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)

2020

OMB No. 1545-0047

Open to Public Inspection

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.

Disease of organization Disease of organization Disease of organization Montans Renewable Energy Association Association Association Association Association Association Association Association Missoula, MT 59896-9673 City or town, state or province, country, and ZiP or foreign pestal code P G. County Missoula, MT 59896-9673 P G. County Missoula, MT 59896-9673 Association City Missoula, MT 5	A	For the	2020 calend	ar year, or tax year beginning , 2020, and ending			, 20			
Name strature Name stratu	В	Check if a	if applicable: C Name of organization		D Empl	oyer ide	ntification number			
Name charges invaluates Nambes and street for PL. Doc if mail is not delivered to street address) Room/suite E Telephone number		Address of	change	Montana Renewable Energy Association	81-0537306					
First Instrumentation			ange Number and street (or P.O. box if mail is not delivered to street address) Room/suite E							
Annexide return Application pointing Application Application pointing Application A			IP 0 Roy 673			(406	5) 214-9405			
Application peeding Missoula, MT 59806-0673 Number Number	=			City or town, state or province, country, and ZIP or foreign postal code	F Grou					
Accounting Method:			The state of the s	Missoula, MT 59806-0673	Num	ber >				
Websites: ► www.montanarenewables.org Tarexemptistatus (check only one ∑ 501(c)(3)	G	Account	ting Method:		heck	► ☐ if	the organization is not			
K Form of organization:	1 1	Vebsite	e:▶ www.				-			
K Form of organization:	JT	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3)	Form 99	90, 990-	-EZ, or 990-PF).			
					pro ru					
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I	LA	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets	alt all i				
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received	(Pa	rt II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	93 810			
Theck if the organization used Schedule O to respond to any question in this Part I Contributions, glifts, grants, and similar amounts received. 1 80,083	P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstruc	tions	for Part I)			
Program service revenue including government fees and contracts 2	-									
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) c Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7 a Gross sales of inventory, less returns and allowances 7 a Other revenue (describe in Schedule C) 9 Total revenue, (describe in Schedule C) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 0 P 9 9 33,810 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 0 Grants and similar amounts paid (list in Schedule O) 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 4,315 14 Occupancy, rent, utilities, and maintenance 14 3,470 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 18 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		1	Contributio	ns, gifts, grants, and similar amounts received		1				
Membership dues and assessments		2				2				
4 Investment income 5a Gross amount from sale of assets other than inventory 5b Gross amount from sale of assets other than inventory 6 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Garning and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events (6c 0 0 d) d Net income or (loss) from gaming and fundraising events (6c 0 0 d) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a 0 d) b Less: cost of goods sold 7b 0 0 c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 0 d) 7d Other revenue (describe in Schedule O) 7b 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 4,315 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses (describe in Schedule O) 18 Excess or (deficit) for the year (subtract line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 119,008 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		3				3				
5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses . 0 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) . b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . 6b 0 c Less: direct expenses from gaming and fundraising events (6c 0 d Net income or (loss) from gaming and fundraising events (6c 0 the fine 6c) . 6d 0 Ta Gross sales of inventory, less returns and allowances . 7a 0 b Less: cost of goods sold . 7b 0 c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . 7c 0 8 Other revenue (describe in Schedule O) . 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 9 93,810 10 Grants and similar amounts paid (list in Schedule O) . 10 0 11 Benefits paid to or for members . 11 0 12 Salaries, other compensation, and employee benefits . 12 57,431 13 Professional fees and other payments to independent contractors . 13 4,315 14 Occupancy, rent, utilities, and maintenance . 14 3,470 15 Printing, publications, postage, and shipping . 15 3,010 16 Other expenses (describe in Schedule O) . 16 19,256 17 Total expenses. Add lines 10 through 16 . 17 67,482 18 Excess or (deficit) for the year (subtract line 7 from line 9) . 18 6,328 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . 19 119,008		4				4				
b Less: cost or other basis and sales expenses . 5b 0 0 c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 5c 0 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a 0 of contributions from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . 6b 0 0 c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6d 0 7a Gross sales of inventory, less returns and allowances . 7a 0 b Less: cost of goods sold . 7b 0 c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . 7c 0 8 Other revenue (describe in Schedule O) . 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 93,810 10 Grants and similar amounts paid (list in Schedule O) . 10 0 11 Benefits paid to or for members . 11 0 12 Salaries, other compensation, and employee benefits . 12 57,431 13 Professional fees and other payments to independent contractors . 13 4,315 15 Printing, publications, postage, and shipping . 15 3,010 16 Other expenses (describe in Schedule O) . 16 19,256 17 Total expenses. Add lines 10 through 16 . 17 87,482 18 Excess or (deficit) for the year (subtract line 17 from line 9) . 18 6,328 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . 19 119,008		5a	Gross amo	unt from sale of assets other than inventory 5a	0		0			
C Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		b			0					
6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances		С								
\$15,000)		6								
sum of such gross income and contributions exceeds \$15,000) . c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		а	Gross inco	ome from gaming (attach Schedule G if greater than	5					
sum of such gross income and contributions exceeds \$15,000) . c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	Ne	100	\$15,000) .	6a	0					
sum of such gross income and contributions exceeds \$15,000) . c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	/er	b	Gross inco	S						
sum of such gross income and contributions exceeds \$15,000) . c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	Re		from fundra							
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7b 0 C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 8 0 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 93,810 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 57,431 13 Professional fees and other payments to independent contractors 13 4,315 14 Occupancy, rent, utilities, and maintenance 14 3,470 15 Printing, publications, postage, and shipping 15 0,910 16 Other expenses (describe in Schedule O) 16 19,256 17 Total expenses. Add lines 10 through 16 17 87,482 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 6,328 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 119,008 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0	0	ua-na b	sum of suc	h gross income and contributions exceeds \$15,000) 6b	0					
Iline 6c) 6d		C	Less: direc	t expenses from gaming and fundraising events 6c	0					
7a Gross sales of inventory, less returns and allowances		d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract					
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)			line 6c) .			6d	0			
C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7a	Gross sales	s of inventory, less returns and allowances	0		and freedoment ingers			
8 Other revenue (describe in Schedule O)		b	Less: cost	of goods sold						
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . ▶ 9 93,810 10 Grants and similar amounts paid (list in Schedule O)		C	Gross profi	t or (loss) from sales of inventory (subtract line 7b from line 7a)	6 ja.e.c	7c	0			
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Ogaria and similar amounts paid (list in Schedule O) 11 12 13 14 15 16 17 18 18 18 19 19 19 10 10 10 10 10 10 11 10 10		8	Other rever	nue (describe in Schedule O)		8	0			
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Ogaria and similar amounts paid (list in Schedule O) 11 12 13 14 15 16 17 18 18 18 19 19 19 10 10 10 10 10 10 11 10 10		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	93,810			
Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O)		10	Grants and	similar amounts paid (list in Schedule O)		10				
Professional fees and other payments to independent contractors 13 4,315 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0		11	Benefits pa	iid to or for members	[11	All 1998 To 1998 To 1998			
Other expenses (describe in Schedule O)	es	12			[12	57,431			
Other expenses (describe in Schedule O)	SU.	13	Professiona	al fees and other payments to independent contractors		13	4,315			
Other expenses (describe in Schedule O)	Ç	14			[14	3,470			
16 Other expenses (describe in Schedule O)	ũ	15	Printing, pu	ablications, postage, and shipping		15				
18 Excess or (deficit) for the year (subtract line 17 from line 9)		16			[16				
18 Excess or (deficit) for the year (subtract line 17 from line 9)		17	Total expe	nses. Add lines 10 through 16	. ▶	17				
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	S		Excess or (deficit) for the year (subtract line 17 from line 9)		18				
end-of-year figure reported on prior year's return)	sei	19					es a mercanica			
720Other changes in net assets or fund balances (explain in Schedule O)	As		end-of-yea	r figure reported on prior year's return)		19	119,008			
125,336 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 125,336	let				toeth	20				
	_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	125,336			

