the   | ore triall        |          |                |              |
|     | \$100,000 of compensation from the organi   | zation 📂   |                                |   | -        |              |                              |          |                            |                   |          | orm <b>990</b> | (0010)       |
|     |   |  |                                |   |          |              |                              |          |                            |                   |          |                |              |

932008 01-20-20

Form 990 (2019) CENTRAL MONTANA RAIL
Part VIII Statement of Revenue

|  |    |   | Check if Schedule O contains a response of          | or note to any lin | e in this Part VIII                     |  |                                       |  |
|--|----|---|---|--------------------|---|--|---------------------------------------|--|
|  |    |   |   |                    | (A) Total revenue                       | (B) Related or exempt function revenue | (C) Unrelated business revenue        | (D) Revenue excluded from tax under sections 512 - 514 |
| 9 9  | 1  |   | Federated campaigns 1a                              |                    |   |  |                                       | , - 1  |
| Contributions, Gifts, Grants and Other Similar Amounts | •  |   | Membership duce                                     |                    |   |  | 1                                     | İ  |
| 6 8  |    |   | Fundamina supeta                                    | <del></del>        |   |  |                                       | ' '  |
| \$.4   |    |   | Fundraising events 1c                               |                    |   | ,                                      |                                       | l., , , , ,  |
| 윤혈   |    |   | Related organizations Id                            |                    |   | •                                      | • • •                                 |  |
| S, E   |    |   | Government grants (contributions) 1e                |                    |   |  |                                       |  |
| 탈껇   |    | f | All other contributions, gifts, grants, and         |                    |   |  |                                       |  |
| 寶  |    |   | similar amounts not included above 1f               |                    |   |  | ļ                                     |  |
| 붙입   |    | 9 | Nancash contributions included in lines 1a-1f 1g \$ |                    |   |  |                                       |  |
| <u> 유</u>  |    | h | Total. Add lines 1a-1f                              |                    |   |  |                                       | i  |
|  |    |   | ;   | Business Code      |   |  |                                       |  |
| یو   | 2  | а | CONTRACTED JOBS                                     | 480000             | 113,487.                                | 113,487.                               |                                       |  |
| ξ  |    | b | EXCURSIONS  | 480000             | 73,500.                                 | 73,500.                                |                                       |  |
| Sea  |    | c | FREIGHT/TRANSPORATION INCOME                        | 480000             | 29,250.                                 | 29,250.                                |                                       |  |
| E S  |    | d |   |                    |   |  |                                       |  |
| Pag  |    | ~ |   |                    |   | À                                      |                                       |  |
| Program Service<br>Bevenue                             |    | 4 | All other program conting revenue                   |                    |   | 11                                     |                                       |  |
| _  |    |   | All other program service revenue                   |                    | 216,237.                                | <del>- 1</del>                         |                                       |  |
|  |    | 9 | Total. Add lines 2a-2f                              |                    | 210,251.                                |  |                                       |  |
|  | 3  |   | Investment income (including dividends, interes     |                    | 64 /359.                                |  |                                       | 64 350   |
|  |    |   | other similar amounts)                              |                    | 64 /339,                                | <u>}</u>                               |                                       | 64,359.  |
|  | 4  |   | Income from investment of tax-exempt bond pr        | roceeds            |   |  |                                       |  |
|  | 5  |   | Royalties   |                    |   | \$                                     |                                       |  |
|  |    |   | (i) Real  | (ii) Personal      |   |  |                                       |  |
|  | 6  | а | Gross rents 6a 776,613.                             | 11,740.            | { (                                     |  |                                       |  |
