

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

▶ 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 Inspection

C. Norwo Companion-ALTERNATIVE BYERGY RESOURCES ORC D. Rest-10-3506-98	Α	For the	2020 calendar y	ear, or tax year begin	ning		, 2020, a	nd endir	ng		, 20
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Form	J				, , , <u>–</u>	· / /					
Part Summary	K				ociation Other ►	L	Year of formation	on: 197	· · ·		
Briefly describe the organization mission or most significant activities: AERO is a statewide, grassroots membership organization helping communities build a more sustainable Montana. We focus on the sustainable and and energy/local food system sphere, creating spaces where future food system sustainable and and inspired community models flourish. 2 Check this box P in the organization descontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)	$\overline{}$										
Pose				the organization's missi	on or most significant	activities: AERO	is a st	atewio	le, gra	ssroo	ts membership
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Pa	rt 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:
	AERO is a statewide, grassroots membership organization helping communities build a more
	sustainable Montana. We focus on the sustainable ag and energy/local food system sphere,
	creating spaces where future food system leaders and inspired community models flourish.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	FOOD SYSTEMS PROGRAMMING: AERO takes action on solutions that build sustainable community food
	systems to co-create the best future for Montanans. Responding to the pandemic, the MT FOOD
	PROVIDERS PROJECT partnered with organizations and businesses, purchasing healthy, sustainably
	produced Montana food products from producers impacted by loss of retail, wholesale and
	institutional markets and distributed these products to Montanans in need across the state,
	strengthening partnerships to enhance distribution infrastructures moving forward. Building on
	the learning from its food system assessment work, the MONTANA FOOD ECONOMY INITIATIVE (MFEI)
	provided funding and mentorship to 12 community-led solutions for building more resilient local
	food systems across the state. The 21-WEEK RACIAL EQUITY IN THE FOOD SYSTEM CHALLENGE (REC)
	provided a virtual learning forum to explore racial inequities in our state. The COTTAGE FOOD
	EDUCATION program provided covid-safe resources
4b	(Code:) (Expenses \$52,745 including grants of \$37,471) (Revenue \$)
	COMMUNITY ENGAGEMENT: AERO serves as a statewide information resource hub on sustainability
	topics, particularly those relating to sustainable and regenerative agriculture practices,
	renewable energy, resilient community food systems, and policy and legislative matters relating
	to food systems. AERO shares information and resources in these topic areas through its website,
	monthly eNews, quarterly Sun Times, social media outreach, member interviews, and periodic
	webinars. In 2020, AERO dedicated significant effort to expanding its online local food
	directory, ABUNDANT MONTANA (AMT), adding user-friendly features, food pantry/community meal
	resources, and lister access to an on-line sales platform, recognizing AMT provides a market
	pivot tool for food and farming businesses who lost market channels due to pandemic disruptions.
4c	(Code:) (Expenses \$ 40,439 including grants of \$ 19,247) (Revenue \$ 5,392)
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	NETWORK WEAVING & EDUCATION: Key to AERO's success in developing community leaders and inspiring community models for sustainable agriculture, food systems, and renewable energy across the state
	is bringing people together to learn from one another through workshops, panel discussions,
	webinars and community gatherings designed to promote learning and knowledge-building,
	connection, networks, resource-sharing, problem-solving and finding common ground. While the 2020
	pandemic precluded in-person events, AERO stepped up with virtual tours, dialogues and webinars.
	AERO's first virtual Expo brought people together from around the state for eleven days of
	virtual tours, DIY workshops, policy discussions, films, & knowledge-sharing on on-farm
	resiliency; renewable energy; food system cross-sector engagement; and how to move forward with
	learnings from the pandemic.
4 4	Other program services (Describe on Schedule O.)
-tu	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
<u> </u>	Total program service expenses 175,819
	Total program convice expenses 7 1/3/017

Part IV

81-0350698

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," 1 х 2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c 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 х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a Х **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 Х 13 13 х 14a Х 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 x 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

Form 990 (2020) ALTERNATIVE ENERGY RESOURCES ORG 81-0350698 Page 4 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 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 25a Х 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? 25b Х 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 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х 28b Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 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 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 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a 35a Х 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 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 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 Х Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

						Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1	LO			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?			. 1	1c	х	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a 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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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 in 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			I
			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.			
b	Enter the number of voting members included in 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 officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Montana			
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 Dother (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.			
	. • • • • • • • • • • • • • • • • • • •			