Pa	rt II Balance Sheets (see the instructions for	Part II)	familiated to	marks A		
	Check if the organization used Schedule O	to respond to ar	ny question in this I	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	Areida de cardina.	(aroos)al security	119,008	22	125,336
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			119,008		
26	, , , , , , , , , , , , , , , , , , , ,			0	26	
27	Net assets or fund balances (line 27 of column (B)			110,000	27	125,336
Par	t III Statement of Program Service Accomplis					Expenses
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Check if the organization used Schedule O				(Re	equired for section
	t is the organization's primary exempt purpose? to i					1(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplishme neasured by expenses. In a clear and concise mann ons benefited, and other relevant information for each	ner, describe the				ganizations; optional for ners.)
28	Education. MREA educated Montanans about renewable	energy by a varie	ty of means includin	g a monthly		edels to mexe-series.
	electronic newsletter (~1,000 recipients), email action ale					is inagro to meet 2
	MREA launched its Montana Rural Solar Access Project					A Pit provides II tiet 2
			ints, check here .		28	30,848
29	Policy. MREA monitors and influences the decisions of					
	Activities include communications with government offi					Mar N &
	with the public and media on policy issues. MREA also			matters.	00	40.077
-	(Grants \$) If this amount inc				29	la 16,277
30	Industry Engagement. MREA works with its installer me					related b
	technology, trends and issues of concern to the industr					2000
	specializing in the installation of distributed renewable		ints, check here .		30	a 1,671
24					30	1,071
31			nts, check here		31	a 000 8
32	Total program service expenses (add lines 28a thro				32	
VOLUME TO SERVICE OF THE PARTY	t IV List of Officers, Directors, Trustees, and Key Er				nstri	
	Check if the organization used Schedule O				0.00	1.30000
	(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		e) Estimated amount of other compensation
Heni	ry Dykema, President & Board Member	2	sentinul ters grand	g (1991 880H to 9	ed Q	100 100 100 100 100 100 100 100 100 100
Proc	I Van Wert, Vice President & Board Member		swells one source	sel , mostsval to s		assoro ev
Diac	van wert, vice President & Doard meniber	3		bloc aboop to		
Sara	h Stands, Secretary & Board Member	mon or entires	Essy Methavas to as	t or (loss) from so	ild o	g esono o l
		4	. (O stubed)	S ni schosbo) kur		
Patr	ick Judge, Treasurer & Board Member	80	3, 4, 50, 50, 70, 5	. If sand book lear	6	eristot e
		4	said (list in Schedul	ethuoma volimia		tetnend Of
Susa	an Bilo, Board Member		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	distant to a citiz		stitore8 ti
		1 . 2113	and emproyee ber	teitsanşçımaş xeri		serigios St g
Chri	stopher Bordon, Board Member & Fair Coordinator	angrus tinop inse	equipm of afnerings	reducibles and outlier		
		3	: maintenance : .	na leadhig then a		squipeO 34 8
Bria	n Fadie, Board Member (8 months)		. Leiggine bas .9	diserions, posts	A.	
377		2	Caubeda?	ni aditosab) atten		ionemo or i
Jack	son Isbell, Board Member		81 Newself (heer. Add lines 1	91	
	9	2	o Vi enticentius)	esy self toll (sonet)		8803 87 A
Bark	Oldershaw, Board Member		ay to grantinged to	portugated by the	23	
M403.	err	1	MURBER TROY TOTAL IT	r carreder surfar		200 - 100 X
And	rew Valainis, Executive Director		e) aconsied bout to	ALUSS TO FREE RESCUE		
38%	198 J. W	40	47,400	esonois (i bristi no		SER FOR TY
Evo	ra Glenn, Research Intern (5 months)		the paperate entirue	on Act Nodes, ser	39	
		22	5,475		\perp	
			I	1	- 1	

