Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2019

2019

OMB No. 1545-0047

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

AF	or the	2019 calend	ar year, or tax year beginning , 2	2019, and en	ding		, 20		
B Check if applicable:			C Name of organization	. (O elibe	D Emp	D Employer identification number			
	Address o	change	Montana Renewable Energy Association		belen ses (lir	8	1-0537306		
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	suite E Tele	E Telephone number				
Initial return			P.O. Box 673 has sall in notice up you of bringsey of O elub	used Siched	rgania ation r	(40	06) 214-9405		
		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	esociua ta	F Gro		mption		
Amended return Application pending Missoula, MT 59806-0673					nber 1				
		ting Method:	✓ Cash Accrual Other (specify)	ainnón has			if the organization is not		
	/ebsite		elit menoro dose vo	of neutranoi	-		ach Schedule B		
			eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a	a)(1) or 52	-		0-EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ Ott		eldisər 880 t-) velte	lawan alnostraela		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,00	Martin Control of the	if total assets	intent i	Specific projects		
			5500,000 or more, file Form 990 instead of Form 990-EZ		(▶ ¢	164,200		
-	art I		e, Expenses, and Changes in Net Assets or Fund Ba		e the instru	ctions			
			the organization used Schedule O to respond to any ques	•					
	1	Contribution	ons, gifts, grants, and similar amounts received	SAM .coues	dia on policy i	110	65,838		
	2	Program s	ervice revenue including government fees and contracts	If this amo		2	98,363		
402 879 009	3	Membersh	ip dues and assessments	LEnergy Fel	annual Clear	3	o ³⁰ The purpose of 4		
	4	Investmen	income	2019 feit too	to them. The	4	va esifinumoggo 0		
	5a	Gross amo	ount from sale of assets other than inventory	5a	o vehicles, a		10 workshops, 2		
	b	Less: cost	or other basis and sales expenses	5b	0				
	С	Gain or (lo	5c	031 Other program					
	6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)							
	a	Gross inc	32 Total program						
ne	hș9 r	\$15,000)	1000						
Revenue	b	Gross income from fundraising events (not including \$ of contributions							
Re		from fundr	aising events reported on line 1) (attach Schedule G if the						
	uoms : Densati	sum of suc	ch gross income and contributions exceeds \$15,000)	6b	0	nain te			
	C	Less: direc	t expenses from gaming and fundraising events	6c	0				
	d		e or (loss) from gaming and fundraising events (add lines 6	a and 6b a	nd subtract				
0		line 6c)	6d	Oresident & Board Mer					
	7a	Gross sale	s of inventory, less returns and allowances	7a	0		Brad Van Work		
	b		of goods sold	7b	0				
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a	a)		7c	gevil Byen		
0	8		nue (describe in Schedule O)			8	Occretary & Board Mer		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		>	9	164.200		
0	10		I similar amounts paid (list in Schedule O)			10	o sasurer & Board Me		
	11	Benefits pa	aid to or for members			11	olia mau o		
S	12		ther compensation, and employee benefits			12	51,689		
Expenses	13	Professional fees and other payments to independent contractors			13	18,310			
bei	14		Occupancy, rent, utilities, and maintenance			14	0 and Member & Falr (
Ext	15		ublications, postage, and shipping			15	1,704		
	16		enses (describe in Schedule O)			16	53,066		
	17		enses. Add lines 10 through 16			17	124,819		
(0	18		(deficit) for the year (subtract line 17 from line 9)			18	39,381		
et	19		or fund balances at beginning of year (from line 27, column				Wastershill date		
455			r figure reported on prior year's return)		the state of the s	19	79,627		
Net Assets	20	Other char	iges in net assets or fund balances (explain in Schedule O).			20	ainteles/ worder 0		
Ž	21		or fund balances at end of year. Combine lines 18 through 20			21	119,008		
For	Paper		ion Act Notice, see the separate instructions.	Cat. No. 106			Form 990-EZ (2019)		

Part II Balance Sheets (see the instructions to		terimens () In	murtoS		
Check if the organization used Schedule	O to respond to a	ny question in this			
(chombanion diarrig rights) alood a		o ti Vini i non io i cino fin	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	unhbers on this form	ter codel security n	79,627		119,00
23 Land and buildings				23	each ad the head less
Other assets (describe in Schedule O)				24	Average services
25 Total assets		Bounder	79,627	1	119,00
27 Net assets or fund balances (line 27 of column	(D) must sares with	_		26	CAUCUAGO A AUSTEU
Part III Statement of Program Service Accom			79,627	21	119,00
Check if the organization used Schedule			,		Expenses
What is the organization's primary exempt purpose?				(Req	uired for section
Describe the organization's program service accomplisas measured by expenses. In a clear and concise mpersons benefited, and other relevant information for each	shments for each of anner, describe the	of its three largest p	rogram services,	1	c)(3) and 501(c)(4) nizations; optional for rs.)