Robin Kelson (406)443-7272, 32 S Ewing St 333, Helena, MT 59601

Form 990 (20)2()
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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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box,	unles er and	Pos eck m s per	son is	han one s both ar highest compensated employee	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Erin Carroll	dotted line)	lee	istee			ensated			
MEMBER		х					0	0	0
(2) Dodie Andersen MEMBER	1.00	х					0	0	0
(3) Andrew Crowe	1.00								
MEMBER		х					0	0	0
(4) Kendra Proue	4.00								
VICE-CHAIR		х		х			0	0	0
(5) Madison Boone	<u>4.0</u> 0								
SECRETARTY		Х		х			0	0	0
(6) Rebecca Meyers	<u>4.0</u> 0								
CHAIR		х		х			0	0	0
(7) Mark Juedeman	<u>4.0</u> 0								
TREASURER	40.00	Х		Х			0	0	0
(8) LINDSAY GANONG	40.00				x		0	0	0
Grant Programs Manager (9) Robin Kelson	40.00				^		<u>U</u>	0	
EXECUTIVE DIRECTOR	40.00					x	0	0	0
(10)						Λ	<u> </u>		<u> </u>
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
(14)									

						(C)								
	(A) Name and title	(B) Average hours per week (list any	box	unle: er an	eck n ss pe d a di	rson i	han one s both an r/trustee)	1	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization		(F) Estimated amount of other compensation from the		r tion
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-ormer	(W-2/1099-MISC)	(W-2/1099-MIS		_	nization I organi	and zations
<u>(15)</u>														
<u>(16)</u>														
(17)														
<u>(18)</u>														
<u>(19)</u>														
(20)														
<u>(21)</u>														
(22)														
(23)_														
(24)														
(25)														
1b c d	Subtotal	ion A .						. •	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) w	ho re	eceive	d mo	ore than \$100,000	of				(
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i> .		-				-		•			3	Yes	No x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th individual.	an \$150,000)? If "Y	'es,"	cor				le J for such			4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	compensation	on from	any	unr		_					5		x
	on B. Independent Contractors	tod index	don4 = -	nt	ot s =	. 46	t roc-'	vo d	more than \$400.00	10 of				
1	Complete this table for your five highest compensa compensation from the organization. Report comp										vear.			
	(A)								(B)			(C)		
	Name and business addres	is .							Description of service	es	Cor	npens	ation	
	Total number of independent contractors (includin	a bod and P												

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Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or n	ote to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
ice Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns		_	186,211			sections 512–514
Program Service Revenue	g	All other program service revenue Total. Add lines 2a-2f						
Other Revenue	b c d c d 8a	other similar amounts)	Process Baa Baa	eeds	638	638		
Sno	to 10a b c 11a	Less: direct expenses	9b 10a 10k	Business Code				
Miscellanous Revenue	е	All other revenue	· ·		186.849	638	0	0

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Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to	any line in this Part IX			_
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	,	expenses	general expenses	expenses
1	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	600	600		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	85,855	69,943	8,840	7,072
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,766	8,008	781	977
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,867	1,988	391	488
10	Payroll taxes	8,494	6,965	680	849
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	4,159		4,159	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	21		21	
13	Office expenses	566	39	347	180
14	Information technology	2,248	2,148	100	
15	Royalties				
16	Occupancy	3,309		3,309	
17	Travel	2,895	1,181	849	865
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0.04=			
19	Conferences, conventions, and meetings	2,965	2,965		
20	Interest	10.041	10.041		
21 22	Payments to affiliates	18,941	18,941	1 005	
23	Insurance	1,085		1,085	
23 24	Other expenses. Itemize expenses not covered	2,137		2,137	
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.)				
а	CONTRACTORS	57,576	56,756		820
a b	DUES, FEES, SUBSCRIPTIONS	3,594	2,515		1,079
C	POSTAGE AND PRINTING	4,038	2,626	361	1,079
d	TRANSACTION FEES	1,144	1,144	301	1,031
e	All other expenses	1,144	1,144		
25	Total functional expenses. Add lines 1 through 24e	212,260	175,819	23,060	13,381
26 26	Joint costs. Complete this line only if the	212,260	1/3,019	23,000	13,361
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

