FOR TAX YEAR 2022

ALTERNATIVE ENERGY RESOURCES ORG

Dustin Wood, CPA PO Box 6943 Helena, MT 59604 (406)431-8587

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	Robin Kelso	n							
Sign	Signature of officer						Da	ite	
Here	Robin Kelso	on, EXECUT	IVE DIRECTOR						
	Type or print name and title								
	Print/Type preparer's name		Preparer's signature		Date		Check X if	PTIN	
Paid	Dustin Wood		Dustin Wood		08-31-2023		self-employed	XXXXX6999	
Preparer	Firm's name	Dustin N	Nood, CPA		•	Firm's I	EIN	L	
Use Only	Firm's address	PO Box	6943			Phone	no.		
		Helena M	MT 59604				406-	431-8587	
May the IRS	discuss this return with	the preparer sh	own above? See instruction	IS				X Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.						
	For	Paperwork Reduction Act Notice,	se	e the se	parate ins	tructions.

	990 (2022) ALTERNATIVE ENERGY RESOURCES ORG 81-0350698 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Statewide and grassroots, AERO works at the intersection of renewable energy, stewardship
	agriculture, and local food systems to help communities build a more sustainable, food
	self-reliant, and climate healthy Montana for all.
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? • • • • • • • • • • • • • • • • • • •
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$272,714 including grants of \$215,077) (Revenue \$)
	COMMUNITY ENGAGEMENT: AERO serves as a statewide resource hub on sustainability topics,
	particularly those relating to renewable energy, stewardship agriculture practices, resilient
	community food systems, and related policy and legislative matters. AERO shares information and
	resources through its website, newletter, social media, and events. ABUNDANT MONTANA and its
	Local Food Guide are building consumer demand for Montana-grown food and local sales channels fo
	Montana's food and farming businesses and to create a resilient and reliable Montana food system
	that nourishes everyone.
4b	(Code:) (Expenses \$ 69,139 including grants of \$ 54,459) (Revenue \$)
40	FOOD SYSTEMS PROGRAMMING: With a producer-centric focus, we help Montana communities build
	place-based, robust, sustainable food systems with climate-healthy solutions. MONTANA FOOD
	ECONOMY INITIATIVE (MFEI): AERO is coordinating community stakeholders in conducting their own
	18-month food system assessments in Helena, Billings and the communities on the Fort Belknap
	reservation. VALUE-ADDED PRODUCER SUCCESS: responsive to Montana's new law, the Montana Local
	Food Choice Act, this program produced a Food Safety Tool Kit for Home Producers, conducted
	on-farm raw milk trainings, seminars, and webinars statewide as guides to food safety practices
	for reducing risk and liability.
4c	(Code:) (Expenses \$ 42,251 including grants of \$ 20,350) (Revenue \$)
	NETWORK WEAVING & EDUCATION: Key to AERO's success in developing community leaders and inspiring
	community models for sustainable, climate-healthy agriculture, food systems, and energy across
	the state is bringing people together to learn from one another through workshops, panel
	discussions, webinars and community gatherings designed to promote cross-learning and
	knowledge-building, connection, networks, resource-sharing, problem-solving and finding common
	ground. AERO's annual Expo brings together Montanans committed to the culture of stewardship to
	share ideas, make enduring connections, and find sensible, lasting, people-oriented solutions to
	food and energy issues.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

384,104

4e	Total program service expenses	

_		990 (2022) ALTERNATIVE ENERGY RESOURCES ORG 81-03506	98	F	Page 3
ŀ	Par	t IV Checklist of Required Schedules			1
		1 + 1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +		Yes	No
1		Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	v	
2	,	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X X	
3		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
		candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Ļ	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
		election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
		assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
7	,	"Yes," complete Schedule D, Part I	6		x
'		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		~
	•	complete Schedule D, Part III	8		x
ę)	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
		custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
1()	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
		or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
	а	complete Schedule D, Part VI	11a	x	
	b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	114	_ ^	
	-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
	с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	115		
12	2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
14	La	Schedule D, Parts XI and XII	12a		x
	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
		"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14	la	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
		fundraising, business, investment, and program service activities outside the United States, or aggregate			
	-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
1	נ	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		v
16	5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
	-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-		
		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	_	If "Yes," complete Schedule G, Part III	19		X
20		Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	-	X
2-		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
2	•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
_				1	