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 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 change on Schedule O. See instructions 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)? b 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 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	ne t V .	. [
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 change on Schadule O. See instructions 343b 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 Did the organization ascertion 501(c)4), 501(c)(6) or 7a, among others)? 35b 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 section 501(c)4), 501(c)(6), or 501(c)(6) or gradization subject to section 603(e) entice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C., Part III . 36c 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 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a In the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and such to such a province and such as a province and such as a province and such as a province and any such as a province and as a province and such as a province and any such as a province and as a province and as a province and capital contributions included on line 9, and as a section 4915 by a section 4915 by a section 4916 b	Yes	
Sa 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)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule 0 So Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or 5		1
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 7d, among others)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year) If "No," provide an explanation in Schedule 0 C 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 splicable parts of Schedule N . 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 . 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 37c 37d 37d 37d 37d 37d 37d 37d		
activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form 990-1 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		1
c 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 N. 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. 37 Did the organization flie Form 1120-POL for this year? 38 Did the organization flie Form 1120-POL for this year? 39 Did the organization florow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 Did the organization shore the part II, and enter the total amount involved 38 Did the organizations. Finter: a Initiation fees and capital contributions included on line 9 38 Did rose receipts, included on line, 9 for public use of club facilities 39 Section 501c(i(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4915 ▶ 0; section 501c(i(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955 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-E27 in "Yes," complete Schedule L, Part I control or tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization have an interest in or a signature or other authority over than the states with which a copy of this return is filed ▶ 10 List the states with which a copy of this return is filed ▶ 11 List the states with which a copy of this return is filed ▶ 12 Located at ▶ 1802 Lockey Ave, Nelena, MT 13 Section 4947(a)(1) nonexempt charitable trusts filin	ONJ Eav	1
8 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 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 b) Did the organization in life Form 1120-POL for this year? 38b Did the organization in life Form 1120-POL for this year? 37b Did the organization in life Form 1120-POL for this year? 37c Did the organization in life Form 1120-POL for this year? 38c Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Did the organization stations. Enter: 38b Section 501(c)(7) organizations. Enter: 38c In "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 38a	lt ai	85
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. The amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 0 37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 38a	10	260
during the year? If "Yes," complete applicable parts of Schedule N The anount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b	11	1
Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) againizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 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-E27 if "Yes," complete Schedule L, Part I organization shapes on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 excess benefit transaction for (16)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization engage in any section 49512, 4955, and 4955 excess benefit transaction for (16)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization engage in any section 4912, 4955, and 4956 excess benefit transaction for (16)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization that a part transaction of 17 (Fig. complete Form 8886-T. List the states with which a copy of this return is filed ▶ Located at ▶ 1802 Lockey Ave, Helena, MT	ne me	1
Bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Bif "Yes," complete Schedule L, Part II, and enter the total amount involved 38ab 39a 30a		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b f "Yes," complete Schedule L, Part II, and enter the total amount involved		1
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 39a 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angage 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 C 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 .		1
a Initiation fees and capital contributions included on line 9 for gross receipts, included on line 9 for public use of club facilities 40a Section 501(c)(3) granizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 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 c 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. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 41 List the states with which a copy of this return is filed ▶ 42a The organization's books are in care of ▶ Patrick Judge Located at ▶ 1802 Lockey Ave, Helena, MT 54b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be c		
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 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 7! if "Yes," completed instead of Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax or payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization maintain any payment from or engage in any reasonable in an excess benefit transaction with a cohorlor of tax imposed on any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 must be completed instead of Form 990-EZ Did the organization and full in a foreign country be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? 440 Did the organization receive any payment from or engage in any transaction with a controlled entity within the bear of the payment from or engage in any transaction during the calentiation.		
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 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 C 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. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40o reimbursed by the organization e 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 The organization's books are in care of ▶ Patrick Judge Located at ▶ 1802 Lockey Ave, Helena, MT To a transaction a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at ▶ 1802 Lockey Ave, Helena, MT See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ Section 4947(a)(1) nonexempt interest received or accrued during the tax year . ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ d Had Did the organization have a controlled entity within the m		
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 c 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. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e 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. List the states with which a copy of this return is filed ▶ 42a The organization's books are in care of ▶ Patrick Judge Located at ▶ 1802 Lockey Ave, Helena, MIT The organization are of the foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44ba D		
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 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. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T List the states with which a copy of this return is filed ▶ Located at ▶ 1802 Lockey Ave, Helena, MT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization have a controlled entity within the meaning of section		
c 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. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e 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 List the states with which a copy of this return is filed ▶ 10 The organization's books are in care of ▶ Patrick Judge 11 The organization's books are in care of ▶ Patrick Judge 12 The organization's books are in care of ▶ Patrick Judge 13 Telephone no. ▶ 406-45 14 Located at ▶ 1802 Lockey Ave, Helena, MT 15 Telephone no. ▶ 406-45 16 Telephone no. ▶ 406-45 17 Telephone no. ▶ 406-45 18 Telephone no. ▶ 406-45 19 Telephone no. ▶ 406-45 19 Telephone no. ▶ 406-45 19 Telephone no. ▶ 406-45 10 Telephone no		1
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		1
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e 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 41 List the states with which a copy of this return is filed ▶ 42a The organization's books are in care of ▶ Patrick Judge Located at ▶ 1802 Lockey Ave, Helena, MT 59601 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ Patrick Judge Telephone no. ▶ 406-45 Located at ▶ 1802 Lockey Ave, Helena, MT ZIP + 4 ▶ 59601 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ Patrick Judge Located at ▶ 1802 Lockey Ave, Helena, MT At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		1
Located at ▶ 1802 Lockey Ave, Helena, MT ZIP + 4 ▶ 59601 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	9-5838	8
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	-4741	
If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		1
Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? lf "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
If "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	IOT .	1
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
completed instead of Form 990-EZ	Yes	No
completed instead of Form 990-EZ	162	No
completed instead of Form 990-EZ		1
c Did the organization receive any payments for indoor tanning services during the year?		1
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		1
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		·
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-	1
bid and organization receive any payment from or engage in any transaction with a controlled entity within the		V
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		1

