Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2003 calendar year, or tax year beginning , 2003, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization, number and street, city, town, street, and ZIP code

ALTERNATIVE ENERGY RESOURCES ORGANIZATION
432 N LAST CHANCE GULCH
HELENA MT 59601

D Employer identification number: 81-0350698

E Telephone number: 406-443-7272

F Acctg. method: ☐ Cash ☐ Accrual ☒ Other (specify) ▶ MOD ACCR

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Website: ▶

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list See instructions) ☐ Yes ☐ No

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

J Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (Insert no) | ☐ 4947(a)(1) or | ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 163,485.

M Check ▶ ☐ if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	106,247.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	23,359.	
	d **Total** (add lines 1a through 1c) (cash $ 129,606. noncash $)			1d 129,606.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2 9,575.
	3 Membership dues and assessments			3 8,640.
	4 Interest on savings and temporary cash investments			4 126.
	5 Dividends and interest from securities			5
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7 Other investment income (describe ▶)			7
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less cost or other basis & sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		8d
	9 Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐			
	a Gross revenue (not including $ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c
	10 a Gross sales of inventory, less returns and allowances	10a	14,253.	
	b Less cost of goods sold	10b	25,737.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c (11,484.)
	11 Other revenue (from Part VII, line 103)			11 1,285.
	12 **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 137,748.
Expenses	13 Program services (from line 44, column (B))			13 112,288.
	14 Management and general (from line 44, column (C))			14 24,666.
	15 Fundraising (from line 44, column (D))			15 1,326.
	16 Payments to affiliates (attach schedule)			16
	17 **Total expenses** (add lines 16 and 44, column (A))			17 138,280.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18 (532.)
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 4,006.
	20 Other changes in net assets or fund balances (attach explanation)			20
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 3,474.

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2003)

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ 600 noncash $)	22	600.	600.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	35853.	23309.	11771.	773.
27 Pension plan contributions	27				
28 Other employee benefits	28	4533.	2794.	1722.	17.
29 Payroll taxes	29	3405.	2214.	1118.	73.
30 Professional fundraising fees	30				
31 Accounting fees	31	3116.		3116.	
32 Legal fees	32				
33 Supplies	33	5793.	4046.	1741.	6.
34 Telephone	34	3562.	2890.	512.	160.
35 Postage and shipping	35	1784.	1347.	382.	55.
36 Occupancy	36	7452.	5772.	1600.	80.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	4802.	4318.	465.	19.
39 Travel	39	6499.	6499.		
40 Conferences, conventions, and meetings	40	28566.	28566.		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	2024.		2024.	
43 Other expenses not covered above (Itemize) a OTHR SVCS	43a	487.	399.	20.	68.
b CONTRACT SERVICES	43b	29169.	29169.		
c PROFESSIONAL DEVELOPMENT	43c	125.	125.		
d MISC & OTHR EXPENSE	43d	510.	240.	195.	75.
e	43e				
44 **Total functional expenses** (add lines 22 through 43) **Organizations completing columns (B)-(D), carry these totals to lines 13-15**	44	138280.	112288.	24666.	1326.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $, (ii) the amount allocated to Program services $,

(iii) the amount allocated to Management and general $, and (iv) the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? ▶ EDUCATE & PROMOTE CONSERVATION

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) & (4) orgs , & 4947(a)(1) trusts, but optional for others)

a SEE ATTACHED SCHEDULE

(Grants and allocations $) 112288.

b (Grants and allocations $)

c (Grants and allocations $)

d (Grants and allocations $)

e Other program services (attach schedule) (Grants and allocations $)

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ 112288.

Form **990** (2003)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing				45	929.
46 Savings and temporary cash investments			15,988.	46	
47 a Accounts receivable	47a	6,780.			
b Less: allowance for doubtful accounts	47b		275.	47c	6,780.
48 a Pledges receivable	48a	7,700.			
b Less allowance for doubtful accounts	48b			48c	7,700.
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51 a Other notes and loans receivable (attach schedule)	51a				
b Less allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges				53	
54 Investments - securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
55 a Investments - land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments - other (attach schedule)				56	
57 a Land, buildings, and equipment basis	57a	10,117.			
b Less accumulated depreciation (attach schedule)	57b	7,584.	4,557.	57c	2,533.
58 Other assets (describe ▶)				58	
59 **Total assets** (add lines 45 through 58) (must equal line 74)			20,820.	59	17,942.
Liabilities					
60 Accounts payable and accrued expenses			169.	60	
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64 a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)				64b	
65 Other liabilities (describe ▶ DEFERRED GRANT REVENUE)			16,645.	65	14,468.
66 **Total liabilities** (add lines 60 through 65)			16,814.	66	14,468.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted				67	
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds			(551.)	70	941.
71 Paid-in or capital surplus, or land, building, and equipment fund			4,557.	71	2,533.
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)			4,006.	73	3,474.
74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			20,820.	74	17,942.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions)