Page 3

	990 (2022) ALTERNATIVE ENERGY RESOURCES ORG	81-03506	98	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		—
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		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				
	persons? If "Yes," complete Schedule L, Part III		27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,				
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O	<u></u> .	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>		
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	9			
b	Enter the number of Forms 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?		1c	х	L

	orm 990 (2022) ALTERNATIVE ENERGY RESOURCES ORG		350698	F	Page 5
Pa	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued))		Yes	No
2a	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	2a	8		
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		. 2b	х	
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		. 3a		х
b					
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority	y over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial accou		. 4a		x
b		,			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	its (FBAR).	_		
5a			. 5a		x
b					x
c					
6a				-	
u			. 6a		x
b			- u	-	
ũ	gifts were not tax deductible?		. 6b		
7			. 00		
а	and services provided to the payor?		70		
L.					<u> </u>
b			. 7b		
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		-		
			• 7c		
d		· · · · · · · · · · · · · · · · · · ·			
e					
f					
g					
h			• 7h		
8			0		
•			- 8		
9			00		
a ⊾					
b 10			- 9b		
10		10-			
a L			_		
b 11		10b	-		
11		110			
a ⊾		· · 11a	-		
b		116			
100	against amounts due or received from them.)		· 12a		
12a ⊾			• 12a		
b 12		120			
13			. 13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.		· 15a		
b					
b	the organization is licensed to issue qualified health plans	13b			
с					
14a			· 14a		v
b			-		X
15			- 140		
	excess parachute payment(s) during the year?		. 15		v
	If "Yes," see the instructions and file Form 4720, Schedule N.				x
16		27	. 16		x
	If "Yes," complete Form 4720, Schedule O.		- 10		~
17		ies			
• •			. 17		
	If "Yes," complete Form 6069.		- 17		

	m 990 (2022) ALTERNATIVE ENERGY RESOURCES ORG 81-03506		P	Page 6
Pa	art 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			х
See	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
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, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	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,		л	
U	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10	~	
U	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	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	~	
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		~
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
11a ה		11a	Х	
b 100	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No." go to line 13	10-		
12a		12a	<u>x</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	12b	Х	
С		10.		
10	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on 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		X
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			
0	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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 Image: Construction of the construc			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Robin Kelson (406)443-7272, 32 S Ewing St 314, Helena, MT 59601			