orm 99	0-EZ (2020)							Page 4
40	Did the organization engage, directly or	indirectly in political o	rampaign activities o	n behalf of or in or	onosition		Yes	No
46	to candidates for public office? If "Yes,"					46		1
Part '	Section 501(c)(3) Organization All section 501(c)(3) organizatio 50 and 51. Check if the organization used So	ns must answer que			ete the ta	bles f	16/V 300	. 🗆
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electi	on in effect during	g the tax	47	Yes	No
48	Is the organization a school as described		ii)? If "Yes," complete	Schedule E	vi .;35, svi	48	作者	1
49a	Did the organization make any transfers				odssinapa	49a	EW	1
b 50	If "Yes," was the related organization as Complete this table for the organization employees) who each received more that	s five highest comper	nsated employees (ot		 directors, s none, er	truste ter "N	es, ar lone.'	ld key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefit contributions to employers and decompensation	ployee (e) eferred	Estimate ther con		
Vone.	COVERNO DE ENTRE ENTRE LA COMPANSION DE LES COMP	y by astemilio one odi	s granstolio ilic b	O TESY YORK SINT	bam inac			
		bedove involo	and enter the total a	atradula I., Part I.	S ale jinc			6
			District Market to the second	misne enomisine o de vistore brior	930 (1. 1.0) F1			
	305		distrito seu paduo	nd of end no bab	Acres escale	581.83	010x	đ
	seemu teev att onto	v desinggra ert no ba	e sunti sur lo tabones	the accustom	ne (E) oit		858	8235
	4 Cast a	0.098170	€3169 notice	8 0	40.88	OA NO	1000	
	The state of the s	pitera sens en 1977	Sportsurage (92)(c	Officials and Still	11(0 (3), 5)			
		e ed ageoxo na na 19	year, or did it engls	e Conneb deles	MEN NER			
f	Total number of other employees paid of	ver \$100.000	. ep ▶ssinspro (80)	on do one (AXo) i	H (CHOICE	16 000	L. 192	3
51	Complete this table for the organizatio \$100,000 of compensation from the org	n's five highest comp	pensated independer one, enter "None."	nt contractors who	each re	ceived	more	e thar
	(a) Name and business address of each indepe	ndent contractor	(b) Type of se	ervice	(c) Cor	npensat	ion	
None.	programme waters and ballourous a st v	TELL A COME OF A COME	a saw saw sas sitt	pointid sand und	A grots	Simpor	o W.	6
	3 (40)		T-8508	t amon essiar los f	397797	04/16a	eten.	
			a return is filed P	which a copy of th				
	Est Persent selection of the Persent selection		Tiss	analeit eus vidas.	TOTAL A			
	pay year, what we may be auden	ge a vont wargmine e	viri rodzanagio ertit	no vey series a				
74	(1839) Managoos lectronic territorio	(JAMEGOODS 090THLOGE (J. 7	JUCE SE GARK SECE	a for Aight country (at towocos	lainra	व विश	
			country 34	ngiard edity smi	an esti sati	6 .86	451	
		et med Källis ist	d filling (equil emiliar)	for exceptions are				
-	T. 1	lus alaus aaala waaaisia	- 01/04 \$100 000		g santanan jaga Sa mangan sha s		3.5	
52	Total number of other independent com Did the organization complete Sche completed Schedule A	tractors each receiving dule A? Note: All s	section 501(c)(3) org	ganizations must		✓ Ye	s 🗌	No
Under p	penalties of perjury, I declare that I have examined the brect, and complete. Declaration of preparer (other the	is return, including accompa nan officer) is based on all in	anying schedules and state formation of which prepare	ments, and to the best er has any knowledge.	of my knowl	edge an	d belie	f, it is
	Pat Judge	if they are prime	ahnui basimo jondi	10.	-17 - 20	2/	200	885
Sign				Date				
Here	Patrick Judge, Treasurer Type or print name and title	I FERR SON BOLLE 199	DECEMBER ASSESSMENT STORY	Serger mad t		es em Dejoio	1000 m	- 0
Paid	Drint/Time proparer's name	Preparer's signature	in set ropon to eine		neck if	PTIN	bid va s	5