|  |    | b | Less: rental expenses 6b 0.                         | 0.                 |   |  |                                       |  |
|  |    | С | Rental income or (loss) 6c 776,613.                 | 11,740.            | 7                                       |  |                                       |  |
|  |    | đ | Net rental income or (loss)                         | /≱_                | <b>(</b> 788,353.                       |  |                                       | 788,353.   |
| j  | 7  | а | Gross amount from sales of (i) Securities           | (ii) Other 🔪       | ))                                      |  |                                       |  |
|  |    |   | assets other than inventory 7a 1,193,785.           |                    |   |  |                                       | ļ  |
|  |    | ь | Less: cost or other basis                           | ,                  |   |  |                                       | l i  |
| <u>a</u>   |    |   | and sales expenses 7b 977,121.                      |                    |   |  |                                       |  |
| Revenue  |    | c | Gain or (loss) 7c 216,664.                          |                    |   |  |                                       |  |
| ě  |    |   | Not goin or (loss)                                  |                    | 216,664.                                | <u> </u>                               | · · · · · · · · · · · · · · · · · · · | 216,664.   |
| her F  | ۰  |   | Gross income from fundraising events (not           | _ <del></del>      | , |  |                                       | ,  |
| Ott  | •  | a | including \$ of                                     |                    |   |  |                                       | ·  |
| ٥  |    |   |   |                    |   |  |                                       |  |
|  |    |   | contributions reported on line 1c). See             |                    |   |  |                                       | _  |
|  |    |   | Part IV, line 18                                    |                    | •                                       |  |                                       |  |
|  |    |   | Less: direct expenses                               |                    |   |  | <del></del>                           |  |
|  |    |   | Net income or (loss) from fundraising events        | ··· · •            |   |  | <del> </del>                          |  |
|  | 9  | a | Gross income from gaming activities. See            |                    | ,                                       | y (+-                                  |                                       |  |
|  |    |   | Part IV, line 19                                    |                    |   |  | ,                                     |  |
|  |    | b | Less: direct expenses 9b                            |                    | · · · · · · · · · · · · · · · · · · ·   |  |                                       |  |
|  |    |   | Net income or (loss) from gaming activities         | ▶                  |   |  | ļ                                     |  |
|  | 10 | ۵ | Gross sales of inventory, less retuins              |                    |   |  | , - i.m                               | - 21 44  |
|  |    |   | and allowances 10a                                  |                    |   |  |                                       |  |
|  |    | b | Less: cost of goods sold 10b                        |                    |   |  |                                       |  |
| _  |    | С | Net income or (loss) from sales of inventory        | <b>.</b>           |   |  |                                       |  |
|  |    |   |   | Business Code      |   |  | •                                     |  |
| Snc  | 11 | а | SALE OF TRACK MILES CREDIT                          | 480000             | 380,000.                                | 380,000.                               |                                       |  |
| JE ST  |    | - | MISCELLANEOUS                                       | 480000             | 22,571.                                 | 22,571.                                |                                       |  |
| e Ker  |    | ~ |   | 480000             | 460.                                    | 460.                                   |                                       |  |
| Miscellaneous<br>Revenue                               |    | • | All other revenue                                   |                    |   |  |                                       |  |
| Ξ  |    |   | Total. Add lines 11a-11d                            |                    | 403,031.                                |  | · · · · · · · · · · · · · · · · · · · |  |
|  | 40 | Ç |   |                    | 1,688,644.                              | 619,268.                               | 0.                                    | 1,069,376.   |
|  | 12 |   | Total revenue. See instructions                     |                    | -,000,044.                              | ,200.                                  |                                       | _,_,,,,,,,,  |