Form 990 (2022) ALTERNATIVE ENERG					· Er	olan	ve	es. Highest Co	81-0350 Sompensated E	
Independent Contractors	,		,	,		•		ý U	•	
Check if Schedule O contains a resp	onse or no	te to	any li	ine	in t	his P	art	VII		
Section A. Officers, Directors, Trustees, K	ey Emplo	yees	s, and	d H	lig	hest	Со	mpensated E	mployees	
1a Complete this table for all persons required to be listed. F	Report compe	ensatio	n for th	he c	aler	ndar y	ear e	ending with or withir	n the	
organization's tax year.										
• List all of the organization's current officers, directors, compensation. Enter -0- in columns (D), (E), and (F) if no of				als	or o	rganiz	atior	ns), regardless of a	mount of	
				ar di	of: Di	tion of	"1.0	· omploved "		
List all of the organization's current key employees, if a	•								-1	
List the organization's five current highest compensate		•				-			• •	
who received reportable compensation (box 5 of Form W-2 \$100,000 from the organization and any related organizatio			99-IVIIC	50,	anu		xic	FOR TU99-NEC	or more than	
List all of the organization's former officers, key employ		oot or	mpon	cot		mploy	000 1	who received more	than	
\$100,000 of reportable compensation from the organization	-		•			прюу	662 1		lindii	
List all of the organization's former directors or truste			-			as a fo	ormo	r director or trustee	of the	
organization, more than \$10,000 of reportable compensation		-		•	-				or the	
		yaniza	alion a	nu a	arry	related	loig	janizations.		
See instructions for the order in which to list the persons at										
Check this box if neither the organization nor any relate	d organizatio	n com	ipensa			curre	ent of	fficer, director, or tru	ustee.	
					C)					
(A)	(B)	(do	not cheo	Pos ck m		nan one		(D)	(E)	(F)
Name and title	Average	box	, unless	pers	son is	s both a	n	Reportable	Reportable	Estimated amount
	hours per week	offic	cer and	a dir	ector	/trustee)	compensation from the	compensation from related	of other compensation
	(list any	0 =	_		Ŧ	<u>.</u>		organization (W-2/	organizations (W-2/	from the
	hours for	Individual trustee or director	Institutional	Office	Key employe	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	related organizations	dual	ution	Ť	pidua	est co	er	,	,	,
	below	trust	al tru		byee	pmpe				
	dotted line)	ee	trustee			ensat				
						led				
(1) Robin Kelson	40.00									
EXECUTIVE DIRECTOR						х		55,347	0	0
(2) ANDREW SHANAFELT	40.00									
ABUNDANT MT DIRECTOR					х			45,056	0	0
(3) SAMANTHA MCGOWAN	40.00									
ABUNDANT MT ASSISTANT DIRECTOR					х			44,455	0	0
(4) ERIN_AUSTIN	25.00									
DIRECTOR COMMUNITY PARTNERS					х			18,920	0	0
(5) ROBERT BYRON MEMBER	<u>1</u> .00	x						0	0	0
(6) MADISON BOONE	1.00									
MEMBER		x						0	0	0
(7) RICHARD DONOVAN	<u> </u>									
TREASURER		X		x				0	0	0
(8) COLTER SCHROEDER	4.00									
CHAIR (0) IDD SUBST		X		X				0	0	0
(9) ADA SMITH	<u>4.00</u>							-		
VICE-CHAIR / SECRETARY		X		X				0	0	0
(10)CHRIS_LAROCHE	4.00			v				0	0	0
		X		x	_			0	0	0
(11)										
(12)			+	+						
<u>`</u> _'										
<u>(13)</u>										
<u>(14)</u>										

Form 9	ALTERNATIVE ENERGY VII Section A. Officers, Directors, 1	GY RESOU	RCES Kev I		g plo	vee	s. ai	nd	Highest Comr	8: ensate	1-0350 d Emp	698	Pag	je 8 jed)
	(A) Name and title	(B) Average hours per week	(do r box,	not ch	Po: eck n ss pe	(C) sition nore t rson i	han one s both a r/trustee	e เท	(D) Reportable compensation from the organization (W-2/	(E) Reporta compens from rela organization	able ation ated	Estin	(F) nated amou of other mpensation rom the	int
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	ISC/	orga	nization an	
<u>(</u> 1 <u>5</u>)														
<u>(</u> 1 <u>6</u>)														
<u>(17)</u>														
<u>(18)</u>														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)				1										
(25)														
1b	Subtotal			••			• • •	•						
c d	Total from continuation sheets to Part VII, Sec Total (add lines 1b and 1c)		· · ·	•••	•••	•••	· · ·	•	163,778		0			0
2	Total number of individuals (including but not limite reportable compensation from the organization													0
													Yes I	No
3	Did the organization list any former officer, director employee on line 1a? <i>If "Yes," complete Schedule</i>					-						3		x
4	For any individual listed on line 1a, is the sum of re		-					-						
	organization and related organizations greater than individual											4		x
5	Did any person listed on line 1a receive or accrue			-			-	nizat	tion or individual					
Sect	for services rendered to the organization? If "Yes," ion B. Independent Contractors	complete Sc.	nedule	J for	SUC	h pe	erson					5		x
1	Complete this table for your five highest compensation	ated indepen	dent co	ontrac	ctors	s tha	t recei	ived	more than \$100,00) of				
	compensation from the organization. Report comp	ensation for	the cale	enda	r yea	ar er	nding v	with o	-	ation's tax	year.	(-)		
	(A) Name and business addre	ess							(B) Description of servic	es		(C) Compens	ation	
2	Total number of independent contractors (including	a but not limi	ted to t	hose	liste	ed at	oove) v	 who						
	received more than \$100,000 of compensation from	-					- /	-						