Paid Preparer

Use Only Firm's name

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

► Attach to Form 990 or Form 990-EZ.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization Employer identification number Montana Renewable Energy Association 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: 10 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). 12 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 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 I, 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 (ii) EIN (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 above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

	le A (Form 990 or 990-EZ) 2020				V4V4)		Page 2
Part	Support Schedule for Organiza (Complete only if you checked th 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 qua	
Secti	on A. Public Support	al estrama anot	footberk vot Oden	0.38/900.08.2988	8 62 693 %	80.V×	Market and Rose (A)
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		enosadnago Forsines 1 th	Status. (At li	ssocietion blic Charity ata formiano	A youend elgan Signal no accer ing a ton a re-	Montana Pene To Victoria The organizati
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	s ni badnoski 3 E (Romi Jag 3 di sactio	cadorudo to d ubando nostr rotas notas d	olispossa to 5) .QB(A)(1)(d) spio enima si	n or churches in section 17 erabys hospit	rch, convents loof described spital or a coop	1 DAcm 2 DAsc 3 DAtto
3	The value of services or facilities furnished by a governmental unit to the organization without charge		einu e epsilo	perated in co-	organization of white wind states wrated for the	dicel research fat's name, of gantration op	em A □ A geon a nA □ B
4	Total. Add lines 1 through 3			Lil han e	(Voiding)	ARTHORN FRO	1000
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)		SA S	THE STATE OF THE S	Jan carroll 1829 Ser Vacanum 1 LAS Papalet Fra Jan Dectross Livery State	No allele, le vi co notennes. Mana estudo fessis chomos sees andressi o ano vicros	
6	Public support. Subtract line 5 from line 4						PERM
-	on B. Total Support		10.170.50.00	53000 (1) 03W	eoer villamen		TO THE LEGISLAND
	idar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	nO) .(\$)(n)8:16	nobbes sed.	June 30, 1976	refts notician	ote en ya ber	18008
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		ely to tent for en for the bea described in thes like type	sated exclusive maned exclusive Corporation 12d that decu	nized and op nized and op soly supports a 12a through	gentzation org gentzation org e or more pla k me box in lin	onA [] It onA [] St so to serio .
9	Net income from unrelated business activities, whether or not the business is regularly carried on	yd bellounos m a hels to less A a nd B	coentred, or guardy appoint PAR W, Sec	on operated. In power form retigmon keun	iling organiza genizationes sization vices	apa I. A suppor a supported o spoorting orga	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	in connection id in the same rei C.	pellostrop so i izav norteteta a A arterbaš	don supervise supporteg or splete Past R	edinegio prim erit lo coerce roo feam sol	epe fit. A sunp uniral or mana ganization(s).	
11	Total support. Add lines 7 through 10			The Capture Artist			
12 13	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the	organization'	s first, second	d, third, fourth,	or fifth tax y		
Sacti	organization, check this box and stop her ion C. Computation of Public Suppor			too laun se v		ese memerio	91
14	Public support percentage for 2020 (line 6			11. column (f))	itatinemo erit	14	%
15	Public support percentage from 2019 Sch		The second second second			15	%
16a	331/3% support test—2020. If the organization qual	zation did not ifies as a pub	check the bo	x on line 13, a l organization	nd line 14 is 3	the following i	Povos
b	331/3% support test—2019. If the organization this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		🕨 🗀
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization m Part VI how the organization meets the	eets the facts	s-and-circumst	ances test, ch	eck this box	and stop here .	Explain in