a Total revenue, gains, and other support per audited financial statements ▶	a	163485.
b Amounts included on line a but not on line 12, Form 990		
(1) Net unrealized gains on investments $		
(2) Donated services & use of facilities $		
(3) Recoveries of prior year grants $		
(4) Other (specify) $		
Add amounts on lines (1) through (4) ▶	b	
c Line a minus line b ▶	c	163485.
d Amounts included on line 12, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990 $		
(2) Other (specify) COGS $ -25737.		
Add amounts on lines (1) and (2) ▶	d	-25737.
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e	137748.

Part IV-B **Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a Total expenses and losses per audited financial statements ▶	a	164017.
b Amounts included on line a but not on line 17, Form 990.		
(1) Donated services & use of facilities $		
(2) Prior year adjustments reported on line 20, Form 990 $		
(3) Losses reported on line 20, Form 990 $		
(4) Other (specify) COGS $ 25737.		
Add amounts on lines (1) through (4) ▶	b	25737.
c Line a minus line b ▶	c	138280.
d Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990 $		
(2) Other (specify) $		
Add amounts on lines (1) and (2) ▶	d	
e Total expenses per line 17, Form 990 (line c plus line d) ▶	e	138280.

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
SEE ATTACHED LIST OF OFFICERS & DIRECTORS	VARIOUS 2	0		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule - see the instructions

Part VI Other Information (See the instructions)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt **or** ☐ nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs Enter **a** Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs. Enter **a** Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____			
90 a	List the states with which a copy of this return is filed ▶ _____			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b	2		
91	The books are in care of ▶ JONDA CROSBY Telephone no ▶ 406-443-7272			
	Located at ▶ 423 N LAST CHANCE GULCH HELENA MT ZIP + 4 ▶ 59601			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue.					
a WORKSHOPS/EVENTS					9,575.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt. agencies					
94 Membership dues & assessments					8,640.
95 Interest on savings and temporary cash investments			14	126.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	511130	(11,484.)			
103 Other revenue a					
b EXPENSE REIMBURSE					1,285.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		(11,484.)		126.	19,500.
105 Total (add line 104, columns (B), (D), and (E))				▶	8,142.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	EDUCATIONAL WORKSHOPS/SEMINARS RELATED TO ENERGY CONSERVATION,
93A	ALTERNATIVE ENERGY RESOURCES AND SUSTAINABLE AGRICULTURAL OPTIONS
94	DUES THAT COMPARE TO THE AVAILABLE SERVICES PROVIDED
103B	REIMBURSEMENTS OF PROGRAM RELATED EXPENSES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions)

(a) Did the organization, during year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 **and** Form 4720 (see instructions)

Please Sign

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

[redacted] 11-15-04

Date

EXEC DIRECTOR

[redacted] Date Check if self- Preparer's SSN or PTIN (See Gen Inst W)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2003

Name of the organization: ALTERNATIVE ENERGY RESOURCES

Employer identification number: 81-0350698

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowance
NONE				
Total number of other employees paid over $50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part III Statements About Activities (See instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a		X
3b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☒ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	118798	190172	267382	268153	844505
16 Membership fees received	8808	12225	11886	11845	44764
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	9284	11099	23127	10719	54229
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	231	1487	6299	4651	12668
19 Net income from unrelated business activities not included in line 18	973	976	405	649	3003
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	138094	215959	309099	296017	959169
24 Line 23 minus line 17	128810	204860	285972	285298	904940
25 Enter 1% of line 23	1381	2160	3091	2960	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** %

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2002) _____ (2001) _____ (2000) _____ (1999) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for the year

(2002) _____ (2001) _____ (2000) _____ (1999) _____

c Add Amounts from column (e) for lines. 15 844505 16 44764 17 54229 20 _____ 21 _____ ▶ **27c** 943498

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e** 943498

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f** 959169

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** 98.37 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** 1.32 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** | if the organization belongs to an affiliated group Check ▶ **b** | if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000 ▶	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See instructions for lines 45 through 50)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines **c** through **h.**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, & sharing arrangements

52 **a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2003

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
ALTERNATIVE ENERGY RESOURCES	FORM 990	81-0350698

Part I **Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	$100,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$400,000
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see the instructions	5	100,000.