Open open open open open open open open o				(A)	(B)	(C)	(D)
Be definition 10 9, 983 C Survivaling events 10 13, 272 10 13, 272 10 11 289, 886 11 12 289, 886 11 13 10 13, 272 14 289, 886 11 15 13, 272 10 16 13, 272 10 16 13, 272 384, 985 17 70, 249 384, 985 18 Autobact contributions (nits, grans, and similar amounts noticulad nits into control included above into control included above into control included into c				Total revenue			Revenue exclude from tax under sections 512–5
Begender Geregender G			· · · · · ·				
a BUNDANT MT SERVICE REV Sale y 99 a ABUNDANT MT SERVICE REV 541900 37,356 a ABUNDANT MT SERVICE REV 541900 37,356 a d	ats	· · · · · · · · · · · · · · · · · · ·					
a BUNDANT MT SERVICE REV Sale y 99 a ABUNDANT MT SERVICE REV 541900 37,356 a ABUNDANT MT SERVICE REV 541900 37,356 a d			13,272				
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g Total. Add lines 2a:21 37, 356 3 Investment income (including divideds, interest, and other similar amounts) 101 101 4 Income from investment of tax-exempt bond proceeds 101 101 5 Royalice 60 0) Personal 0) Personal 6a Gross rents 6a 0) Personal 0) 101 6a Gross rents 6a 0) Personal 0) 101 101 7 Gross rents 6a 0) Personal 0) 100 100 7 Gross rents 6a 0) Personal 0 100 100 7 Gross rents 6a 0) Personal 0 100 100 7 Gross amount from sales expenses . 7b 7a 100 100 100 100 8a Gross income from fundraising events (not including \$ 13, 272) of contributions reported on line 10 100 100 100 100 100 100 100 100 100 100 100 100 <td></td> <td></td> <td>541900</td> <td>37,356</td> <td>37,356</td> <td></td> <td></td>			541900	37,356	37,356		
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9000000000000000000000000000000000000				101	101		
97 Royalties Image: constant in the image: constant i		,		101	101		
Bit Image: Constraint of the second of the sec							
Bit Gross rents Sec Sec <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>							
e Rental income or (loss) 6c			(
e Rental income or (loss) 6c							
Ta Gross amount from sales of assets other than inventory b. Less: cost or other basis and sales expenses							
Page of assets 7a 7a sales of assets 7b 7a b Less: cost or other basis and sales expenses 7b 7b c Gain or (loss) 7c 7c d Net gain or (loss) 7a 7b d Net gain or (loss) 7c 7c d Net gain or (loss) 7a 7b a Gross income from fundraising events (not including \$ 13,272 of contributions reported on line 8a 1c). See Part IV, line 18 8a g Gross income from gaming activities, See Part IV, line 19 8a p Gross income or (loss) from gaming activities, See Part IV, line 19 9a g Gross income or (loss) from gaming activities 9a g Gross sales of inventory, less returns and allowances 9b c Net income or (loss) from sales of inventory 10a 10a 10b c All other revenue 9 e Total. Add lines 11a:11d 9		d Net rental income or (loss)					
Sales of assets other than inventory b 7a 7a 0 Less: cost or other basis and sales expenses 7b 7a 7a 7b 7a 7a 7a 7a 7a 7a 6 Cain or (loss) 7b 7a 7a 7a 7a 7a 7 7a 7a 7a 8a Gross income from fundraising events (not including \$ 13,272 7a 9a 7b 7a 7a 9a 7b 7a 7a 9a 7b 7a 7a 7b 7b 7a 7a 7b 7b 7a 7a <td< td=""><td></td><td>7a Gross amount from (i) Securities</td><td>(ii) Other</td><td></td><td></td><td></td><td></td></td<>		7a Gross amount from (i) Securities	(ii) Other				
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10a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory Business Code 10a 11a							
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b Less: cost of goods sold c Net income or (loss) from sales of inventory 10b Business Code Business Code C C C d All other revenue e Total. Add lines 11a-11d C C C C C C C C C	•						
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Ina Business Code Image: Code Image: Code b Image: Code Image: Code Image: Code c Image: Code Image: Code Image: Code d All other revenue Image: Code Image: Code e Total. Add lines 11a-11d Image: Code Image: Code							
11a		c Net income or (loss) from sales of inventory					
		44-	Business Code				
	e l						
	ent	D					
	Sev.						
	<u>ب</u>						
12 Total revenue. See instructions							