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.)

Sect	ion A. Public Support	under the tes	sis listed beig	w, piease co	mpiete Part II	.)	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees				(4) = 0.10	(0) 2020	(i) rotal
	received. (Do not include any "unusual grants.")	69542	59439	61273	65838	80083	336175
2	Gross receipts from admissions, merchandise	is amortament.	n twettenmen	off word W top	2 1 20000	00000	000173
	sold or services performed, or facilities furnished in any activity that is related to the	lanciasies pro	ric and coulding	mation, if history	enthe one editor	elo responso de	
	organization's tax-exempt purpose	26105	67035	96908	98363	13727	302138
3	Gross receipts from activities that are not an	and a time and	e me to part	00000	30000	10727	302130
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the	3108 ac-man	n described is	odesineone bar	octous o esse	caiserineiro a	ett hill sell
	organization's benefit and either paid to					icted of bas	
	or expended on its behalf	0	0	0	0	0	4 1969
5	The value of services or facilities	odennose Temp	109/sh(2)9 g **	noitoes rabni	stest honour	of the orbits	RAINE
	furnished by a governmental unit to the				ouadimetab e	ni obem nebe	
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	95647	126474	158181	164200	93810	638312
7a	Amounts included on lines 1, 2, and 3	isto Proceeding	barinU ant n	basinomo ta	rogitesinegra	hehoossa vis	salv så
	received from disqualified persons .	1140	2250	1000	1000	1000	6390
b	Amounts included on lines 2 and 3	silventy coltab	sa ni nolistos	to tene towned	evanitiu evan	modesemble a	di biC. di
	received from other than disqualified	i origazinago	t Vi how the	eS in significa	1 20 Y 1 Sept	tatinggra bair	
	persons that exceed the greater of \$5,000	e composos e A	idiwa nedesira	sed by or in co	ivasana na bet	a being contro	
	or 1% of the amount on line 13 for the year	7500	38957	65000	71172	0	182629
C	Add lines 7a and 7b	8640	41207	66000	72172	1000	189019
8	Public support. (Subtract line 7c from		below a graph	STATE OF STA	THE WINDS		
C1	line 6.)						449293
	on B. Total Support	(10040	#1.0047 I	() 2010	utiled a lobe :		15 210 - 43
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	95647	126474	158181	164200	93810	638313
10a	Gross income from interest, dividends, payments received on securities loans, rents,	ions Suisuouse	s anerviscop de	america ordena	e tre organiza	onu vinomus s	
	royalties, and income from similar sources .		OD ELEVATED		and Adult In	a) Constitution	
b	Unrelated business taxable income (less	0	0	0	0	0	0
U	section 511 taxes) from businesses		2 11 109	anaca busasab	AD & COMESSAN	MODELL OF DESIGNATION	
	acquired after June 30, 1975	0		USET OF FOR	rodua esti zal	ubons only.	ledus o
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	0	0	U	U	0	0
	activities not included in line 10b, whether	A Care Care	mereo betano	e en se karriters meter	of the Circa are		
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or	etininen lainen		0	0	U	0
	loss from the sale of capital assets	1 of Schoolule 1	to Perfect Part	The second of the second of			
	(Explain in Part VI.)	0	0	0	0	0	
13	Total support. (Add lines 9, 10c, 11,		.023-020 ve	M L (Form 380	doe/to8 to the	9 008/20000 2	OY YOU
	and 12.)	95647	126474	158181	164200	93810	638313
14	First 5 years. If the Form 990 is for the	organization's	first, second,	third, fourth, o	or fifth tax yea	r as a section	501(c)(3)
	organization, check this box and stop here		t of tastets state	112 M OVER. " ON	Chro (F)(e)(Cho	researciebasi	▶ □
Secti	on C. Computation of Public Support			panišao pa) em	enco bellicum	eb econ co ee	n 667 H
15	Public support percentage for 2020 (line 8,					15	70 %
16	Public support percentage from 2019 Sche	edule A, Part III	l, line 15	169.00.000		16	71 %
	on D. Computation of Investment Inc			nachssimopro pr	eriocque erá s	olderii siesea	.movi
17	Investment income percentage for 2020 (lin					17	0 %
18	Investment income percentage from 2019	Schedule A, Pa	art III, line 17.	gnihocque t	egyT metric	18	0 %
19a	331/3% support tests—2020. If the organiz	ation did not d	check the box	on line 14, and	line 15 is mo	re than 331/3%	
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2019. If the organiza	tion did not che	eck a box on li	ne 14 or line 19	a, and line 16 i	s more than 33	1/3%, and
20	line 18 is not more than 331/3%, check this be						
20	ELIVATE TOTOGRAFION IT THE ORGANIZATION GIG	HOT CHACK 2 h	OV ON UNA 1/	INO OF TUR OF	DON this how a	nd and inatrical	I DOO