28 Education. MREA educated Montanans about renewa				rio) as	sie ięmeno-xe T
electronic newsletter (~1,000 recipients), email action				ROBB	Form of organi
Specific projects included two clean energy expos, a			ortation.	00-	O , OC BERRIODE, O
	includes foreign gra			28a	48,86
29 Policy. MREA monitors and influences the decisions					on Ellin
Activities include communications with government				11/14	DO DE
with the public and media on policy issues. MREA als (Grants \$	includes foreign gra		matters.	29a	04.00
30 The purpose of MREA's annual Clean Energy Fair is to			on onergy	23a	31,86
opportunities available to them. The 2019 fair took pl					povol 8
10 workshops, 25 electric vehicles, and children's ac				i nevaji	Sa Gras
		ants, check here .		30a	16,40
31 Other program services (describe in Schedule O)				000	10,40.
		ants, check here		31a	1,87
32 Total program service expenses (add lines 28a t	hrough 31a)		rimen ment	32	99,00
Part IV List of Officers, Directors, Trustees, and Key				-	
Check if the organization used Schedule					
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Estimated amount or their compensation
Henry Dykema	ng events (add line	uning and fundrals	e er (loss) from g	00	
President & Board Member	2	0	A RESIDENCE OF THE PROPERTY OF	0	id enti
Brad Van Wert	8607	swolls bas amutet	s of inventory, les	Sale	
Vice President & Board Member	3	0	of goods sold	0	teset d
David Ryan	ract line 7b from lit	es of inventory (sub-	t or (loss) from sa	Renq.	
Secretary & Board Member	3	(0 el 10 0	8 ni editoreby sur	0	erio 8
Patrick Judge	8 b	5, 4, 5c, 6d, 7c, a	nue. Add lines 1,	91	
Treasurer & Board Member	4	0	simuan amounts	0	mand, or
Susan Bilo	e of the second	2	ament to or for memb	ac en	
Board Member	1 ame	0	IONECONO BO	0	MSGC SELE
Christopher Borton	dent contractors .	ayments to indepen	al tees and other p	MAR	E 12 Moles
Board Member & Fair Coordinator (compensated \$4,000)	3	4,000	EE ,2800MOU EDIOT .	0	
Brian Fadie		e, and snipping .	ipacations, postar	10,01	MARIA SE W
Board Member	2	0 0 0	FILEGRIOSCO	0	AGARCA OLI
Jackson Isbell		a control of the cont	ESSER LOU-RESSER		10.101
Board Member	2	0	SOV SHE NOT BE RECE	0	A 40 Notes
Barb Oldershaw	W THE DISC HIGH IS	nutor phone return	a hadrona oriente	0	o-bae
Board Member	1 - 1	0		0	10/HO 00 E
Andrew Valainis	40	and an area of	creation in cell		S and Market
Executive Director	40	45,240	Company Data 30	0	G -b
Wyatt Smith	15	0.004	on Act words, such	0	A RIGHTEGET 10
Special Projects Coordinator (worked for 2-3 months)	15	2,291		0	

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			8 -
V	94	ADELE	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	50 10		
05-	change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	уен	1
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c	HS 1 HCI P NI	8.