ALTERNATIVE ENERGY RESOURCES ORG

81-0350698

Page 9

Form 990 (2022)

2022) ALTERNATIVE ENERGY RESOURCES ORG Statement of Functional Expenses

Page **10**

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all col	umns. All other organiza	ations must complete co	umn (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX	<u> </u>	<u></u>	
Do r	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				
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	55,347	45,938	3,321	6,08
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	200,652	166,541	12,039	22,07
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	13,584	11,275	815	1,49
0	Payroll taxes	21,049	17,471	1,263	2,31
1	Fees for services (nonemployees):				
а	Management				
b	Legal • • • • • • • • • • • • • • • • • • •				
С	Accounting	5,107	4,239	306	56
d	Lobbying				
е	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				
13	Office expenses	6,056		6,056	
4	Information technology	5,390	4,474	323	59
5	Royalties				
16	Occupancy	3,624	3,008	217	39
7	Travel	11,887	9,866	713	1,30
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,079	1,079		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	542		542	
23	Insurance	2,243	1,861	135	24
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	CONTRACTORS	98,741	98,741		
b	DUES, FEES, SUBSCRIPTIONS	12,577	10,439	755	1,38
с	POSTAGE AND PRINTING	8,036	6,670	482	88
d	MONTANA FOOD PROVIDERS	2,502	2,502		
e	All other expenses	_,			
25	Total functional expenses. Add lines 1 through 24e	448,416	384,104	26,967	37,34
26	Joint costs. Complete this line only if the				, 0 1
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

	990 (20	,	83	1-0350	698 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	191,193	1	165,989
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
set	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 8, 922			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	167,980	12	167,980
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	359,173	16	333,969
	17	Accounts payable and accrued expenses	6,258	17	7,024
	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	
ies	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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	97,500	25	97,500
	26	Total liabilities. Add lines 17 through 25	103,758	26	104,524
6		Organizations that follow FASB ASC 958, check here			
čě		and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	255,415	27	229,445
Ba	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
ц		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	255,415	32	229,445
	33	Total liabilities and net assets/fund balances	359,173	33	333,969

EEA

Form **990** (2022)

	990 (2022) ALTERNATIVE ENERGY RESOURCES ORG	81-03506	98	Page 12
Pa	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	4	122,446
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	448,416
3	Revenue less expenses. Subtract line 2 from line 1	3		(25,970)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	255,415
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	2	229,445
Pa	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 on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate 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			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	x
b				
			3b	
EEA			Form	990 (2022)
				, , , , , , , , , , , , , , , , , , ,

SCHE	DULE	Α
(Form	990)	

Public Charity Status and Public Support

OMB No. 1545-0047

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

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number ALTERNATIVE ENERGY RESOURCES ORG 81-0350698 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). a (vi) Amount of (i) Name of supported organization (iv) Is the organization (v) Amount of monetary (ii) EIN (iii) Type of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2022

	e A (Form 990) 2022 ALTERNATIV					81-035069	
Part				• •			
	(Complete only if you checked the						alify under
	Part III. If the organization fails t	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
	on A. Public Support			r			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 .						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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					12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	re					🗌
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line		•			14	%
15	Public support percentage from 2021 Scl					15	%
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ						
	this box and stop here. The organization	•	• • • •	•			
17a	10%-facts-and-circumstances test - 202						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa						
	organization						
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization					•	•
	in Part VI how the organization meets the			-	•		
	organization						
18	Private foundation. If the organization di						_
	instructions						· · · · · · L

(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.)