Part X **Balance Sheet**

2 Savings and temporary cash investments 2 3			Check if Schedule O contains a response or note to any line in this Part X			
1 Cash - non-interest-bearing (2,816) 1 119,451				(A)		(B)
2 Savings and temporary cash investments 2 3				Beginning of year		End of year
Pleages and grants receivable, net		1	Cash - non-interest-bearing	(2,816)	1	119,451
Accounts receivable, net		2	Savings and temporary cash investments		2	
S		3	Pledges and grants receivable, net		3	
Trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(11), and persons described in section 4958(c)(3)(8)		4	Accounts receivable, net		4	
Security Controlled entity or family member of any of these persons 5 Cuans and other receivables from other disqualified persons (as defined under section 4956(f)(1)), and persons described in section 4956(c)(3)(8) 6 7 7 7 7 7 7 7 7 7		5	Loans and other receivables from any current or former officer, director,			
Figure			trustee, key employee, creator or founder, substantial contributor, or 35%			
The proposed of the propose			controlled entity or family member of any of these persons		5	
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 8 Novembres for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred depreciation 100 8,922 Prepaid expenses 11 Prepaid expenses 11 Prepaid expenses 12 Prepaid expenses 13 Prepaid expenses 14 Prepaid expenses 14 Prepaid expenses 15 Prepaid expenses 1		6	Loans and other receivables from other disqualified persons (as defined			
8			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
10a		7	Notes and loans receivable, net		7	
10a	sets	8	Inventories for sale or use		8	
Basis. Complete Part VI of Schedule D 10a 8,922 10b 5,125 3,797 10c 3,797 11c	Ass	9	Prepaid expenses and deferred charges		9	
Description		10a	Land, buildings, and equipment: cost or other			
11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 236,600 12 206,500 13 206,500 12 206,500 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 15 15 15			basis. Complete Part VI of Schedule D 10a 8,922			
11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 236,600 12 206,500 13 10 206,500 14 206,500 15 206,500 15 206,500 16 206,500 17 206,500 17 206,500 18 236,600 12 206,500 18 236,600 12 206,500 236,600 24 236,600 25 236,600 25 237,581 16 329,748 16 329,748 16 329,748 16 329,748 16 329,748 17 Accounts payable and accrued expenses 12,506 17 11,584 18 Grants payable and accrued expenses 12,506 17 11,584 18 Grants payable and accrued expenses 19 20 20 21 20 20 21 20 22 20 22 20 22 20 22 20 22 22 22 22 22 22 22 22 23 24 24		b	Less: accumulated depreciation 10b 5,125	3,797	10c	3,797
13 Investments - program-related. See Part IV, line 11 14 14 15 15 15 15 15		11	Investments - publicly traded securities		11	
14		12	Investments - other securities. See Part IV, line 11	236,600	12	206,500
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 237,581 16 329,748 17 Accounts payable and accrued expenses 12,506 17 11,584 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 25 118,500 25 118,500 25 118,500 27 199,664 27 28 Net assets with donor restrictions 225,075 27 199,664 28 Organizations that follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 32 Total net assets or fund balances 225,075 32 199,664 31 32 Total net assets or fund balances 225,075 32 199,664 325,075 32 199,664 325,075 32 199,664 325,075 32 199,664 325,075 32 199,664 325,075 32 199,664 325,075 32 199,664 325,075 32 199,664 325,075 32 199,664 325,075 32 199,664 325,075 32		13	Investments - program-related. See Part IV, line 11	-	13	
16 Total assets. Add lines 1 through 15 (must equal line 33) 237,581 16 329,748 17 Accounts payable and accrued expenses 12,506 17 11,584 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 25 118,500 26 Total liabilities. Add lines 17 through 25 12,506 26 130,084 Organizations that follow FASB ASC 958, check here		14	Intangible assets		14	
17		15	Other assets. See Part IV, line 11		15	
17		16	Total assets. Add lines 1 through 15 (must equal line 33)	237,581	16	329,748
18 Grants payable 18 19 Deferred revenue 19 19 20 19 20 21 20 21 20 21 21 22 21 22 23 22 23 24 24 24 24		17			17	11,584
20 Tax-exempt bond liabilities 20		18	The state of the s	-	18	-
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 25 118,500 26 Total liabilities. Add lines 17 through 25 Corganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with odnor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 21 22 23 24 25 26 27 28 29 29 29 29 29 29 29		19	Deferred revenue		19	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22		20	Tax-exempt bond liabilities		20	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 25 25 26 26 27 27 28 25 27 28 26 27 28 27 28 28 29 29 29 29 29 29		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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	w	22	· · · · ·			
23 Secured mortgages and notes payable to unrelated third parties	ij					
23 Secured mortgages and notes payable to unrelated third parties	abil				22	
24 Unsecured notes and loans payable to unrelated third parties	=	23	t the state of the		23	
Total liabilities. Add lines 17 through 25		24	· · · · · · · · · · · · · · · · · ·		24	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	· · · · · · · · · · · · · · · · · · ·			
Total liabilities. Add lines 17 through 25						
Total liabilities. Add lines 17 through 25			of Schedule D		25	118,500
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26	Total liabilities. Add lines 17 through 25	12,506	26	
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions				_		
Processor Service Serv	, 0					
Page 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 29, 199,664 33 Total liabilities and net assets/fund balances 237,581 33 329,748	Čė	27	Net assets without donor restrictions	225,075	27	199,664
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds	<u>ala</u> r	28	Net assets with donor restrictions		28	
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	Ä		Organizations that do not follow FASB ASC 958, check here			
29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 225,075 32 199,664 33 Total liabilities and net assets/fund balances 237,581 33 329,748	Ĕ		_			
30 Paid-in or capital surplus, or land, building, or equipment fund 30	Pr F	29	-		29	
31 Retained earnings, endowment, accumulated income, or other funds 31	sts (30	· · · · · · · · · · · · · · · · · · ·		30	
32 Total net assets or fund balances 225,075 32 199,664 33 Total liabilities and net assets/fund balances 237,581 33 329,748	SSE	31			31	
Z 33 Total liabilities and net assets/fund balances	et A	32	_	225,075	32	199,664
	Ž	33	h in the second of the second		33	329,748