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	ne me	1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	00		V
b 38a	Did the organization file Form 1120-POL for this year?	37b		1
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38a		1
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4915 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
c nadt e	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		30	10
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	15.93 Ş ia		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶	100		
42a	The organization's books are in care of ▶ Patrick Judge Telephone no. ▶ (4	06) 45	9-583	8
	Located at 1900 Lockey Ave Helens NAT	59601		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	I	Yes	No
	If "Yes," enter the name of the foreign country ▶	42b		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	to)	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		100	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	a lo asi	Vaal	NI
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No /
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			V
C	Did the organization reading	44b 44c	-	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			V
45a	Did the organization have a controlled puttle of the controlled puttle	44d	InO:	-
b	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," Form 990 and Schedule R may need to be completed instead of	45a		V
	Form 990-EZ. See instructions		-	-

Patrick Judge, Treasurer Type or print name and title Paid Preparer Use Only Patrick Judge, Treasurer Type or print name and title Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's name ▶ Firm's address ▶ Phone no.	40	Did the experientian area and the experientian	indivention in reliable	o bos A slubenos e	habalf of cult		No
Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI	46				benail of or in of		1
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part V! Ves	Part			ton viivitos tasoliinais	vna ni epapne m	Did the organization	Α.
Check if the organization used Schedule O to respond to any question in this Part VI Ves No				estions 47-49b and	52, and comple	te the tables for lines	3
Vest No. Vest Vest Vest No. Vest		50 and 51.			nt changes made		
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "ves," complete Schedule C part II		Check if the organization used So	chedule O to respon	d to any question in t	his Part VI	copy of the ameno	
year? If "Yes," complete Schedule C, Part II 8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 9 Did the organization make any transfers to an exempt non-charitable related organization? 9 Did the organization make any transfers to an exempt non-charitable related organization? 9 Did the organization make any transfers to an exempt non-charitable related organization? 9 Did the organization make any transfers to an exempt non-charitable related organization? 9 Did the organization form the organization is five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 9 Name and title of each employee (a) Name and title of each employee paid over \$100,000 10 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 10 Name and business address of each independent contractor 10 Name and business address of each independent contractor 10 Name and business address of each independent contractor 10 Name and business address of each independent contractor 10 Total number of other independent contractors each receiving over \$100,000 11 Occupied this table for the organization. If there is none, enter "None." 12 Occupied this table for the organization. If there is none, enter "None." 13 Occupied this table for the organization. If there is none, enter "None." 14 Total number of other independent contractors each receiving over \$100,000 15 Occupied this table for the organization. If there is none, enter "None." 16 Occupied this table for the organization. If there is none, enter "None." 17 Occupied this table for the organization. If there is none, enter "None." 18 Occupied this table for the organization. If there is none, enter "None." 19 Occupied this table for	1	AC		504(1)	le O. See instruct		No
Signature of the organization make any transfers to an exempt non-charitable related organization?	47				n in eπect auring		
Signature of the organization make any transfers to an exempt non-charitable related organization?	48	Is the organization a school as described	in section 170(b)(1)(A)	(ii)? If "Yes," complete	Schedule E		1
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." [a) Average hours per week devoted to position of the position of th	49a					49a	1
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per week develor to position None. (b) Average compensation (c) Reportable compensation (d) Realth benefits, contributions to employee benefit plans, and deferred other compensation (e) Reportable compensation (f) Reportable compensation (g) Reportable compensation (g) Reportable compensation (g) Reportable compensation (h) Reportable compensation (h					y tax requiremen		
(a) Name and title of each employee (b) Average (c) Reportable (c) Average (c) Path benefits, conflictations to employee benefit plans, and deferred compensation (c) Path benefits, conflictations to employee benefit plans, and deferred compensation (c) Path benefits, conflictations to employee benefit plans, and deferred compensation (c) Path benefits, conflictations to employee benefit plans, and deferred compensation (c) Path benefits, conflictations (c) Path benefits, con	50						ke
(a) Name and title of each employee		employees) who each received more that	T	T			
f Total number of other employees paid over \$100,000 ▶ Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None. d Total number of other independent contractors each receiving over \$100,000 . ▶ 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organization		(a) Name and title of each employee	hours per week	compensation	contributions to emp benefit plans, and de	oloyee (e) Estimated amount other compensation	