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Form 990 (2019) CENTRAL MONTANA RAIL
Part IX Statement of Functional Expenses

|            | Check if Schedule O contains a respons  | (A)            | (B)                         | (Ċ) T                               | (D)                                    |
|------------|---|----------------|-----------------------------|-------------------------------------|--|
|            | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.                              | Total expenses | Program service<br>expenses | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>expenses |
| 1          | Grants and other assistance to domestic organizations   |                |                             |                                     |  |
|            | and domestic governments. See Part IV, line 21  |                |                             |                                     | <del></del>                            |
| 2          | Grants and other assistance to domestic   |                |                             |                                     |  |
|            | ındıviduals. See Part IV, line 22   | · <del></del>  |                             |                                     |  |
|            | 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,  | 85,341.        | 68,273.                     | 17,068.                             |  |
|            | trustees, and key employees   | 00,341.        | 00,2/3.                     | 17,000.                             | <del></del>                            |
|            | Compensation not included above to disqualified   |                |                             |                                     |  |
|            | persons (as defined under section 4958(f)(1)) and   |                |                             |                                     |  |
|            | persons described in section 4958(c)(3)(B)  | 285,242.       | 228,194.                    | 57,048.                             | ·                                      |
|            | Other salaries and wages Pension plan accruals and contributions (include                             | 200,242.       | 220,12±0                    | 37,040.                             |  |
|            | section 401(k) and 403(b) employer contributions)   |                | [2]                         |                                     |  |
|            |   | 161,387.       | 12931103                    | 32,277.                             |  |
|            | Other employee benefits   | 79,649.        | 63,719                      |                                     |  |
|            | Payroll taxes   | 13,0436        | 17                          | 23/3301                             |  |
|            |   |                |                             |                                     |  |
|            |   |                | Card San                    |                                     |  |
|            | Legal   | 8,250.         | 8 250.                      |                                     |  |
|            | Lobbying,   |                | ( \)                        |                                     |  |
|            | Professional fundraising services. See Part IV, line 17   | Ţ,             |                             |                                     |  |
|            | Investment management fees  |                |                             |                                     |  |
|            | Other. (If line 11g amount exceeds 10% of line 25,  |                | <b>(A)</b>                  |                                     | -                                      |
| _          | column (A) amount, list line 11g expenses on Sch O.)  | 188.           | 188.                        |                                     |  |
|            | Advertising and promotion   | 1,492          | ₽⁄                          | 1,492.                              |  |
|            | Office expenses   | 5,377.         |                             | 5,377.                              |  |
|            | Information technology  |                |                             |                                     |  |
| 15         | Royalties   |                |                             |                                     |  |
| 16         | Occupancy   | 17,461.        | 13,969.                     | 3,492.                              | · · · · · · · · · · · · · · · · · · ·  |
|            | Travel  | 560.           | 560.                        |                                     |  |
|            | Payments of travel or entertainment expenses  |                |                             |                                     |  |
|            | for any federal, state, or local public officials   |                |                             |                                     | ·                                      |
| 9          | Conferences, conventions, and meetings  | 4,325.         | 4,325.                      |                                     |  |
| 20         | Interest  | 25,258.        |                             | 25,258.                             |  |
| 1          | Payments to affiliates  |                |                             |                                     | ······································ |
| 2          | Depreciation, depletion, and amortization   | 417,301.       | 333,841.                    | 83,460.                             |  |
| 3          | Insurance   | 36,307.        | 29,046.                     | 7,261.                              |  |
| <b>.</b> 4 | 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 0.)  |                |                             |                                     |  |
| а          | FUEL  | 47,452.        | 47,452.                     |                                     |  |
| b          | WEED CONTROL  | 22,798.        | 22,798.                     |                                     |  |
| С          | VEHICLE EXPENSE   | 15,609.        | 15,609.                     |                                     |  |
| d          | MISCELLANEOUS   | 13,072.        | 13,072.                     | 4 000                               |  |
| е          | All other expenses  | 31,402.        | 27,374.                     | 4,028.                              | ^                                      |
| 5          | Total functional expenses. Add lines 1 through 24e  | 1,258,471.     | 1,005,780.                  | 252,691.                            | 0                                      |
| :6         | Joint costs. Complete this line only if the organization  |                |                             |                                     |  |
|            | reported in column (B) joint costs from a combined  |                |                             |                                     |  |
|            | educational campaign and fundraising solicitation.  |                | 1                           |                                     |  |

