Form 990 (Rev. January, 2020)
Department of the Treasury Internal Revenue Service

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.

2019
Open;to Public Inspection

Α	For the	2019 calendar year, or tax year beginning and endi	ing				
В	Check if	C Name of organization		D Employer identific	ation number		
•	applicable						
	Addre:						
	Name chang	Doing business as		81-042905	50		
	lnıtıal return	Number and street (or P.O. box if mail is not delivered to street address) Roor	E Telephone number	Telephone number			
	Final return/	PO BOX 868		406-567-2			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	<u>2,665,765.</u>			
	Ameno	DENION, MI 39430-0808		H(a) Is this a group ref			
	Applic tion pendir	F Name and address of principal officer MIKE DEVKIES	n	for subordinates?	= =		
		SAME AS C ABOVE	ጉ/	H(b) Are all subordinates inc			
		in by status and is in taken as the content of the	V 527	1	ist. (see instructions)		
		e: ▶ N/A		H(c) Group exemption			
			L Year (of formation: 1965 M	State of legal domicile: MT		
[Par	artiii	Summary Briefly describe the organization's mission or most significant activities RAIL TF	D A NIC	PORT AND RAI	т.		
é	1	Briefly describe the organization's mission or most significant activities RAIL TE REHABILITATION SERVICES	CAMA.	PORT AND RAI	.⊔		
Governance		Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net asse	ote .		
Jerr	3	Number of voting members of the governing body (Part VI, line 1a)	JI IIIOI E	3	8		
ő	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8		
		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	7		
ij	6	Total number of volunteers (estimate if necessary)		6	0		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
ĕ	Ь	Net unrelated business taxable income from Form 990-T, line 39		7b	0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.	0.		
	9	Program service revenue (Part VIII, line 2g)		216,225.	216,237.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		202,077.	281,023.		
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		941,014.	1,191,384.		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,359,316.	1,688,644.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	\vdash	594,832. 611,619			
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	·	665,315.	646,852.		
	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,260,147.	1,258,471.		
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	1	99,169.	430,173.		
<u></u>			C) Re	ginning of Current Year	End of Year		
t Assets or	20	Total lassets (Part X, line 16) Total liabilities (Part X, line 26)	RS-OSC	8,030,505.	8,422,958.		
Asse	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	<u>الركز</u>	555,329.	517,609.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20	#! <u> </u>	7,475,176.	7,905,349.		
		Signature Block LUGUEN. UT					
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	l stateme	ents, and to the best of my	knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of properer (other than officer) is based on all information of which p	preparer	has any knowledge.			
		x mhi allheb		· · · · · · · · · · · · · · · · · · ·	2)0		
Sig	ın	Signature of officer .		Date			
He	re	MIKE DEVRIES, CHAIRMAN			<u> </u>		
		Type or print name and title	Tř	Data Laur	T DTIN		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai -		SARAH STANGER, CPA SARAH STANGER, CPA	K	self-employe	P01407904		
	parer	Firm's name ANDERSON ZURMUEHLEN & CO., P.C.		Firm's EIN ▶ 3	81-0385940		
Use	Only	Firm's address 21 10TH STREET SOUTH		Dh 4.04	6-727-0888		
		GREAT FALLS, MT 59401		Prione no. 4 0 0	X Yes No		
Ma	y τne II	RS discuss this return with the preparer shown above? (see instructions)			Form 990 (2019)		

Form	m 990 (2019) CENTRAL MONTANA RAIL		81-042	19050	Page 2
Pa	art 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 SER				
2	Did the organization undertake any significant program services during the year prior Form 990 or 990-EZ?	which were not listed on	the	Yes	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it con	nducts. anv program ser	vices?	Yes	X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomplishments for each of its three Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of the each program service reported.				d
4a	4 005 500) (Revenue \$	619,2	268.)
	PROVIDE RAIL TRANSPORT SERVICES AND REHAM		F RAILWAYS	TO THE	3
	AREAS SURROUNDING GERALDINE AND DENTON, I	MONTANA.			
					