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None. d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ✓ Yes	None.	r covered by this return?	the end of the tax ye	ts gnibnetatuo ilite bru	le in a prior year	any such loans miac	
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None. d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Patrick Judge, Treasurer Type or print name and title Preparer Use Only Firm's name ▶ Firm's name ▶ Firm's address ▶ Phonon no.		des.	bevlovní tnuomi	IL and enter the total	Schedule L. Par	b If "Yes," com lete:	
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None. d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Patrick Judge, Treasurer Type or print name and title Preparer Use Only Firm's name ▶ Firm's name ▶ Firm's address ▶ Phonon no.			_		ganizations. Ente	Section 501(c(7) or	
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Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None. d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Patrick Judge, Treasurer Type or print name and title Preparer Use Only Firm's name ▶ Firm's name ▶ Firm's saddress ▶ Phone no.			cilities	or public use of club te	luded on line 9, 1.	D Gross receipts, incl	
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None. d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Patrick Judge, Treasurer Type or print name and title Preparer Use Only Firm's name ▶ Firm's name ▶ Firm's saddress ▶ Phonon no.		n diupon the year image	Hass Care State Control	section A010 b		9 1110 molion 4911 in	
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None. d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Patrick Judge, Treasurer Type or print name and title Preparer Use Only Firm's name ▶ Firm's name ▶ Firm's address ▶ Phonon no.	-	allt transaction in a prior year	ge in an excess bear	e year, or did it enga	saction during t	excess benefit tran	-
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None. d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Patrick Judge, Treasurer Type or print name and title Preparer Use Only Firm's name ▶ Firm's name ▶ Firm's address ▶ Phonon no.		implete Schedule L. Part I. Jana I.	990-EZ7 If "Yes." d	its prior Forms 990 b	eported on any d	that has not been n	
\$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None. d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.	f			and the same of th	i01(c)(4) <u>and 501</u>		
(a) Name and business address of each independent contractor (b) Type of service (c) Compensation None. d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ✓ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Patick Judge, Treasurer Type or print name and title Preparer's signature	51				contractors who	each received more t	hai
d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ✓ Yes No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Patrick Judge, Treasurer Type or print name and title Preparer Use Only Firm's name Firm's name Firm's address Phone no.		Jan Bas	vet la terrana satali	policeiastas (OCVa) t	501/ol/AL and 50	d Section 501(c)(3), 4	
d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a) Name and business address of each indeper	ndent contractor	(b) Type of serv	rice	(c) Compensation	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	None.	W to a excluding of the shallow	ieo erganization a par	g the tax year, was I	it any time durin	A .enoitasinagro IIA e	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	<u> </u>	606		T-8888 r	s," coinplete Form	transaction? If "Yes	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				his return is filed >	which a copy of t		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	ART	ST. EST. (BOS) -4. on ennotatieT		ecout xohta9 4 to	prep di erre in care	The organization's i	88
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				18, MI	LOOKLY AVE, Helen		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	-01/4	Lane 1 Offermore Japanes and a student	e alt inteless in or a sit int. securities account	(such as a bank acce	n a foreign country	a financial account in	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				n country >	ame of the foreig		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		Bench of Foreign Bank and I wash	for ElmOEN Form 114	and filling requirements	i for exceptions a	See the instructions	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					(FBAIL).	Financial Accounts	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Patrick Judge, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's name ▶ Firm's address ▶ Phone no.		The state of the s			he calendar ve	c At any time during t	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Patrick Judge, Treasurer Type or print name and title Preparer Use Only Firm's name Firm's address Proper Firm's address Proper Firm's address Proper Firm's address Proper Firm's address Phone no.	52	·					
Sign Here Patrick Judge, Treasurer Type or print name and title Paid Preparer Use Only Firm's address ▶ Patrick Judges (Check ☐ if self-employed) Firm's address ▶ Phone no.	Linda						
Sign Here Patrick Judge, Treasurer Type or print name and title Paid Preparer Use Only Firm's name Firm's address Patrick Judge, Treasurer Type or print name and title Preparer's signature Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Firm's name Firm's ell Phone no.	true, co	rrect, and complete. Declare that I have examined this rrect, and complete. Declaration of preparer (other the	s return, including accompa an officer) is based on all inf	nying schedules and stateme formation of which preparer I	ents, and to the best o has any knowledge.	if my knowledge and belief, it	IS
Patrick Judge, Treasurer Type or print name and title Paid Preparer Use Only Patrick Judge, Treasurer Type or print name and title Preparer's signature Preparer's signature Date Check ☐ if self-employed self-employed Firm's name ▶ Firm's address ▶ Phone no.		Pato Ordan	during the year? If	donor advised funds	8-2	10-2020	AA.