Form **990** (2020) EEA

Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1			186,	849
2	Protal expenses (must equal Part IX, column (A), line 25)					260
3	Revenue less expenses. Subtract line 2 from line 1	3			(25,	411
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			225,	075
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			199,	664
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

EEA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

ALT	ALTERNATIVE ENERGY RESOURCES ORG 81-0350698							
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)		
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)		
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A)(iii).		
4		A medical research organization ope	rated in conjunction	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a g	jovernment	al unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7		An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or fron	n the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part II	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi). (Complete Part II.)				
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction v	vith a land-grant colleg	je
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, cit	ty, and state	e of the college or	
		university:						
10	X	An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, membe	ership fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons; and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bus	siness taxable income (le	ess sectior	n 511 tax) fr	om businesses	
		acquired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)		
11		An organization organized and opera	ated exclusively to t	test for public safety. Se	e section	509(a)(4).		
12		An organization organized and operate	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purposes	;
		of one or more publicly supported org	ganizations describ	ed in section 509(a)(1)	or section	n 509(a)(2)	. See section 509(a)(3	3).
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd complet	e lines 12e, 12f, and 12	2g.
	а	Type I. A supporting organization	n operated, supervi	ised, or controlled by its	supported	organizati	on(s), typically by givir	ng
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the c	lirectors or	trustees of the	
		supporting organization. You mu	ist complete Part	IV, Sections A and B.				
	b	Type II. A supporting organization	n supervised or co	ntrolled in connection w	ith its supp	orted orga	nization(s), by having	
		control or management of the sup	porting organization	on vested in the same pe	rsons that o	control or m	nanage the supported	
		organization(s). You must comp	olete Part IV, Secti	ions A and C.				
	С		 A supporting orga 	anization operated in cor	nnection w	ith, and fun	ctionally integrated wi	th,
		its supported organization(s) (see	*	•				
	d		rated. A supporting	g organization operated i	in connecti	on with its	supported organization	n(s)
		that is not functionally integrated.	•	•			t and an attentiveness	
		requirement (see instructions). Y	-					
	е	Check this box if the organization				a Type I, T	ype II, Type III	
		functionally integrated, or Type III		tegrated supporting orga	anization.			
	f	Enter the number of supported organ						• • • •
	g	Provide the following information about		· · · ·				
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
					Vac	Na		
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ı							