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
					
		~	-		
		·····	<u>-</u>		
	_				
			<u> </u>		
		<u> </u>			
	_				
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	_				
			·		
	<u> </u>				
	011 02 03 03 03 03 03 03 03 03 03 03 03 03 03				
4d	, , , , ,	\		,	
4e	(Expenses \$ including grants of \$ Total program service expenses ▶ 1,005,780.) (Revenue \$			
<u></u>	E CO CO			Form 99	90 (2019)



	990 (2019) CENTRAL MONTANA RAIL 81-0429	050	Р	age 3
Par	t 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		Х
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		
	similar amounts as defined in Revenue Procedure 98-197 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			۱,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	 	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		^
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
40	If "Yes," complete Schedule D, Part IV	"		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1,0		
11	as applicable			
а	Park North College Col			1
a	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	l	Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u>L</u>	Х
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	1		Ì
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			١.,
	Schedule D, Parts XI and XII	12a	├	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			J.,
	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		14a	 	┝ˆ
Ь	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	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	''		
17	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,"		1	
13	complete Schedule G. Part III	19	1	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	demostric government on Part IV column (A) line 12 to 1900 II complete Schodule I. Parte I and II	1 21	1	١x

CENTRAL MONTANA RAIL 81-0429050 Form 990 (2019) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 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 X 23 Schedule J 24a 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 X 24a Schedule K If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b Schedule L. Part I 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% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I X 33 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 1 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable

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

1c X Form 990 (2019)

Part Statements Regarding Other IRS Filings and Tax Compliance continued	Form	990 (2019) CENTRAL MONTANA RAIL 81-0429	050	Р	age 5
table for the number of employees reported on Form Will, Transmittal of Wage and Tax Statements, 2a 7 7	Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Fig.			Completence	Yes	No
b If a least one is reported on him 2a, did the organization tile all required federal employment tax returns? Note: If the sum of hines 1 and 2a is greater than 500, you may be required to - side (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes", has at filled a Form 990T for this year? "y No" to this 3b, provide an explaination on Schedule O 3a At any time during the citation 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)? 5b If "Yes" there the name of the foreign country. 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of the organization file Firm 888677 5b If "Yes" or the filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" or the filing filing the organization file Firm 888677 6c 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 deductibles a charitable contributions? 6c If "Yes", "Indicate the number of Foreign 88867 and the organization filing filing the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 6c Dot the organization receive a payment in excess of \$75 made party as a contribution of and party for goods and services provided? 6c Dot the organization receive a payment in excess of \$75 made party as a contribution of annual party for goods and services provided? 6c Dot the organization receive a payment in excess of \$75 made party as a contribution of annual party for goods and services provided? 6c Dot the organizatio	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: if the sum of Ines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3					See
Sa	p	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		, ,
b If "Yes," has it filled a Form 900-T for this year? If ye'r b to fun 3b, proude an explanation on Schedule O A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or 10 year. The second of the organization have an interest in, or a signature or other authority over, a financial account or 10 year. The second of the organization have a bank account, securities account or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ID dainy taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 6b If "Yes" to line 5a or 5b, did the organization file Form 8886.77 6c Il "Yes" to line 5a or 5b, did the organization file Form 8886.77 6c Il "Yes" to line 5a or 5b, did the organization file Form 8886.77 6c Il "Yes" to line organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 10 If the secondariation include with every solicitation an express a continuation or gifts were not tax deductible? 10 If the secondariation include the organization include the organization and party for goods and services provided? 11 If Yes, did the organization motify the donor of the value of the goods or services provided? 12 If If Yes, did the organization motify the donor of the value of the good or services provided? 13 If Yes, did the organization creewed a contribution of cause of the good or services provided? 14 If Yes, formation the every of the good or services provided t		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	13.2		-
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account() 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 account() 5a Was the organization apparty to a prohibited tax shelter transaction at any time during the tax year? 5b ID di any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to the Saor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to the Saor 5b, did the organization file Form 8861"? 6c Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the gods or services provided? 7c If "Yes," indicate the number of Forms 8282 field during the year 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? d if "Yes," indicate the number of Forms 8282 field during the year f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of order, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. b Of the sponsoring organizati	За		3a	<u> </u>	X
b If "Yes," enter the name of the foreign country. ▶ b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for indEN 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? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 6d Does the organization she annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made parity as a contribution of and parity for goods and services provided? 7 Did the organization receive a payment in excess of \$75 made parity as a contribution of organization received a contribution of organization selection of the value of the goods or services provided? 7 Did the organization received as contribution of organization from the wash of the organization received a contribution of organization property for which it was required to file Form 8829 as required? 7 Did the organization received a contribution of organization property, did the organization file a Form 1098-0. 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization marks any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter organization file promised to the organization file organization services the organizati			3b		
b If "Yes," enter the name of the foreign country Ses enstructions 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 effect transaction at any time during the tax year? 5b ID dainy taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b IZ of If "Yes" to line Saor 5b, did the organization file Form 8861? 5b IZ of If "Yes" to line Saor 5b, did the organization for Sew 8661? 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 eductible? 5b If "Yes," did the organization is a charatable contributions? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 5c Does the organization neceive a payment in excess of \$75 nade party is a contribution of gross of the organization notify the donor of the value of the goods or services provided? 7c Does the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 8822? 6c Dot the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Dot the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 6c Dot the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 6c Dot the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. 9 Dot the sponsoring organization wa	4a				,,
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Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		اليمرين ع	X
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.	N.		
	16	· · · · · · · · · · · · · · · · · · ·	16	944	X
		If "Yes," complete Form 4720, Schedule O.	24 · · ·	~ `*@}	. 0,1