Type or print name and title Paid Preparer Preparer's name Preparer's signature Date Check ☐ if self-employed Firm's name Firm's address ▶ Phone no.	Sign	Signature of officer			Date	completed inslead i	
Paid Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed Prim's name Firm's address Firm's address	Here		es during the veer?	r more hospital facility	n operate one o	o Did the organization	
Preparer Use Only Firm's name ► Firm's address ► Phone no.	-	Type or print name and title			of Form 990-EZ) basteni batalomoo	
Firm's name ► Firm's ellN ► Phone no.	Paid	Print/Type preparer's name	Preparer's signature	Da to composition of an	Che	eck Lit	
Firm's address Phone no.			ed egent these pa	zal on filed a Form /z			
	Use	Offig	3163-3	nom only wighter with the		noitexinenun artt hir	JE S.
	May th		er shown above? See	instructions	j Friorie no.	> Yes No	0

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Montana Renewable Energy Association 81-0537306 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 in 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 a 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. 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, 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Part	Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
Secti	on A. Public Support	alamy direct	7 1110 10010 110	red belevi, p	000000000000000000000000000000000000000	to r are mi,	e europeas Se europeas lament
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	must comple	rganizations (For lines 1 tir	Status (All c	ssociation iblic Charib rate foundatio	rable Energy a eason for P on is not a on	Montana Pene NPSTALL F
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	described in se e E (Form 990 bed in section	n of churches ttach Schedu nization descr	, or associatio 2(b)(1)(A)(ii). (/ at service orde	on of churches in section 17 perative hospi	iroh, conventa ioci described spital or a coo	1 A ch 2 A scr 3 A ho
3	The value of services or facilities furnished by a governmental unit to the organization without charge	hospital dese	junction with	perated in cor	organization or y, and state: erated for the	dical research Ital's name, ci iganization or	4 A me hosp
4	Total. Add lines 1 through 3			e Part II.)	(Complet	A)(1)(d)(0Tt no	3098
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)		and Shu, lather a far a far and a far a fa	ormavog to zna stadne a sevila ezelgencO) alte tyld)OT t malifer pacinceaso no mala tra spelio	Anthoropiaco con diamonta LAXI Majori a sin badinsest sinstropical tisto basin	on all the control of	S A Cot description
6	Public support. Subtract line 5 from line 4						evicu
	on B. Total Support	ni hoqque eli	io states nad	mom (f) team	Lnomally rece	srti nollasinay	TO DALL OF
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	<u> 6091-31631. (Co</u>	Sea section	June 30, 1975	effs nottasins	pro efft yd ben	UDOS
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		rely to test for for the ber described in described in the type	erated exclusive wated exclusive organization 12d that desc	anized and op anized and op alicly supporte as 12a through	ganization org ganization org e or more pu k the box in lir	11 An or 12 An or of or other
9	Net income from unrelated business activities, whether or not the business is regularly carried on	controlled by t or elect a ma lions A and B	supervised, or gularly appoir s Part IV, Sec	ion operated, he power to re nust complet	rting organiza rganization(s) nization. You	pe L A suppo e supported o apporting orga	T 🖸 s
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	in connection ad in the same nd C.	s or controlled anization vest Sections A a	tion supervise supporting org splete Part N	orting organiza gement of the You must oor	pe II. A suppontrol or mans ganization(s).	T 🗍 d
11	Total support. Add lines 7 through 10	s pa Egyptiania	et technologica	attornalis A. 20			7 🖺 . o