|                             | 990 ( | 2019) CENTRAL MONTANA RAIL  |  | <u>8T-</u> | 0429050 Page 11                       |
|-----------------------------|-------|---|--|------------|---------------------------------------|
| Par                         | t X   | Balance Sheet   | <u></u>                                |            |                                       |
|                             |       | Check if Schedule O contains a response or note to any line in this Part X  |  |            |                                       |
|                             |       |   | (A)<br>Beginning of year               |            | (B)<br>End of year                    |
|                             | 1.    | Cash - non-interest-bearing   | 392,825.                               | 1          | 253,721.                              |
|                             | 2     | Savings and temporary cash investments  | 263,377.                               | 2          | 436,392                               |
|                             | 3     | Pledges and grants receivable, net  |  | _3_        |                                       |
|                             | 4     | Accounts receivable, net  | 111,323.                               | 4          | 495,054                               |
|                             | 5     | 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          |                                       |
|                             | 6     | 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          | · · · · · · · · · · · · · · · · · · · |
| ıs                          | 7     | Notes and loans receivable, net   |  | 7          |                                       |
| Assets                      | 8     | Inventories for sale or use   | 550,718.                               | 8          | 546,808                               |
| ë                           | 9     | Prepaid expenses and deferred charges   | 41,547.                                | 9          | 43,123                                |
|                             | 10a   | Land, buildings, and equipment: cost or other   |  |            |                                       |
|                             |       | basis. Complete Part VI of Schedule D 10a 16,201,847.   |  |            |                                       |
|                             | ь     | Less: accumulated depreciation 10b 12,293,825.  | 4,214,420.                             | 10c        | 3,908,022                             |
|                             | 11    | Investments - publicly traded secunties   | (2,449,614.                            | 11         | 2,732,490                             |
|                             | 12    | Investments - other securities. See Part IV, line 11  | 11                                     | 12         |                                       |
|                             | 13    | Investments · program-related. See Part IV, line 11   |  | 13         |                                       |
|                             | 14    | Intangible assets   | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 14         | 5 240                                 |
|                             | 15    | Other assets. See Part IV, line 11  | 6,681.                                 | 15         | 7,348                                 |
|                             | 16    | Total assets. Add lines 1 through 15 (must equal line 33)   | / 8,030,505.                           | 16         | 8,422,958                             |
|                             | 17    | Accounts payable and accrued expenses   | 12,947.                                |            | 52,062                                |
|                             | 18    | Grants payable  | 24 000                                 | 18         | 32 000                                |
|                             | 19    | Deferred revenue  | 34,000.                                | 19         | 32,000                                |
|                             | 20    | Tax-exempt bond liabilities   |  | 20         |                                       |
|                             | 21    | Escrow or custodial account liability. Complete Part IV of Schedule D   | ·                                      | 21         |                                       |
| es                          | 22    | Loans and other payables to any current or former officer director,   |  |            | ,                                     |
| Ξ                           |       | trustee, key employee, creator or founder, substantial contributor, or 35%  |  |            |                                       |
| Liabilities                 |       | controlled entity or family member of any of these persons  | 508,382.                               | 22         | 433,547                               |
| _                           | 23    | Secured mortgages and notes payable to unrelated third parties  | 300,302.                               | 24         | 433,341                               |
|                             | 24    | Unsecured notes and loans payable to unrelated third parties  | <del></del>                            | 24         |                                       |
|                             | 25    | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X |  |            |                                       |
|                             |       | of Schedule D   |  | 25         |                                       |
|                             | 26    | Total liabilities. Add lines 17 through 25  | 555,329.                               | 26         | 517,609                               |
|                             | 20    | Organizations that follow FASB ASC 958, check here  |  |            |                                       |
| S                           |       | and complete lines 27, 28, 32, and 33.  |  |            |                                       |
| Š                           | 27    | Net assets without donor restrictions   |  | 27         |                                       |
| 3ala                        | 28    | Net assets with donor restrictions  |  | 28         |                                       |
| ğ                           |       | Organizations that do not follow FASB ASC 958, check here   |  |            |                                       |
| FE                          |       | and complete lines 29 through 33.   |  |            |                                       |
| ğ                           | 29    | Capital stock or trust principal, or current funds  | 0.                                     | 29         | 0                                     |
| ë                           | 30    | Paid-in or capital surplus, or land, building, or equipment fund  | 0.                                     | 30         | 0.                                    |
| Net Assets or Fund Balances | 31    | Retained earnings, endowment, accumulated income, or other funds  | 7,475,176.                             | 31         | 7,905,349                             |
| et                          | 32    | Total net assets or fund balances   | 7,475,176.                             | 32         | 7,905,349                             |
| Z                           | ,     |   | 9 030 E0E                              |            | 9 422 959                             |

8,422,958. Form 990 (2019)

8,030,505.

Total liabilities and net assets/fund balances

Form 990 (2019)

## **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(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 Inspection].