81-0429050 CENTRAL MONTANA RAIL Form 990 (2019) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 8 b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b *** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X 8b b 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 A, who cannot be reached at the 9 organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a The organization's CEO, Executive Director, or top management official Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section	C.	Discl	osure

Jec	dion of 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)s only) available
	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 financial
	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

Form 990 (2019) 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 organization	on nor any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an officer and a director/trustee)				an	compensation	compensation	amount of
	week	\vdash	CE. E	440	., 60 (0// 0/0			from	from related	other compensation
	(list any hours for	lirect				L		the organization	organizations (W-2/1099-MISC)	from the
	related	6 Of (ᆲ			salec		(W-2/1099-MISC)	(** 2) 1000 (***)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 2. *********************************		and related
	below	lgng	ution	<u>ا</u>	Key employee	est co oyee	Ja			organizations
	line)	Indiv	Instit	Officer	Key	Highest compensaled employee	Former			
(1) KAREN DAVIS	1.00									
DIRECTOR		X		X				0.	0.	0.
(2) DALE STONE	1.00									_
DIRECTOR		X						0.	0.	0.
(3) MIKE DEVRIES	1.00						l			
CHAIRMAN		X		X		<u> </u>	L	0.	0.	0.
(4) LARRY BARBER	1.00							_		
VICE-CHAIRMAN		X	L.			$ldsymbol{ld}}}}}}$	L	0.	0.	0.
(5) DONALD ENGELLANT	1.00	Į							_	
DIRECTOR		Х		Х				0.	0.	0.
(6) JACK MCINTOSH	1.00		1				1	_		
DIRECTOR		X	_		_	Ļ.,		0.	0.	0.
(7) LAURENCE HESS	1.00								1	
DIRECTOR		Х		<u> </u>		<u> </u>	<u> </u>	0.	0.	0.
(8) JIM WOODBURN	1.00	ļ	ļ							•
SECRETARY/TREASURER		X	辶		L		<u> </u>	0.	0.	0.
(9) CARLA ALLEN	40.00		1				•	0.5.044		00 500
GENERAL MANAGER		 	ļ	X	<u> </u>	Ь.	<u> </u>	85,341.	0.	28,708.
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	1 Hig	ghes	t C	ompensated Employee	s (continued)	,
	` (A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average Position (do not check more than one						one	Reportable	Reportable	Estimated
		hours per	box	, unle	ss pe	rson ı	s both	an	compensation	compensation	amount of
		week officer and a director/trustee)					77.005	100,	from	from related	other
		(list any hours for	Individual trustee or director				l		the organization	organizations (W-2/1099-MISC)	compensation from the
		related	p Jo a	eg eg			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
		organizations	ruste	l trus		92	ubeu L		(***271033*****100)		and related
		below	dualt	Institutional trustee		l gd m	stco	 			organizations
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	Subtotal								85,341.	0.	
С	Total from continuation sheets to Part V	II, Section A							0.	0.	
	Total (add lines 1b and 1c)							•	85,341.	<u></u>	20,700.
2	Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	0
	compensation from the organization										Yes No
_	D. Hills and a standard of the		1							lavas an	163 140
3	Did the organization list any former officer		ee, r	key e	emp	юуе	e, or	nig	nest compensated emp	loyee on	3 X
	line 1a? If "Yes," complete Schedule J for s								or componential from t	ho organization	1 1 1 1
4	For any individual listed on line 1a, is the si	•								ne organization	
-	and related organizations greater than \$15 Did any person listed on line 1a receive or									hual for convoce	
5								siau	ed organization of mark	idal for services	5 X
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	nplete Scheduli	e <i>J 1</i>	or si	ICN .	pers	on				1 5 1 1 22
1	Complete this table for your five highest co	mneneated inc	lene	nde	nt c	ontr	acto	re ti	nat received more than 9	100.000 of compens	ation from
•	the organization. Report compensation for										
	(A)	tric calcindar y	Jai	J11011	19 V	,,,,,,	<u> </u>		(B)	<u> </u>	(C)
	Name and business	address	N	INC	Ξ				Description of s	ervices	Compensation
		•									
				•							
	41222										
2	Total number of independent contractors (including but n	ot lır	mite	d to	thos	se lis	ted	above) who received m	ore than	
	\$100,000 of compensation from the organi	zation				(0				
											Form 990 (2019)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a 1b Membership dues c Fundraising events 10 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f | 1g|\$ Total. Add lines 1a-1f **Business Code** 2 a CONTRACTED JOBS 480000 113,487 113,487 73,500. 480000 73,500 EXCURSIONS 29,250. FREIGHT/TRANSPORATION INCOME 480000 29,250. All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 64,359 64,359. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 776,613. 11,740 6 a Gross rents 0. 0 b Less rental expenses 776,613. 11,740, c Rental income or (loss) 788,353 788,353 d Net rental income or (loss) • (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 1,193,785 b Less cost or other basis 977,121 and sales expenses Other Revenue 216,664. c Gain or (loss) 216,664 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b. Less direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b b Less cost of goods sold c Net income or (loss) from sales of inventory 4.00 **Business Code** SALE OF TRACK MILES CREDIT 480000 380,000 380,000, 11 a 480000 22,571. 22,571. MISCELLANEOUS 480000 460. 460. SALVAGE d All other revenue 403,031 e Total. Add lines 11a-11d 619,268, 1,688,644, Total revenue. See instructions 12