12	Gross receipts from related activities, etc.	•		ee instructions	ganization(s) (s	12	
13	First five years. If the Form 990 is for the	SANTA SEMENT TOTAL SANT					
Casti	organization, check this box and stop he			ed. The organic	enally integrate	000U+101 0+10	610
3ecu 14	on C. Computation of Public Suppor Public support percentage for 2019 (line 6			1 column (fl)	ASHORDINA A	14	%
15	Public support percentage for 2019 (line of Public support percentage from 2018 Sch	THE REPORT OF THE PARTY OF THE	THE RESIDENCE AND ADDRESS OF THE			15	%
16a	331/3% support test—2019. If the organi						
	box and stop here. The organization qua						
b	331/3% support test—2018. If the organization this box and stop here. The organization				•		nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "	ets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop here	Explain in
	organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the neets the "fac	e "facts-and-	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di				a, or 17b, chec	k this box and	see
	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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	omplete Sect	d of Part I, c	u checked 12	and E. If yo	sections A, D	1
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	132473	69542	59439	61273	65838	388565
	sold or services performed, or facilities furnished in any activity that is related to the	ing relationsh	oric and contin	ignation. If hist	cribe the des	ar purpose, de	
	organization's tax-exempt purpose	36744	26105	67035	96908	98363	325155
3	Gross receipts from activities that are not an	e organization	Part VI now to	es," explain in	1), or (2)? If "Y	section 509(a)	under
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to	on oction on the	i padiosap iii	meziurăso peri	oddns a avei	organization	
	or expended on its behalf	oalified under	o ganization o	o h supported	onfirm that e	organization	o b Did th
5	The value of services or facilities	es, cescribe	. # L(Z)(e)end	moer section	support tests	do the public	
	furnished by a governmental unit to the organization without charge	ve heart sewer	voitevinemio e	us of bodgis	le tertt europi.	coltericento-	di biO o
6	Total. Add lines 1 through 5	169217	95647	106474	150101	104000	0 740740
7a	Amounts included on lines 1, 2, and 3	109217	95047	126474	158181	164200	713719
	received from disqualified persons .	100	1140	2250	1000	1000	5490
b	Amounts included on lines 2 and 3	hiding whether	scretion in de	control and:d	nave ultimate	n organization	b Old th
	received from other than disqualified	organization h	it VI how the	describe in Pa	on? If "Yes,"	ated organizat	
	persons that exceed the greater of \$5,000	o peuioddns sii	minection with	sed by or in co	led or supervi	onng centro	
	or 1% of the amount on line 13 for the year	16000	7500	38957	65000	71172	198629
. 8	Add lines 7a and 7b	16100	8640	41207	66000	72172	204119
. 0	Public support. (Subtract line 7c from line 6.)					200	oqnuq
Secti	on B. Total Support	anobasinspio L	env supporte	SVCmer to .e.	aud, substitu	noluestinacio el	509600
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	169217	95647	126474	158181	164200	713719
10a	Gross income from interest, dividends,	arwerzuð snér	g document e	LION'S OFGANIZE	E title organize	BUBBORRY URDER	5f.13 (titl)
	payments received on securities loans, rents,	dument).	ob Burzusbio	end of themple	nich as by ame	s) pausiidimoco	
	royalties, and income from similar sources .	0	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses	nuo adt baove d	trieve on to tu	izer erti noitui	tadus adt sal	udan ennituri	
	acquired after June 30, 1975	os or the oros	o form of one	ni redienim o	novide suppo	noiranization	dt bid th
C	Add lines 10a and 10b	0 180 916 160	eleubivioni (o	Suoriaziueou	Os supported	() mont and ()	0 0
11	Net income from unrelated business	spro gnimoqqis	s aento (III) otner s	o rganizations,	panodons si	10 910H 10 2	no ya .