Schedule A (Form 990 or 990-EZ) 2020 ALTERNATIVE ENERGY RESOURCES ORG 81-0350698 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support	,		1			
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						_
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						_
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						_
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (se	ee instructions	s)			12	_
13	First five years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501(d	2)(3)
	organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Support	rt Percentag	je				_
14	Public support percentage for 2020 (line 6, c	olumn (f), divi	ded by line 11,	column (f)) .		14	%
15	Public support percentage from 2019 Sched	ule A, Part II,	line 14			15	%
16a	33 1/3% support test - 2020. If the organiza	ition did not ch	neck the box or	n line 13, and l	ine 14 is 33 1/3	3% or more, che	eck this
	box and stop here. The organization qualified	s as a publicl	y supported org	ganization			▶ □
k	33 1/3% support test - 2019. If the organiza	ition did not ch	neck a box on I	ine 13 or 16a,	and line 15 is 3	33 1/3% or mor	e, check
	this box and stop here . The organization qualifies as a publicly supported organization						
17a	7a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in						
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	organization						▶ □
k	o 10%-facts-and-circumstances test - 2019.	If the organiz	ation did not ch	neck a box on	line 13, 16a, 16	6b, or 17a, and	line
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac					-	•
	organization			-	-		▶ □
18	Private foundation. If the organization did r	ot check a bo	x on line 13, 16	Sa, 16b, 17a, c	or 17b, check th	nis box and see	_
	instructions						_

81-0350698

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support		,				
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	199,844	211,585	243,568	387,059	186,849	1,228,905
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	fumished in any activity that is related to the						
	organization's tax-exempt purpose		1,662	732	1,037		3,431
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5	199,844	213,247	244,300	388,096	186,849	1,232,336
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1,232,336
	ction B. Total Support	(-) 0040	(L) 0047	(-) 0040	(-1) 0040	(-) 0000	(f) T-1-1
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	199,844	213,247	244,300	388,096	186,849	1,232,336
TUa	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources Unrelated business taxable income (less						
D							
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
	Net income from unrelated business						
• • •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
. 4	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	199,844	213,247	244,300	388,096	186,849	1,232,336
14	First 5 years. If the Form 990 is for the orga						1,202,000
	organization, check this box and stop here				•	. , . ,	▶ □
Se	ction C. Computation of Public Support						
	Public support percentage for 2020 (line 8, c			column (f))		15	100.00 %
	Public support percentage from 2019 Sched					16	100.00 %
	ction D. Computation of Investment In					- 1	
17				ne 13, column	(f))	17	0.00 %
18	Investment income percentage from 2019 Se	•				18	0.00 %
	33 1/3% support tests - 2020. If the organiz					than 33 1/3%, a	
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	=	-	-			

81-0350698

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
2		
3a		
3b		
3с		
4a		
41-		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9с		
10a		
40'		
10b		

Sched	ule A (Form 990 or 990-EZ) 2020	<u> </u>	F	Page 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	110		
L	11c below, the governing body of a supported organization? A family member of a person described in line 11a above?	11a 11b		
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
C	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
000	tion D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations		·!	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	istruc	tions).
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(saa ir	etruc	tions)
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	(300 11	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sched	ule A (Form 990 or 990-EZ) 2020 ALTERNATIVE ENERGY RESOURCES ORG		81-0350	698	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations		
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 <i>(explair</i>	in Part V	I). See
	instructions. All other Type III non-functionally integrated supporting organi	izations	s must complete Section	s A throug	h E.
800	ation A. Adjusted Not Income		(A) Prior Year	(B) Cu	rrent Year
Sec	ction A - Adjusted Net Income		(A) Phor real	(op	otional)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
S	ction B - Minimum Asset Amount		(A) Drion Voor	(B) Cu	rrent Year
Sec	CHOIL B - MINIMUM ASSEL AMOUNT		(A) Prior Year	(op	otional)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	ction C - Distributable Amount			Curr	ent Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2		2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	

Section D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ons :	3	
4	4 Amounts paid to acquire exempt-use assets 4				
5	5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI) 5				
6	Other distributions (describe in Part VI). See instructions.		(6	
7	7 Total annual distributions. Add lines 1 through 6. 7				
8	8 Distributions to attentive supported organizations to which the organization is responsive				
(provide details in Part VI). See instructions.					
9 Distributable amount for 2020 from Section C, line 6 9					
10 Line 8 amount divided by line 9 amount					
			(::)		/:::\

10	Line 8 amount divided by line 9 amount			
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			
			0-1	-ll A (F 000 000 F7) 0000

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sect B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Sect lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				
-				
_				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