244610.1

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Do not include amounts reported on lines 6b, Program service Total expenses Management and expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 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, 68,273. 17,068 85,341 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 285,242 228,194 57,048 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 32,277.161,387. 129,110. Other employee benefits 63,719. 15,930. 79,649. Payroll taxes 10 Fees for services (nonemployees) 11 Management b Legal 8,250. 8,250. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 188. 188. column (A) amount, list line 11g expenses on Sch O.) 1,492. 1,492. Advertising and promotion 12 5,377. 5,377. Office expenses 13 14 Information technology Royalties 15 17,461. 13,969 3,492 Occupancy 16 560. 560. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,325. 4,325. Conferences, conventions, and meetings 19 25,258. 25,258 Interest 20 Payments to affiliates 21 83,460. 417,301 333,841 Depreciation, depletion, and amortization 22 36,307 29,046. 261 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 47,452. 47,452. FUEL 22,798. 22,798. WEED CONTROL 15,609. VEHICLE EXPENSE 15,609. d MISCELLANEOUS 13,072. 13,072. 27,374. 4,028. 31,402. e All other expenses 252,691. 0. 1,258,471. 1,005,780. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ıf following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
			*	(A) Beginning of year		(B) 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	er officer, director,			
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these per			5	
	6	Loans and other receivables from other disqualified po	ersons (as defined	10 10 10 10 10 10 10 10 10 10 10 10 10 1		40.00
,		under section 4958(f)(1)), and persons described in se	ction 4958(c)(3)(B)		6	
y,	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		550,718.	8	546,808.
As	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. 12,293,825.			
	b	Less accumulated depreciation 10b		10c	3,908,022.	
	11	Investments - publicly traded securities	2,449,614.	11	2,732,490.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14 ′	Intangible assets		14		
	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.	17_	52,062.	
	18	Grants payable		24 000	18	22 000
;	19	Deferred revenue		34,000.	19	32,000.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV		42" (4") (5")	21	7387 Nobs 1 7880 A 1 1821
es	22	Loans and other payables to any current or former off				
Ħ		trustee, key employee, creator or founder, substantial		<u> </u>		
Liabilities		controlled entity or family member of any of these per		508,382.	22	433,547.
_	23	Secured mortgages and notes payable to unrelated the		300,302.	24	433,347.
	24	Unsecured notes and loans payable to unrelated third	•		- 24	
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-2	4) Complete Part A		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25		555,329.	26	517,609.
	20	Organizations that follow FASB ASC 958, check he	ura D		200	
S		and complete lines 27, 28, 32, and 33.				95.0
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, cl	neck here 🕨 🗓		28(2), 1922 1823, 4. (
Fű		and complete lines 29 through 33.				
p	29	Capital stock or trust principal, or current funds		0.	. 29	0.
ets	30	Paid-in or capital surplus, or land, building, or equipm	ent fund	0.	30	0.
Ass	31	Retained earnings, endowment, accumulated income		7,475,176.	31	7,905,349.
Net Assets or Fund Balances	32	Total net assets or fund balances		7,475,176.	32	7,905,349.
	33	Total liabilities and net assets/fund balances		8,030,505.	33	8,422,958.