	activities not included in line 10b, whether	idations? If "Ye	ported organ	us s'noization's su	of the filing or	tone or more	
	or not the business is regularly carried on	o similar payrı	oation, or eth	o'oan, compe	ovide a gran	notissinegro	d Did to
12	Other income. Do not include gain or	Control Control I	TOPE OF A SUDS) a family mer	(U)(E)(O)6669 h	Fined in section	
	loss from the sale of capital assets (Explain in Part VI.)	nimas ai ha	Learnn fas de	noitileunaihia	ceke a loan t	mnitevinema	
13	Total support. (Add lines 9, 10c, 11,	0	0	Uee mio-i a	0	0	0
	and 12.)	169217	95647	126474	158181	164200	712710
14	First five years. If the Form 990 is for the	e organization's	s first, second	, third, fourth,	or fifth tax yea	ar as a section	713719 501(c)(3)
	organization, check this box and stop her	e	in Part VI.	provide detail	r (2))? # "Yes,"	tion 509(a)(1) o	oies in 🕨 🔲
	on C. Computation of Public Support			ons (as defined	qualified persi	ab etom to en	io biu a
15	Public support percentage for 2019 (line 8			3, column (f))	nzauon nad ar	15	71 %
16 Section	Public support percentage from 2018 School P. Computation of Investment Inc	edule A, Part III	, line 15	n (se eni in ee	nneo as) noar	16	75 %
17	on D. Computation of Investment Inc Investment income percentage for 2019 (li			· Una 10 and	- (0)	Landon on	2000
18	Investment income percentage for 2019 (in	Schedule A P	i (i), aivided by	line 13, colum	ın (t))	17	0 %
19a	331/3% support tests—2019. If the organiz	ation did not o	heck the box	on line 14 and	l line 15 is mo	18 re than 331/3%	0 %
	17 is not more than 331/3%, check this box a	nd stop here. T	he organization	n qualifies as a	publicly suppor	ted organizatio	n . ▶ 🗸
b	331/3% support tests-2018. If the organization	ation did not che	eck a box on lin	ne 14 or line 19	a, and line 16 i	s more than 33	1/3%, and
eros (S	line 18 is not more than 331/3%, check this b	ox and stop he	re. The organiz	ation qualifies a	s a publicly su	oported organiz	ation >
20	Private foundation If the organization did	not check a hi	ox on line 14	19a or 19h ch	eck this hox a	nd see instruct	tions >

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of organization

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Monta	na Renewable Energy Asso		09% of the amount on	2 2	81-0537306
Part	I-A Complete if the	ne organization is exempt un	der section 501	(c) or is a section 527	organization.
1	Provide a description of definition of "political ca	of the organization's direct and mpaign activities")	indirect political c	ampaign activities in Par	t IV. (see instructions for
2	Political campaign activi	ity expenditures (see instructions)	1,000,000.	3 ▶	\$ 000,000,718 tovO
3	Volunteer hours for polit	ical campaign activities (see instr	uctions)	able amount (enter 25% o	XENOUS TOOKS TOOKS
Part	I-B Complete if the	ne organization is exempt un	der section 501	(c)(3).	- N Suprescrine/Lg iro
1	Enter the amount of any	excise tax incurred by the organi	zation under section	on 4955 >	\$ 111 9111 10611000
2	Enter the amount of any	excise tax incurred by organizati	on managers unde	r section 4955	\$ 110 110 21 21010 11
3	If the organization incurr	red a section 4955 tax, did it file F	orm 4720 for this y	/ear?	Yes No
4a	Was a correction made?		Veraging Period	4-Year.A	Yes No
b		lo not have to complete all CVI t			(Some organizat
Part		ne organization is exempt un			1(c)(3).
1		tly expended by the filing organ			
		4-Year Averaging Period			B
2		e filing organization's funds contribitions			Calendar year (or
3		expenditures. Add lines 1 and		·	
4		n file Form 1120-POL for this year			Instant Instant
5	organization made paym the amount of political c	ses and employer identification nents. For each organization listed ontributions received that were produced fund or a political action commit	l, enter the amount romptly and directly	paid from the filing orgar y delivered to a separate	nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly
38597				olunna (e))	delivered to a separate political organization. If none, enter -0
(1)	378		248		
(2)	Le de la constitue de la const				
(2)					
(3)					
(4)					
(5)					2
(6)					

Part		n is exempt un	der section 501	(c)(3) and filed	Form 5768 (ele	ction under
A Ch	section 501(h)). neck ▶ ☐ if the filing organization belon	gs to an affiliated	group (and list in	Part IV each affil	iated group membe	er's name.
	address, EIN, expenses, and				90	internal Revenue Servi
B Ch	neck if the filing organization check	ked box A and "lin	nited control" prov	isions apply.		