Name of the organization

**Employer identification number** 

| Pai  | t II Organizations Maintaining Donor Advised                                       |  | or Accounts Complete 4ths              |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|
| rial | <del></del>  |  | of Accounts. Complete if the           |  |  |  |  |  |  |
|      | organization answered "Yes" on Form 990, Part IV, line (                           | (a) Donor advised funds                    | (b) Funds and other accounts           |  |  |  |  |  |  |
|      | Total asymphosis and of super  | (a) Donor advised funds                    | (b) runus and other accounts           |  |  |  |  |  |  |
| 1    | Total number at end of year  |  |  |  |  |  |  |  |  |
| 2    | Aggregate value of contributions to (during year)                                  | 1  |  |  |  |  |  |  |  |
| 3    | Aggregate value of grants from (during year)                                       |  |  |  |  |  |  |  |  |
| 4    | Aggregate value at end of year   | **   | - d £ d -                              |  |  |  |  |  |  |
| 5    | Did the organization inform all donors and donor advisors in wri                   |  | <del></del>                            |  |  |  |  |  |  |
| ^    | are the organization's property, subject to the organization's ex                  | _  | Yes L. No                              |  |  |  |  |  |  |
| 6    | Did the organization inform all grantees, donors, and donor adv                    | ~ ~ ~                                      | •                                      |  |  |  |  |  |  |
|      | for charitable purposes and not for the benefit of the donor or d                  |  |  |  |  |  |  |  |  |
| Pai  | impermissible private benefit?  tili Conservation Easements. Complete if the organ | nization answered "Ves" on Form 990 F      |  |  |  |  |  |  |  |
| 1    | Purpose(s) of conservation easements held by the organization                      | <del></del>                                | -art iv, iiiie 7.                      |  |  |  |  |  |  |
| 1    | Preservation of land for public use (for example, recreation                       | At   | a historically important land area     |  |  |  |  |  |  |
|      | Protection of natural habitat  |  | a certified historic structure         |  |  |  |  |  |  |
|      | Preservation of open space   | reservation of                             | a certified historic structure         |  |  |  |  |  |  |
| 2    | Complete lines 2a through 2d if the organization held a qualified                  | d conservation contribution in the form    | of a concentation essement on the last |  |  |  |  |  |  |
| 2    | day of the tax year.   | d conservation contribution in the topin t | Held at the End of the Tax Year        |  |  |  |  |  |  |
| а    | Total number of conservation easements   |  | 2a                                     |  |  |  |  |  |  |
| h    | Total acreage restricted by conservation easements                                 |  | 2b                                     |  |  |  |  |  |  |
| C    | Number of conservation easements on a certified historic struct                    | ture included in (a)                       | 2c                                     |  |  |  |  |  |  |
| q    | Number of conservation easements included in (c) acquired after                    |  |  |  |  |  |  |  |  |
| _    | listed in the National Register  |  | 2d                                     |  |  |  |  |  |  |
| 3    | Number of conservation easements modified, transferred, relea                      | sed extinguished or terminated by the      | · \                                    |  |  |  |  |  |  |
| •    | year >   |  | organization calling the table         |  |  |  |  |  |  |
| 4    | Number of states where property subject to conservation easement is located        |  |  |  |  |  |  |  |  |
| 5    |  |  |  |  |  |  |  |  |  |
|      | violations, and enforcement of the conservation easements it he                    |  | Yes No                                 |  |  |  |  |  |  |
| 6    | Staff and volunteer hours devoted to monitoring, inspecting, ha                    |  | servation easements during the year    |  |  |  |  |  |  |
|      | <b>•</b>   |  |  |  |  |  |  |  |  |
| 7    | Amount of expenses incurred in monitoring, inspecting, handlin                     | g of violations, and enforcing conservat   | tion easements during the year         |  |  |  |  |  |  |
|      | <b>▶</b> \$  |  |  |  |  |  |  |  |  |
| 8    | Does each conservation easement reported on line 2(d) above s                      | satisfy the requirements of section 170(   | h)(4)(B)(i)                            |  |  |  |  |  |  |
|      | and section 170(h)(4)(B)(ii)?  |  | Yes No                                 |  |  |  |  |  |  |
| 9    | In Part XIII, describe how the organization reports conservation                   | easements in its revenue and expense       | statement and                          |  |  |  |  |  |  |
|      | balance sheet, and include, if applicable, the text of the footnot                 | e to the organization's financial stateme  | ents that describes the                |  |  |  |  |  |  |
|      | organization's accounting for conservation easements.                              |  |  |  |  |  |  |  |  |
| Pai  | tilli Organizations Maintaining Collections of A                                   |  | her Similar Assets.                    |  |  |  |  |  |  |
|      | Complete if the organization answered "Yes" on Form 99                             |  | ,                                      |  |  |  |  |  |  |
| 1a   | If the organization elected, as permitted under FASB ASC 958,                      |  |  |  |  |  |  |  |  |
|      | of art, historical treasures, or other similar assets held for public              |  |  |  |  |  |  |  |  |
|      | service, provide in Part XIII the text of the footnote to its financi              |  |  |  |  |  |  |  |  |
| b    | If the organization elected, as permitted under FASB ASC 958,                      |  |  |  |  |  |  |  |  |
|      | art, historical treasures, or other similar assets held for public ex              | xhibition, education, or research in furth | erance of public service,              |  |  |  |  |  |  |
|      | provide the following amounts relating to these items:                             |  |  |  |  |  |  |  |  |
|      |  |  | \$                                     |  |  |  |  |  |  |
|      | •  |  | • \$                                   |  |  |  |  |  |  |
| 2    | If the organization received or held works of art, historical treas                | •  | gain, provide                          |  |  |  |  |  |  |
|      | the following amounts required to be reported under FASB ASC                       |  | <b>*</b> •                             |  |  |  |  |  |  |
| а    | Revenue included on Form 990, Part VIII, line 1                                    |  |  |  |  |  |  |  |  |
| b    | Assets included in Form 990, Part X  | · · · · · · · · · · · · · · · · · · ·      | ▶.\$                                   |  |  |  |  |  |  |