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2004 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see the instructions)	14	
15	Property subject to section 168(f)(1) election (see the instructions)	15	
16	Other depreciation (including ACRS) (see the instructions)	16	

Part III **MACRS Depreciation (Do not include listed property.) (See the instructions)**

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	2,024.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B-Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV **Summary** (see the instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	22	2,024.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. Form **4562** (2003)

Gross Profit on Sales of Inventory

US 990 990: Page 6, Line 102; 990-EZ: Page 1, Line 7; 990-PF: Page 11, Line 10 2003

Description	Gross Sales Less Returns	Cost of Goods Sold	Gross Profit
PUBLICATIONS/ADVERTISING	14,253.	25,737.	(11,484.)
	14,253.	25,737.	(11,484.)

2003 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	AMT Depr.	Next Year	Gain/ Loss	Sales Price	Exp & Adj	Date Sold
Form: FORM 990																
Rental Property: N/A																
Depreciation Class: N/A																
In Service Year: 1999																
IMAC G3	04/99	1099	100		1099	SL	5.0	HY	770	220	660	109				
IMAC G3	04/99	899	100		899	SL	5.0	HY	630	180	540	89				
PRINTER	04/99	999	100		999	SL	5.0	HY	700	200	600	99				
		2997			2997				2100	600		297				
In Service Year: 2000																
COPIER-MITA	06/00	2500	100		2500	SL	5.0	HY	1250	500	1500	500				
BROTHER FAX	04/00	321	100		321	SL	5.0	HY	160	64	192	64				
IMAC G3/300	05/00	1300	100		1300	SL	5.0	HY	650	260	780	260				
PMAC G4/450	07/00	2499	100		2499	SL	5.0	HY	1250	500	1500	500				
		6620			6620				3310	1324		1324				
In Service Year: 2001																
IMAC BONDI	02/01	500	100		500	SL	5.0	HY	150	100	250	100				
Form Totals:		10117			10117				5560	2024		1721				

ALTERNATIVE ENERGY RESOURCES ORGANIZATION
FORM 990
DECEMBER 31, 2003

PART III

A. Farm and Ranch Improvement Project: AERO is developing and conducting sustainable agriculture public education on farm and ranch research activities initiated by participating farmers and ranchers. EXPENSE: $ 13,848
GRANTS: $ 600

B. Montana Community Food System Project: AERO is conducting a project that will create community-based food and farming systems that foster the social, environmental and economic health of local communities and agriculture. EXPENSE: $ 1,772

C. Smart Growth, Transportation and Livable Communities Project: AERO is organizing a project to study transportation and livable communities to include research and presentation of workshops. EXPENSE: $ 4,132

D. Annual Meeting: AERO provides a forum for the exchange of ideas and information through workshops, seminars and publications. EXPENSE: $ 13,613

E. Sustainable Agriculture Research and Education Program: AERO organized a sustainable agriculture research and education program in the western region to provide extension sustainable agricultural training and collaborative learning within the region. EXPENSE: $ 26,686

F. Buy Local Food Project: AERO developed a process and logo for farmer and ranchers to identify and market their products in local markets so that consumers would know they were buying locally produced products. EXPENSE: $ 28,845

G. Small Agriculture and Energy Projects: AERO participated in numerous small projects relating to the farming, energy conservation and renewable energy by conducting workshops, seminars, and producing publications. EXPENSE: $ 23,392

Total $ 112,288

ALTERNATIVE ENERGY RESOURCES ORGANIZATION
FORM 990
DECEMBER 31, 2003

PART II

PAGE 2, LINE 22, GRANTS AND ALLOCATIONS

Farm and Ranch Improvement Program	$	600
Total grants and allocations	$	600

AERO Board and Staff Contact List

Jess Alger
PO Box 27
Stanford, MT 59479
566-2483 (H)
Farmer & Cattle Rancher
ejalger@yahoo.com
Term expires 10/2004