Secti	on A. Public Support			e, prodoc oc			
-	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees		(-)	(-)	(-)	(-)	
	received. (Do not include any "unusual grants.")	243,568	387,059	186,849	299,843	366,827	1,484,146
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	732	1,037			55,618	57,387
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						
6	Total. Add lines 1 through 5	244,300	388,096	186,849	299,843	422,445	1,541,533
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						
Sooti	line 6.)						1,541,533
	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	244,300	388,096				
10a	Gross income from interest, dividends,	244,300	388,096	186,849	299,843	422,445	1,541,533
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources					101	101
b	Unrelated business taxable income (less					101	101
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b					101	101
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	244,300	388,096	186,849	299,843	422,546	1,541,634
14	First 5 years. If the Form 990 is for the o	-	rst, second, thi	rd, fourth, or fil	ith tax year as	a section 501(c)(3)
	organization, check this box and stop her						🗌
	on C. Computation of Public Suppo						
15	Public support percentage for 2022 (line					15	99.99 %
16	Public support percentage from 2021 Sch					16	100.00 %
	on D. Computation of Investment In			<u> </u>	(0)		
17	Investment income percentage for 2022 (I			-		17	0.00 %
18	Investment income percentage from 2021					18	0.00 %
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this b	•					anization <u>x</u>
b	33 1/3% support tests - 2021. If the organization						-
00	line 18 is not more than 33 1/3%, check this box a	•					
20	Private foundation. If the organization di	u not check a t		19a, 01 19D, Cl	IEUN IIIS DOX A		A (Form 990) 2022
EEA						Schedule	A (FORM) 9901 2022

Schedule A	(Form 990) 2022	ALTERNA
Part IV	Supporting	Organizations

Page 4

No

Yes

(Complete only if you checked a box on line 12 of 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 1 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. 1 2 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 2 organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a 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 3b organization made the determination. С 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. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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) 4c purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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). 5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 6 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. 6 7 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). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990). Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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. 9a b Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b EEA

Schedule A (Form 990) 2022

			res	UVI
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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on 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		
Secti	on 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			
	the supported organization(s).	1		
Secti	on D. All Type III 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		
Secti	on 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	instr	uctio	ns).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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 on 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. <i>Answer lines 3a and 3b below.</i>			
a	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		

ALTERNATIVE ENERGY RESOURCES ORG

Supporting Organizations (continued)

Schedule A (Form 990) 2022

Part IV

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

Page 5

Yes No

81-0350698

	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (exc	plain in Part VI) See
1	instructions. All other Type III non-functionally integrated supporting organization			,
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

Schedul Part	A (Form 990) 2022 ALTERNATIVE ENERGY RESOUR V Type III Non-Functionally Integrated 509(a)(3)		81–035 izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe		rted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	/I) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
a	F (0010			
C	Excess from 2019 Excess from 2020			
d	Europe from 0001			
e	Excess from 2021			
EEA				Schedule A (Form 990) 2022

Schedule A (F	orm 990) 2022 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	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, Section B, lines 1 and 2; Part IV, Section E, lines 1a, 2a, 2b
	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, 2a, 2b 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, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Employer identification number

81-0350698

Department of the Treasury Internal Revenue Service

Name of the organization

	ALTERNATIVE	ENERGY	RESOURCES	ORG
--	-------------	--------	-----------	-----

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
 (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