_	ERNATIVE ENERGY RESOURCES ORG	81-0350698					
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						
	(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 writing that the assets held in donor advised						
•							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used						
٠	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose						
	conferring impermissible private benefit?						
Pa	rt II Conservation Easements.						
ıa	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check all that apply).	historically, incomment land and					
		a historically important land area					
		a certified historic structure					
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	servation					
	easement on the last 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						
С	Number of conservation easements on a certified historic structure included in (a)	. 2c					
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a						
	historic structure listed in the National Register	. 2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the					
	tax year						
4	Number of states where property subject to conservation easement is located ▶						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservatio	n easements during the year					
	>						
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year					
	▶ \$						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)((B)(i)					
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment and					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements tha	t describes the					
	organization's accounting for conservation easements.						
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Similar Assets.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	lance sheet works					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera						
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of					
-	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance						
	provide the following amounts relating to these items:	o or public dervices,					
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$					
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain						
_		, provide the					
_	following amounts required to be reported under FASB ASC 958 relating to these items:	. ¢					
a	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X	▶ \$					

3 Using the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection inters (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research c Preview and continue generations d Loan or exchange programs c Preview and continue generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. XIII. 5 Dump the year, did the organization associator for receive dorrations of art, historical treasures, or other similar associate to be sold to raise further to be mainterined as part of the organization's collection?.	Pai	rt III Organizations Maintaining (Collections of	Art, His	stor	ical T	reasures	or Ot	her Similar A	Assets (d	ontin	ued)
a Public exhibition d Loan or exchange programs	3	Using the organization's acquisition, accession,	and other records,	, check an	y of	the follo	owing that ma	ıke signi	ificant use of its			
b Scholarly research e Other		collection items (check all that apply):										
Perservation for future generations	а	Public exhibition		d		Loan	or exchange	program	ns			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part IXIII. 5 During the year, did the organization action or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather then to be maintained as part of the organization's collection?.	b	Scholarly research		е		Other						
XIII. Sucrow and Custodial Arrangements. Yes No No Part IV Escrow and Custodial Arrangements. Yes No No Part IV Escrow and Custodial Arrangements. Yes No No Yes No Yes No Yes No Yes No Yes No Yes No No Yes No No Yes Yes Yes No Yes Ye	С	Preservation for future generations										
XIII. Sucrow and Custodial Arrangements. Yes No No Part IV Escrow and Custodial Arrangements. Yes No No Part IV Escrow and Custodial Arrangements. Yes No No Yes No Yes No Yes No Yes No Yes No Yes No No Yes No No Yes Yes Yes No Yes Ye	4		ections and explain	how they	furth	er the o	organization's	exemp	t purpose in Part			
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.		-	•	•			Ü	·				
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	5	During the year, did the organization solicit or re	eceive donations of	art. histor	rical	treasur	es. or other s	imilar				
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is a lise organization an agent trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No										. □ Y€	es	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, trustee, cusbidian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	Pai				<u> </u>							
included on Form 990, Part X? Ves No If "Yes," explain the arrangement in Part XIII and complete the following table:		Complete if the organization a		on Forr	n 99	90, Pa	art IV, line	9, or re	eported an am	nount on	Form	1
included on Form 990, Part X? Ves No If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for cont	tribut	tions or	other assets	not				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount				-						□ Y€	s	No
to Beginning balance 1d 1d 1d 1d 1d 1d 1d 1	b											_
c Beginning balance				- · · · · · · · · · · · · · · · · · · ·					A	mount		
d Additions during the year Distributions during the year 16 16 17 16 17 17 17 17	С	Beginning balance						. 10				
e Distributions during the year 1e 1f 2a 2d 2d 2d 2d 2d 2d 2d												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_											
Description of property Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		•								☐ Y4	96	No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (f) Two years (f) Two ye	_							-]]
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions			TICON TICIC II LIIC CX	planation	1100 1	occii pi	Ovided Offi 8	III XIII	<u> </u>	• • • • •	<u>·</u> -	
a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	ı uı		nswered "Yes"	on Forr	n a	an Pa	rt IV line	10				
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ives' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (cither) (b) Cost or other basis (cither) (d) Book value depreciation (d) Book value depreciation (d) Book value for poperty (d) Equipment (d) Equipment (d) Equipment (d) Equipment (e) Sa, 125 (e) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Equipment (d) Equipme		Complete ii the organization a							(d) Three years had	(a) For	ır vooro l	hook
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	10	Reginning of year balance	(a) Current year	(0) F	noi ye	al	(c) Two years	Dack	(u) Three years back	(e) FO	ii yeais i	Dack
c Net investment earnings, gains, and losses	_	· · ·										
losses												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment	С											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	' F										
f Administrative expenses	е	,										
g End of year balance												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	•										
a Board designated or quasi-endowment ▶	g	-										
b Permanent endowment	2	· -	-	(line 1g, c	colun	nn (a)) I	neld as:					
c Term endowment ▶	а	Board designated or quasi-endowment	%									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 8,922 5,125 3,797	b	Permanent endowment ► %										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (iv) Related organizations (iv) Related organizations (iv) Related organizations (iv) Related organizations (iv) Vers" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 4 Description of property (a) Equipment 5 Description of property (a) Equipment 4 Description of property (a) Equipment 5 J.125 3 J.797	С	Term endowment ► %										
organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations			•									
(ii) Unrelated organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (i	3a	Are there endowment funds not in the possess	ion of the organiza	tion that a	re he	eld and	administered	for the				T
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value to Leasehold improvements c Leasehold improvements d Equipment 8,922 5,125 3,797		organization by:									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) Unrelated organizations								3a(i)		
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Equipment (f) Book value (g) Equipment (g) Equipment (h) Cost or other basis (other) (other) (h) Cost or other basis (other) (other) (h) Equipment ((ii) Related organizations								3a(ii))	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (b) Cost or other basis (other) (other) (c) Accumulated depreciation (d) Book value (e) Equipment (f) Equipment (other) (o	b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on Sch	nedul	e R?.				. 3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Accumulated depreciation (f) Cost or other basis (other) (ot	4	Describe in Part XIII the intended uses of the o	rganization's endo	wment fur	nds.							
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated d	Pai	rt VI Land, Buildings, and Equipn	nent.									
tall Land (investment) (other) depreciation b Buildings C Leasehold improvements C Leasehold improvements State of the control of		Complete if the organization a	nswered "Yes"	on Forr	n 99	90, Pa	art IV, line	11a. S	ee Form 990,	Part X, I	ine 1	0.
1a Land b Buildings c Leasehold improvements d Equipment 8,922 5,125 3,797		Description of property	(a) Cost or oth	ner basis	(1	o) Cost o	r other basis	(c)	Accumulated	(d) Bo	ok value	
b Buildings c Leasehold improvements d Equipment 8,922 5,125 3,797	_		(investm	ent)		(0	other)	d	epreciation			
c Leasehold improvements 8,922 5,125 3,797	1a	Land										
c Leasehold improvements 8,922 5,125 3,797	b	Buildings										
d Equipment												
				8,922					5.125		3 -	797
		2:1		-,,,,					2,223			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	_			rt X. colu	nn (l	B), line	10c.)				3.	797