Jen Bannon
Citizens for a Better Flathead
PO 1834 Whitefish 59937
862-7772
862-7633 W
jbannon@digisys.net
Term expires 10/2003

Jan Counter
PO Box 107
Big Timber, MT 59011
932-4159 (H & W)
janc@mcn.net
Contractor
Term expires 10/2004

Jennifer Dalrymple
113 Ravenwood Ridge
Townsend 59644-9695
949-2300
dymples5@starband.net
Term expires 10/2003

Jean Duncan
721 Woodford St.
Missoula, MT 59801
543-0739 (H)
jeanclaire@montana.com
Term expires 10/2004

Barry Flamm
346 S. Finley Point Rd.
Polson, MT 59860
887-2818 (H)
barry@digisys.net
Organic Cherry Producer
Term expires 10/2004

Laura Garber
905 Sleeping Child Rd
Hamilton 59840
363-6627
Term expires 10/2003

Pam Gerwe
170 Blanchard Lake Dr
Whitefish 69937
862-0621
pandora@digisys.net
Term expires 10/2003

Linda Gryczan
1107 8th Ave.
Helena, MT 59601
443-9277 (H)
conlin@initco.net
Bike Mechanic
Term expires 10/2004

Tana Kappel
7359 Raven Dr.
Belgrade, MT 59714
388-1232 (H) 443-0303 (W) 442-6735
calli@bigsky.net
tkappel@tnc.org
Communications Director of The Nature Conservancy
Term expires 10/2004

Richarda Ruffle
104 Westview
Missoula, MT 59803
549-3971
ricruffle@yahoo.com
Term expires 10/2003

Judy Smith
315 S. 4th E.
Missoula, MT 59801
880-6671 (C) 543-3550 x 41 (T & Th)
543-6997 (MWF)
jlswift@mtwi.net
Admin. Director of WORD
Term expires 10/2004

AERO Staff

Jonda Crosby, Program Manager
Sustainable Agriculture
3845 Hart Lane
Helena, MT 59602
227-9161 (H) 227-0389 (Fax)
jcrosby@aeromt.org

Marga Lincoln, Program Manager
Smart Growth and Transportation
220 Adams
Helena, MT 59601
457-1443 (H)
mlincoln@aeromt.org

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return. See instructions	ALTERNATIVE ENERGY RESOURCES		81-0350698
	Number, street, and room or suite no If a P O box, see instructions. 432 N LAST CHANCE GULCH		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. HELENA MT 59601		

Check type of return to be filed (File a separate application for each return)

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ▶ [ ]. If it is for **part** of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOV 15 , 2004

5 For calendar year 2003 or other tax year beginning _____, 20 ____ and ending _____, 20 ____

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE THE AUDIT FOR THE YEAR AND PREPARE A COMPLETE AND ACCURATE TAX RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . $ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $ _____

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ _____ Title ▶ CPA Date ▶ 8/13/04

Notice to Applicant-To Be Completed by the IRS

[ ] We **have** approved this application. Please attach this form to the organization's return

[ ] We **have not** approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return

[ ] We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period

[ ] We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested

[ ] Other _____

_____ By _____ _____
Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	**Name**
	THOMAS SWINDLE CPA
	Number, street (include suite, room, or apt. no.) Or a P.O box number 23 S LAST CHANCE GULCH
	City or town, province or state, and country (including postal or ZIP code) HELENA MT 59601

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension complete only Part I** and check this box ▶ ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension of a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time**-Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	**Employer identification number**
	ALTERNATIVE ENERGY RESOURCES	81-0350698
	Number, street, and room or suite no If a P O box, see instructions ORGANIZATION 432 N LAST CHANCE GULCH	
	City, town or post office, state, and ZIP code For a foreign address, see instructions HELENA MT 59601	

Check type of return to be filed (file a separate application for each return)

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ▶ ☐
- If this is for **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until AUG 15 , 20 04 to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ ☒ calendar year 20 ____ or
▶ ☐ tax year beginning _____, 20 ____ and ending _____, 20 ____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $ _____

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

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct, and complete, and that I am authorized to prepare this form

Signature ▶ Thomas O'Neil Title ▶ CPA Date ▶ 5/15/2004

For Paperwork Reduction Act Notice, see Instructions. Form **8868** (12-2000)