SCHEI	DULE D
(Form	990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

2022 Open to Public

OMB No. 1545-0047

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

Open to Public Inspection

Name	of the or	ganization		Employer identification number
ALTE	RNATI	VE ENERGY RESOURCES ORG		81-0350698
Pa	rt I	Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Ad	counts.
		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	Aggre	gate value of contributions to (during year)		
3		gate value of grants from (during year)		
4		egate value at end of year		
5		e organization inform all donors and donor advisors in v	writing that the assets held in donor advised	
		are the organization's property, subject to the organiza	-	Yes 🗌 No
6		e organization inform all grantees, donors, and donor a	-	d
		or charitable purposes and not for the benefit of the dor		
	-	rring impermissible private benefit?		Yes 🗌 No
Par		Conservation Easements.		
		Complete if the organization answered "Yes"	on Form 990. Part IV. line 7.	
1	Purpo	ose(s) of conservation easements held by the organization		
-		eservation of land for public use (for example, recreatio		historically important land area
	_	otection of natural habitat		certified historic structure
	=	eservation of open space		
2	_	lete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation
_		nent on the last day of the tax year.		Held at the End of the Tax Year
а		number of conservation easements		
b		acreage restricted by conservation easements		
c		per of conservation easements on a certified historic str		
d		per of conservation easements included in (c) acquired		
ŭ		ic structure listed in the National Register		2d
3		per of conservation easements modified, transferred, re		
•	tax ye		ioaced, exangulation, of terminated by the org	
4	•	per of states where property subject to conservation eas	sement is located	
5		the organization have a written policy regarding the per		
Ū		ons, and enforcement of the conservation easements it		Yes 🗌 No
6		and volunteer hours devoted to monitoring, inspecting,		
Ŭ	Otan	and volumeer nours devoted to monitoring, inspecting,		aion casements during the year
7	Amou	int of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
•	741100	int of expenses mourred in monitoring, inspeaning, nane		casements during the year
8	Does	each conservation easement reported on line 2(d) above	ve satisfy the requirements of section $170(h)(a)$	4)(B)(i)
•		ection 170(h)(4)(B)(ii)?		
9		t XIII, describe how the organization reports conservati		
Ū		ce sheet, and include, if applicable, the text of the footn		
		ization's accounting for conservation easements.		
Par	t III	Organizations Maintaining Collections	s of Art. Historical Treasures. or	Other Similar Assets.
	• • • •	Complete if the organization answered "Yes"		
	lf the	organization elected, as permitted under FASB ASC 95	, ,	palance sheet works
		historical treasures, or other similar assets held for pu		
		e, provide in Part XIII the text of the footnote to its finar		
b		organization elected, as permitted under FASB ASC 95		nce sheet works of
5		storical treasures, or other similar assets held for public		
		le the following amounts relating to these items:		
		evenue included on Form 990, Part VIII, line 1		¢
		ssets included in Form 990, Part VIII, line 1		
0				
2		organization received or held works of art, historical tre ing amounts required to be reported under FASB ASC	-	
~		nue included on Form 990, Part VIII, line 1	0	¢
a b		s included in Form 990. Part X		• • • • • • • • • • • • • • • • • • •

Schedu	le D (Form 990) 2022 ALTERNATIVE ENER			81-035	
Par	t III Organizations Maintaining C	ollections of Art, His	torical Treasures,	or Other Similar A	ssets (continued)
3	Using the organization's acquisition, accession	, and other records, check ar	y of the following that m	ake significant use of its	
	collection items (check all that apply):			-	
а	Public exhibition	d	Loan or exchange pr	ogram	
b	Scholarly research	e	Other	ogian	
c	Preservation for future generations	C			
	Provide a description of the organization's colle	ations and ovalain how thou f	urthar the arganization's	overnet ourpose in Part	
4	XIII.	cuons and explain now they i	urther the organizations	exempt purpose in Part	
-		and a description of a deficiency	· · · · · · · · · · · · · · · · · · ·	1	
5	During the year, did the organization solicit or re				
Dor	assets to be sold to raise funds rather than to b	•	rganization's collection?		• Yes No
Par			n 000 Dart IV line	O an reported an ar	naunt an Farm
	Complete if the organization a	nswered res on For	n 990, Part IV, iine	9, or reported an ar	nount on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodian				
					• 🗌 Yes 📋 No
b	If "Yes," explain the arrangement in Part XIII and	d complete the following table	9:		
					nount
c					
d	Additions during the year				
е	Distributions during the year			. 1e	
f	Ending balance			. 1f	
2a	Did the organization include an amount on Form	n 990, Part X, line 21, for esc	row or custodial account	t liability?	. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Cl	heck here if the explanation h	as been provided on Pa	rt XIII • • • • • • • • •	🗌
Par	t V Endowment Funds.				
	Complete if the organization a	nswered "Yes" on For	n 990, Part IV, line	10.	
		(a) Current year (b) Pri	or year (c) Two years	back (d) Three years back	(e) Four years back
1a	Beginning of year balance				
b					
c	Net investment earnings, gains, and				
-	losses				
d	Grants or scholarships				
e	Other expenditures for facilities and				
U	programs				
f	Administrative expenses				
	End of year balance				
g 2	Provide the estimated percentage of the curren	t veer and belance (line 1g. a			
2	Board designated or quasi-endowment		olumn (a)) neiu as.		
a L		70			
b	Permanent endowment %				
С	Term endowment %				
-	The percentages on lines 2a, 2b, and 2c should			e	
3a	Are there endowment funds not in the possessi	ion of the organization that ar	e held and administered	for the	
	organization by:				Yes No
	(i) Unrelated organizations	• • • • • • • • • • • • • • • •	•••••		. 3a(i)
	(ii) Related organizations				· 3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	•			. 3b
4	Describe in Part XIII the intended uses of the or	-	ds.		
Par					
	Complete if the organization a	nswered "Yes" on Forr	n 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	(d) Book value
		(investment)	(other)	depreciation	
1a	Land				
b	Buildings				
с	Leasehold improvements				
d	Equipment	8,922		8,922	
е	Other			· ·	
Total.	Add lines 1a through 1e. (Column (d) must equa		B), line 10c.)		