	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation: or end-of-year market value
(1) Financial d					,
(2) Closely-he	ld equity interests				
(3) Other					
	s Seed Stock		206,500	FMV	
(B)					
(C)					
(D)					
(E) (F)		<u> </u>			
(F) (G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) i	line 12)	206,500		
Part VIII	Investments - Program Related		2007300		
	Complete if the organization answ		m 990, Part IV, li	ne 11c. See Forr	n 990, Part X, line 13
	(a) Description of investment		(b) Book value		(c) Method of valuation:
	(a) Description of investment		(b) Book value		or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	a /h) was at a small Farms COO. Bort M. and /D)	Eng. 40			
(9) Total. (Column	n (b) must equal Form 990, Part X, col. (B)	line 13.) ▶			
(9)	Other Assets.		m 990 Part IV li	ne 11d. See Form	n 000 Part Y lina 15
(9) Total. (Column		wered "Yes" on For	m 990, Part IV, lii	ne 11d. See Forr	
(9) Total. (Column Part IX	Other Assets.		m 990, Part IV, lii	ne 11d. See Forr	m 990, Part X, line 15
(9) Total. (Column Part IX (1)	Other Assets.	wered "Yes" on For	m 990, Part IV, lii	ne 11d. See Forr	
(9) Total. (Column Part IX (1) (2)	Other Assets.	wered "Yes" on For	m 990, Part IV, lii	ne 11d. See Forr	
(9) Total. (Column Part IX (1) (2) (3)	Other Assets.	wered "Yes" on For	m 990, Part IV, lii	ne 11d. See Forr	
(9) Total. (Column Part IX (1) (2) (3) (4)	Other Assets.	wered "Yes" on For	m 990, Part IV, lii	ne 11d. See Forr	
(9) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets.	wered "Yes" on For	m 990, Part IV, lii	ne 11d. See Forr	
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(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	wered "Yes" on For	m 990, Part IV, lii	ne 11d. See Forr	
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	wered "Yes" on For	m 990, Part IV, lii	ne 11d. See Forr	
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answers.	wered "Yes" on For (a) Description		ne 11d. See Forr	
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answers. on (b) must equal Form 990, Part X, col. (B) of the Color Color (B) of the Color (B) of t	wered "Yes" on For (a) Description			(b) Book value
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Pai	rt XI Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	
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.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b		
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Pai	rt XIII Supplemental Information.	
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and	d 2b; Part V, line 4; Part X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additiona	Il information.