	Limits on Lobb (The term "expenditures" m	oying Expenditure		nplete Parts I-A or	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence			*)		group totale
b	Total lobbying expenditures to influence				372	6 XSC 8000 8 4
C	Total lobbying expenditures (add lines 1	THE REAL PROPERTY.		Part, Ute and a	1116 1488	
d	the state of the s			CHINOT DEM SVEN	123331	6310C R010S6 *
е	Total exempt purpose expenditures (add			ON DOMESTICATION	124819	***************************************
f	Lobbying nontaxable amount. Enter				124019	ioussanas nasi (xa?
•	columns.	ano amount nor	ii tilo lollowing	table in bour	24964	
	If the amount on line 1e, column (a) or (b) is	The lobbying no	ntaxable amount is	8:	24304	72A (10348259)
	Not over \$500,000	20% of the amou				
	Over \$500,000 but not over \$1,000,000		5% of the excess ov	er \$500,000		
	Over \$1,000,000 but not over \$1,500,000		0% of the excess ov			
01 4	Over \$1,500,000 but not over \$17,000,000		% of the excess ove			
	Over \$17,000,000	\$1,000,000.	/aristaniatani			
g	Grassroots nontaxable amount (enter 25		voitounteni ees) sei	fivitoe opioames	6241	speinted 8
h	Subtract line 1g from line 1a. If zero or le		sekou temeva	ai neitaxinan	0	
i	Subtract line 1f from line 1c. If zero or le		niteriaemo edt vo	haviryi vetas	0	
i	If there is an amount other than zero	on either line 1h	or line 1i, did t	he organization	file Form 4720	2 Enter the
nta l	reporting section 4911 tax for this year?		me Helle little Ferms	•		Yes No
OM [_	(Some organizations that made a second See the	ction 501(h) elect separate instruc	ctions for lines 2a	to complete all through 2f.)	of the five column	s below.
	Lobbying	Expenditures D	uring 4-Year Ave	raging Period		zailwitte
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount	17873	22337	29512	24964	94686
b	Lobbying ceiling amount (150% of line 2a, column (e))		e Eresin rechtes nur ei Sie Konstrauss de de			142029
C	Total lobbying expenditures	990	3500	butions received o or a political as	1488	5978
d	Grassroots nontaxable amount	4468	5584	7378	6241	23671
е	Grassroots ceiling amount (150% of line 2d, column (e))					35507
f	Grassroots lobbying expenditures	248	875	0	372	1495
					Schedule C (Form	990 or 990-EZ) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

81-0537306 Montana Renewable Energy Association FORM 990 EZ, LINE 16 -- OTHER EXPENSES: \$728 Marketing & Outreach (including branding, stickers, etc.) \$3,271 Expos (except personnel) \$31,134 SEIN Project Expenses \$110 Fundraising Expenses \$440 Charge Campaign Expenses \$250 Donor Management System \$342 Food \$1,402 Lodging \$2,373 Travel \$1,408 Liability & Event Insurance \$20 Montana Corporate Filing Fee \$251 Website, Email, and Listserv Fees \$82 P.O. Box Rental \$407 Cell Phone - Executive Director \$598 Payroll & Form 1099 Service Fees - Intuit \$10 Newspaper Subscriptions \$85 Montana Nonprofit Association Dues \$100 NW Energy Coalition Dues \$25 Membership Events \$308 Event Fees / Booth Rental \$353 Office Supplies \$840 Computer Supplies & Software \$8,429 Summer Fair (except personnel) \$100 Miscellaneous (cash box, etc.) TOTAL = \$53,066