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Montana Renewable Energy Association

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

81-0537306

Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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** 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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.

990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization Employer identification number

Montana Renewable Energy Association 81-0537306

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Turner Foundation 133 Luckie Street NW, 2nd Floor Atlanta, GA 30303	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Bonneville Environmental Foundation 1500 SW 1st Ave, Suite 885 Portland, OR 97201	\$ 10000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Valley Bank of Helena - Governmental Unit PPP Loan/Grant 3030 N Montana Ave Helena, MT 59601	\$ <u>8300</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Cinnabar Foundation PO Box 657 Bozeman, MT 59771	\$ 5000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	Clearwater Credit Union 3600 Brooks St Missoula, MT 59801	\$5000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25 BO 70		\$	Person
			noncash contributions.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

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

	See separate instructions	, then rganizations: Complete Part III.	edi' auni Huome	ent resid .inuoms elds	t Labbying nontax
	of organization	gariizations. Complete r art iii.		Employer ide	ntification number
		sociation			81-0537306
Part	na Renewable Energy As Complete if	the organization is exempt ur	der section 5016	c) or is a section 527	
1 2	definition of "political of	of the organization's direct and ampaign activities") vity expenditures (See instructions	March 1995 only 2002 2500 H	mpaign activities in Part	IV. (See instructions for
3	Volunteer hours for po	litical campaign activities (See inst	ructions)	oble amount (exter 25%)	
Part	I-B Complete if	the organization is exempt ur	der section 501(c)(3).	nial subtractions in
1		y excise tax incurred by the organ			
2		ny excise tax incurred by organizati			
3	If the organization incu	rred a section 4955 tax, did it file F	Form 4720 for this ye	ear?	September Septem
4a		e?	Averaging Period I		Yes No
b	If "Yes," describe in Pa		o nellacia (1) 108 n	savez s ebso is it ence	TANGE MED S
Part		the organization is exempt ur			(c)(3).
1		ectly expended by the filing organ			
_)
2	527 exempt function a	ne filing organization's funds cont	(c) Troste		et assyrabreko
3	line 17b	expenditures. Add lines 1 and			5
4	Did the filing organizat	ion file Form 1120-POL for this ye	ar?		Yes No
5	organization made pay the amount of political	esses and employer identification rements. For each organization listed contributions received that were ped fund or a political action commit	d, enter the amount romptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
77828 38390	(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 delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)			_		
(5)					
(6)					