EEA Schedule D (Form 990) 2020

SCHEDULE O (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 Employer identification number ALTERNATIVE ENERGY RESOURCES ORG 81-0350698 01. Members or stockholder classes and rights (Part VI, line 6) Organization has members who pay membership dues. 02. Member election for additional members (Part VI, line 7a) Members vote for the Board of Directors and have to approve certain changes to Organization bylaws 03. Governing body decisions (Part VI, line 7b) Members have to approve certain changes to Organization bylaws. 04. Form 990 governing body review (Part VI, line 11) The Organization's staff management board reviews the form 990 prior to it being filed. 05. Conflict of interest policy compliance (Part VI, line 12c) AERO board members all sign the Conflict of Interest policy yearly 06. CEO, executive director, top management comp (Part VI, line 15a) EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. 07. Other officer or key employee compensation (Part VI, line 15b Management and key employees compensation is determined by the board of directors. 08. Governing documents, etc, available to public (Part VI, line 19) The organization makes its governing documents, financial statements, and Form 990

available to the public upon request.

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment

Sequence No. 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number ALTERNATIVE ENERGY RESOURCES ORG FORM 990 - 1 81-0350698 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (b) Cost (business use only) (a) Description of property 7 8 8 9 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . 11 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 1,085 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. h Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 1,085 For assets shown above and placed in service during the current year, enter the

23

(Rev. January 2020)

Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form8868 for the latest information. Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print ALTERNATIVE ENERGY RESOURCES ORG 81-0350698 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. Helena MT 59624 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 12 • The books are in the care of ▶ Robin Kelson, 32 S Ewing St 333 Helena MT 59601 Telephone No.► 406-443-7272 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 11-15 , 20 21 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 20 or tax year beginning , 20 , and ending

using EFTPS (Electronic Federal Tax Payment System). See instructions. 3с Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Change in accounting period

any nonrefundable credits. See instructions.

3a \$

\$

IRS e-file Signature Authorization for an Exempt Organization

		_	
or calendar year 2020	or fiscal year beginning		and ending

Internal Revenue Service

2020 Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Taxpayer identification number Name of exempt organization or person subject to tax ALTERNATIVE ENERGY RESOURCES ORG 81-0350698 Name and title of officer or person subject to tax Robin Kelson, EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3a Form 1120-POL check here 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ► 6a Form 990-T check here► 7a Form 4720 check here ► Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \quad \text{I am an officer of the above organization or \quad \text{I am a person subject to tax with respect to} (name of organization) , (EIN) . and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only lauthorize Dustin Wood, to enter my PIN 50698 as my signature ERO firm name Enter five numbers, but on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 811596 56999 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

IRS e-file Providers for Business Returns.

OMB No. 1545-0047

990	Overflow Statement	2020 Page 1
Name(s) as shown on return		FEIN
ALTERNATIVE	ENERGY RESOURCES ORG	81-0350698
Description Montana Sha	res	**************************************
Moneana Bha.	Total:	\$ 2,287

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

Management & General

2020

PAGE 1

Name(s) as shown on return

For your records only

Social security number/EIN

	LTERNATIVE ENERGY RESC	URCES ORG											81	-0350698		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Metho	od	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
		Date 01232017	Cost 5,424	Adjustment						Metho SL	рd	Rate 20				
	Totals		5,424					5,424					2,712	1,085	3,797	1,085

1,085

Nove	Voar's	Donro	ciation	Work	choot
next	rear s	Debre	ciation	VVOEK	sneet

(Keep for your records)

2020

Name(s) as ahown on return Tax ID Number M

ALTERNATIVE ENERGY RESOURCES ORG 81-0350698 Form Multi-Form Description Details Project Method Life Deduction									
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction		
MGT	1	4 Apple Compuers	01-23-2017	5,424	SL	5	1,085		
	1	FULLY DEPRECIATED OFFICE	01-01-2010	3,498	SL	5			
		TOTAL					1,085		
	1	1	1	1	I .	1	1		