Schedule D (Form 990) 2019

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

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2019

| (a) Decerini  | tion of security or category (including name of security)   | (b) Book value                        | 11b. See Form 990, Part X, line 12.  (c) Method of valuation. Cost or end-of-year market value |
|---|---|---------------------------------------|--|
|   |   | (D) BOOK VAIGE                        | (c) Michiga of Valuation. Cost of Grid of your market value                                    |
|   | al derivatives  |                                       |  |
| -   | meid equity interests   |                                       | -  |
| Other   |   |                                       |  |
| (A)   | <del></del>   | <del></del>                           |  |
| (B)   |   |                                       |  |
| (C)   |   |                                       |  |
| (D)<br>(C)  |   | · · · · · · · · · · · · · · · · · · · |  |
| (E)   | ,   |                                       |  |
| (F)   |   |                                       |  |
| (G)   |   |                                       |  |
| (H)   |   |                                       |  |
|   | o) must equal Form 990, Part X, col. (8) line 12.)  | <u> </u>                              |  |
| art VIII  | Investments - Program Related.  |                                       |  |
|   | Complete if the organization answered "Yes"   |                                       | 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value |
|   | (a) Description of investment   | (b) Book value                        | (c) Method of Valuation. Cost of end-of-year market Value                                      |
| (1)   |   |                                       | <u> </u>   |
| (2)   |   |                                       | <u> </u>   |
| (3)   |   |                                       | l-,-1  |
| (4)   |   |                                       |  |
| (5)   |   |                                       |  |
| (6)   |   |                                       | <del>/////</del>   |
| (7)   |   |                                       |  |
| (7)   |   |                                       |  |
| (7)<br>(8)  |   |                                       |  |
| (8)<br>(9)  |   | (6                                    |  |
| (8)<br>(9)<br>tal. (Col. (I   | b) must equal Form 990, Part X, col. (B) line 13.)  |                                       |  |
| (8)<br>(9)  | Other Assets.   |                                       |  |
| (8)<br>(9)<br>al. (Col. (I  | Other Assets.  Complete if the organization answered "Yes"  |                                       |  |
| (8)<br>(9)<br>al. (Col. (I  | Other Assets.  Complete if the organization answered "Yes"  | on Form 990, Part IV, line.           | 1.1d. See Form 990, Part X, line 15.  (b) Book value   |
| (8)<br>(9)<br>al. (Col. (I  | Other Assets.  Complete if the organization answered "Yes"  |                                       |  |
| (8)<br>(9)<br>al. (Col. (i<br>art IX  | Other Assets.  Complete if the organization answered "Yes"  |                                       |  |
| (8)<br>(9)<br>al. (Col. (I<br>art IX )  | Other Assets.  Complete if the organization answered "Yes"  |                                       |  |
| (8)<br>(9)<br>al. (Col. (I<br>art IX )  | Other Assets.  Complete if the organization answered "Yes"  |                                       |  |
| (8)<br>(9)<br>al. (Col. (I<br>art IX )<br>(1)<br>(2)<br>(3)   | Other Assets.  Complete if the organization answered "Yes"  |                                       |  |
| (8)<br>(9)<br>al. (Col. (I<br>art IX )<br>(1)<br>(2)<br>(3)<br>(4)  | Other Assets.  Complete if the organization answered "Yes"  |                                       |  |
| (8)<br>(9)<br>al. (Col. (I<br>art IX )<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)   | Other Assets.  Complete if the organization answered "Yes"  |                                       |  |
| (8)<br>(9)<br>al. (Col. (1)<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)  | Other Assets.  Complete if the organization answered "Yes"  |                                       |  |
| (8)<br>(9)<br>al. (Col. (1)<br>art IX (1)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)  | Other Assets.  Complete if the organization answered "Yes"  |                                       |  |
| (8)<br>(9)<br>al. (Col. (1)<br>art IX (1)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>tal. (Colu  | Other Assets.  Complete if the organization answered "Yes"  (a)  (a)  (b) must equal Form 990. Part X. col. (B) lim  Other Liabilities.   | e 15.)                                | (b) Book value   |