Schedule	C. (Form	990 01	- 990-F71	2020

Part II-A

Page 2

	section 501(h)).					
A C	neck if the filing organization below address, EIN, expenses, and				ated group membe	r's name,
B C	neck if the filing organization chec	ked box A and "lin	nited control" prov	visions apply.		
	Limits on Lob (The term "expenditures" n	bying Expenditurence		cyleke Parts I-A ar 81,093) organizati	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence			a) (c	0	TSE notice -
b	Total lobbying expenditures to influence				0	ossuczeno edi 1
С	Total lobbying expenditures (add lines			Sayve filed Equal S	orit annitasimpro o	streamon 6016
d	Other exempt purpose expenditures .		rm 5766 (election o	STORE NOT TOUT I	87482	a Section Surject
е	Total exempt purpose expenditures (ad		ty, line 5 (Prouv Ta	714.9 ,009 mooR no	87482	i tae organizatio
f	Lobbying nontaxable amount. Enter columns.			table in both		ex) year separa
	If the amount on line 1e, column (a) or (b) is	The lebbying no	ntaxable amount is		17496	
	Not over \$500,000	20% of the amou		5:		
				\$500,000		
	Over \$1,000,000 but not over \$1,000,000		of the excess ov			
nun en	Over \$1,000,000 but not over \$1,500,000		% of the excess ov			
	Over \$1,500,000 but not over \$17,000,000		% of the excess ove	r \$1,500,000.		
~	Over \$17,000,000 Grassroots nontaxable amount (enter 2	\$1,000,000.				
g h	Subtract line 1g from line 1a. If zero or l	,	violane, terminos		4374	
11				0		
		on ontor O		Interest made you and	was once in totals a	
i	Subtract line 1f from line 1c. If zero or le	,	on the state of	pomuoni kai jao	0	arti terrisi i f
i j	If there is an amount other than zero	on either line 1h		and the second s	file Form 4720	Vos No
j j	If there is an amount other than zero reporting section 4911 tax for this year	on either line 1h	x, dia it lile Form	a section 4955 to	file Form 4720	Yes No
j	If there is an amount other than zero reporting section 4911 tax for this year 4-Y (Some organizations that made a sec	on either line 1h?	riod Under Section do not have t	on 501(h) to complete all c	file Form 4720	50 S 25W S\$
j	If there is an amount other than zero reporting section 4911 tax for this year 4-Y (Some organizations that made a second See the	on either line 1h? ar Averaging Pection 501(h) elect	riod Under Section do not have to the section do not have to the sections for lines 2a	on 501(h) to complete all c	file Form 4720	50 S 25W S\$
	If there is an amount other than zero reporting section 4911 tax for this year 4-Y (Some organizations that made a second See the	on either line 1h? ear Averaging Pection 501(h) electes separate instruc	riod Under Section do not have to the section do not have to the sections for lines 2a	on 501(h) to complete all c	file Form 4720	50 S 250W 93
J contact of the cont	If there is an amount other than zero reporting section 4911 tax for this year 4-Y (Some organizations that made a second See the Lobbying Calendar year (or fiscal year	on either line 1h? ear Averaging Pection 501(h) electer separate instructions	riod Under Section do not have to tions for lines 2a uring 4-Year Ave	on 501(h) to complete all continues through 2f.) raging Period (c) 2019	file Form 4720	s below.
j 2a	If there is an amount other than zero reporting section 4911 tax for this year 4-Y (Some organizations that made a second See the Lobbying Calendar year (or fiscal year beginning in)	ear Averaging Pection 501(h) elect eseparate instruct g Expenditures Decay 2017	riod Under Section do not have to tions for lines 2a uring 4-Year Ave	on 501(h) to complete all control through 2f.)	file Form 4720	(e) Total
j 2a	If there is an amount other than zero reporting section 4911 tax for this year 4-Y (Some organizations that made a se See the Lobbying Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount	ear Averaging Pection 501(h) elect eseparate instruct g Expenditures Decay 2017	riod Under Section do not have to tions for lines 2a uring 4-Year Ave	on 501(h) to complete all continues through 2f.) raging Period (c) 2019	file Form 4720	(e) Total
j 2a b	If there is an amount other than zero reporting section 4911 tax for this year 4-Y (Some organizations that made a second See the Lobbying Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e))	ear Averaging Perction 501(h) elect eseparate instruction 2017	riod Under Section do not have to tions for lines 2a uring 4-Year Ave (b) 2018 29512	on 501(h) to complete all of a through 2f.) raging Period (c) 2019 24964	file Form 4720 file Form 4720 f the five columns (d) 2020 17496	(e) Total 9430 14146
j 2a b	If there is an amount other than zero reporting section 4911 tax for this year 4-Y (Some organizations that made a sea See the Lobbying Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures	e on either line 1h? ear Averaging Perction 501(h) elect e separate instruction 5017 (a) 2017 22337	riod Under Section do not have to tions for lines 2a uring 4-Year Ave	on 501(h) to complete all of through 2f.) raging Period (c) 2019	file Form 4720	s below.

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Montana Renewable Energy Association	81-0537306
FORM 990 EZ, LINE 16 – OTHER EXPENSES:	
\$1,770 Marketing & Outreach	
\$6,909 SEIN Project Expenses	
\$293 Fundraising Expenses	
\$1,200 Donor Management System	
\$94 Food	
\$112 Lodging	
\$839 Travel	
\$1,408 Liability & Event Insurance	
\$20 Montana Corporate Filing Fee	
\$195 Website, Email, and Listserv	
\$92 P.O. Box Rental	
\$513 Cell Phone - Executive Director	
\$623 Payroll & Form 1099 Service Fees - Intuit	
\$160 Newspaper Subscriptions	
\$135 Montana Nonprofit Association Dues	
\$100 NW Energy Coalition Dues	
\$40 Event Fees / Booth Rental	
\$250 Branding	
\$1,414 Office Supplies	
\$377 Computer Supplies & Software	
\$509 Summer Fair (except personnel)	
\$730 Conference & Training Fees	
\$1,000 Board Meetings & Strategic Planning	
\$49 Treasurer Checks	
\$425 Refunds; -\$1 Rounding Error; TOTAL = \$19,256	

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

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