	 (a) Description of security or category (including name of security) 		(b) Book value		lethod of valuation: nd-of-year market value
(1) Financial d					,
	d equity interests				
(3) Other					
-	s Seed Stock		167 09		
(B)	s seed stock		167,98	0 FMV	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)		167,98	0	
Part VIII	Investments - Program Related.				
	Complete if the organization answered	d "Yes" on For	m 990, Part IV,	line 11c. See Forr	m 990, Part X, line 13.
	(a) Description of investment		(b) Book value		lethod of valuation: nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)				•	
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered	d "Yes" on For	m 990, Part IV,	line 11d. See For	m 990, Part X, line 15.
		escription	, ,		(b) Book value
(1)	(4)	Joonpuon			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 15.)	• • • • • • • • •			
Part X	Other Liabilities.				
	Complete if the organization answered line 25.	d "Yes" on For	m 990, Part IV,	line 11e or 11f. Se	e Form 990, Part X,
<u>1.</u>	(a) Description of liability	(b) Book v	alue		
(1) Federal ir	icome taxes				
(2)EIDL SE	A LOAN		97,500		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
\ /					

ALTERNATIVE ENERGY RESOURCES ORG

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 •
 97, 500

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

81-0350698

Page 3

Schedule D (Form 990) 2022

Part VII

Investments - Other Securities.

		31-0350698	Page 4
Part		r 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	1	
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		
c	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	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990)

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

81-0350698

Department of the Treasury Internal Revenue Service

Name of the organization

ALTERNATIVE ENERGY RESOURCES ORG

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.

Form	8868
(Rev. Jai	nuary 2022)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

•	Go to	www.irs	.gov/Forn	<i>n8868</i> fo	r the la	atest in	formation	۱.
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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
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	PO Box 1558	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	Helena MT 59624	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of F Robin Kelson, 32 S Ewing St 314 Helena MT 59601

Te	elephone 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 t	his is		
for th	ne whole group, check this box 🛛	n		
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 <u>11–15</u> , 20 <u>23</u> , to file the exempt organization return the organization named above. The extension is for the organization's return for:	rn for		
	X calendar year 20 22 or			
	▶ 🗌 tax year beginning, 20, and ending	, 20	0.	
2	If the tax year entered in line 1 is for less than 12 months, check reason:			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	
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.	3b	\$	
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	
Caut	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 887	'9-TE	for payment	
instru	uctions.			
For I	Privacy Act and Paperwork Reduction Act Notice, see instructions.	Forr	m 8868 (Rev. 1-	2022)

EEA

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 1
Name(s) as shown on return	ENERGY RESOURCES ORG	FEIN 81-0350698
_ Description Montana_Sha		<u>Amount</u> <u>\$ 1,499</u> L: \$ 1,499
Description	L	Amount
<u>MT License</u>		\$ 6,340 64,009
_OIHER DONAL	Total	

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