	990 (2019) CENTRAL MONTANA RAIL	81-0429	050	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
	•			
1	Total revenue (must equal Part VIII, column (A), line 12)		,688	
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	,258	
3	Revenue less expenses Subtract line 2 from line 1	3		,173.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4 7	,475	176.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10 7	,905	349.
Pа	rt XII Financial Statements and Reporting	•		
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		\$, 78 P. T. T.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	ـ أشنها	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a 2	K
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	gui ald gar	
	separate basis, consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		\$ 44
	consolidated basis, or both			4 4
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	∍ audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		<u> </u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
			I I	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	CENTRAL MONTANA RAI	L	81-0429050
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose conf	ferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organic	anızatıon answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreating	on or education) Preservation of a h	nistoncally important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	ter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserve	ation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statements	s that describes the
Day	organization's accounting for conservation easements t III Organizations Maintaining Collections of	Art Historical Treasures or Othe	r Similar Assets
Fai	Complete if the organization answered "Yes" on Form		ommar Addeto.
	· · · · · · · · · · · · · · · · · · ·		halanca abaat warka
та	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publications and the Post VIII the stand of the footback at the first		erance of public
	service, provide in Part XIII the text of the footnote to its finan-		unas abast warks of
Þ	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ince of public service,
	provide the following amounts relating to these items		.
	(i) Revenue included on Form 990, Part VIII, line 1		S
	(ii) Assets included in Form 990, Part X		> .\$
2	If the organization received or held works of art, historical trea		ıın, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items	
	Revenue included on Form 990, Part VIII, line 1		S
	Assets included in Form 990, Part X	4.5	\$ Sahaduta D (Farm 000) 2010
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 2019

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

932051 10-02-19

Sche	dule D (Form 990) 2019 CENTRAL	MONTANA RA	AIL					81-04	29050	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, oi	Other :	Simila	r Assets	(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sigi	nificant i	use of its		
	collection items (check all that apply)									
а	Public exhibition	c		Loan or excl	hange progra	am				
b	Scholarly research	· e		Other					<u> </u>	
C	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	n how th	ey further th	e organizatio	n's exemp	ot purpo	se ın Part	XIII.	
5	During the year, did the organization solicit of	r receive donations (of art, his	storical treas	sures, or othe	er sımılar a	ssets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's col	lection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "	'Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other ass	sets not in	cluded		_	
	on Form 990, Part X?								Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F					-	12		_ Yes	No No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	rm 990, Part				<u> </u>	
		(a) Current year	(b) F	nor year	(c) Two year	rs back (d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance		ļ							
b	Contributions									
С	Net investment earnings, gains, and losses								ļ	
d	Grants or scholarships		ļ				•			
е	Other expenditures for facilities									
	and programs					-				
f	Administrative expenses									
g	End of year balance								<u>L </u>	
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3а	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held ar	nd administer	red for the	organiz	ation		
	by									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations		_						3a(iı)	
b	If "Yes" on line 3a(ii), are the related organization	•							3b	
4	Describe in Part XIII the intended uses of the		wment f	funds						
Par	t VI Land, Buildings, and Equipm			/ l 44 - 0		n Daniel V III	10			
	Complete if the organization answere			1					(0.5.1	
	Description of property	(a) Cost or o		1 ' '	or other,	, ,	cumulat		(d) Book	value
		basis (investi	ment)	.	(other)	uepi	reciation	' 	10	000
	Land				0,000. 4,517.	3	97,2	20		,000. ,297.
	Buildings					10,4			3,733	
	Leasehold improvements				3,606. 3,724.		$\frac{50,1}{46,4}$			$\frac{,415.}{,310.}$
	Equipment			1,50	J, 144.	1,4	40,4	73.	<u> </u>	, , , , , , , ,
	Other	15 222 5		(0) 1 =	0-1				3,908	022.
Lota	l. Add lines 1a through 1e (Column (d) must e	anai Form 990. Part	x colun	nn (K) line 1	UC.1				J, J 0 0	,

Schedule D (Form 990) 2019

Column (b) must equal Form 990. Part X. col. (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(6) (7) (8) (9)

Sched	fule D (Form 990) 2019 CENTRAL MONTANA RAIL		81-0429050 Page 4
Parl	XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements	-	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.))	5
Par	t XII Reconciliation of Expenses per Audited Financial Sta	ntements With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a	
1 '	Total expenses and losses per audited financial statements		_ 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		# # # # # # # # # # # # # # # # # # #
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5
Par	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 42d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide ar		
			
			<u> </u>
	•		
			
		-	

SCHEDULE 0

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Employer identification number

Name of the organization

81-0429050 CENTRAL MONTANA RAIL 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.