| (8)<br>(9)<br>al. (Col. (I<br>art IX)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)  | Other Assets.  Complete if the organization answered "Yes"  (a)  (a)  (b) must equal Form 990. Part X. col. (B) lin  Other Liabilities.  Complete if the organization answered "Yes"                              | e 15.)                                | (b) Book value  (b) Book value   |
| (8)<br>(9)<br>al. (Col. (1)<br>art IX (1)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>tal. (Colu  | Other Assets.  Complete if the organization answered "Yes"  (a)  (a)  (b) must equal Form 990. Part X. col. (B) lim  Other Liabilities.   | e 15.)                                | (b) Book value   |
| (8)<br>(9)<br>al. (Col. (1)<br>art IX (2)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>tal. (Colu  | Other Assets.  Complete if the organization answered "Yes"  (a)  (a)  (b) must equal Form 990. Part X. col. (B) lin  Other Liabilities.  Complete if the organization answered "Yes"                              | e 15.)                                | (b) Book value  (b) Book value   |
| (8)<br>(9)<br>al. (Col. (1)<br>art IX (2)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>tal. (Colument X (2)  | Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990. Part X. col. (B) lim  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability | e 15.)                                | (b) Book value  (b) Book value   |
| (8)<br>(9)<br>al. (Col. (1)<br>art IX (2)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>tal. (Colument X (1)) Fed   | Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990. Part X. col. (B) lim  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability | e 15.)                                | (b) Book value  (b) Book value   |
| (8) (9) al. (Col. (I) art IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnart X  (1) Fed (2)  | Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990. Part X. col. (B) lim  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability | e 15.)                                | (b) Book value  (b) Book value   |
| (8) (9) al. (Col. (I art IX)  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu art X  (1) Fed (2) (3) (4)   | Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990. Part X. col. (B) lim  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability | e 15.)                                | (b) Book value  (b) Book value   |
| (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnant X (1) Feed (2) (3) (4) (5)  | Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990. Part X. col. (B) lim  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability | e 15.)                                | (b) Book value  (b) Book value   |
| (8)<br>(9)<br>al. (Col. (I<br>art IX )<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>tal. (Colu<br>art X )<br>(1) Fed<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9) | Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990. Part X. col. (B) lim  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability | e 15.)                                | (b) Book value  (b) Book value   |
| (8) (9) al. (Col. (I) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnt X) (1) Fed (2) (3) (4) (5) (6) (7)  | Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990. Part X. col. (B) lim  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability | e 15.)                                | (b) Book value  (b) Book value   |
| (8)<br>(9)<br>al. (Col. (I<br>art IX )<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>tal. (Colu<br>art X )<br>(1) Fed<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9) | Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990. Part X. col. (B) lim  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability | e 15.)                                | (b) Book value  (b) Book value   |

Schedule D (Form 990) 2019

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CENTRAL MONTANA RATI

**Employer identification number** 81-0429050

| CENTRAL MONTANA RATIL 01-0425000  |
|---|
| FORM 990, PART VI, SECTION B, LINE 11B:                                   |
| LINE 11A EXPLANATION - BOARD OF DIRECTORS REVIEWS AND SIGNS FORM 990 IN   |
| CONJUNCTION WITH AUDIT EXIT CONFERENCE.                                   |
|   |
| 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 19:                                    |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS / POLICIES AND FINANCIAL   |
| STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.                          |
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