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0712

OMB No 1545-1150

2007

Open to Public Inspection

Short Form

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)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

Form 990-EZ

Department of the Treasury Internal Revenue Service

04368 45799 JUN 11 '14 Statute clear

A For the 2007 calendar year, or tax year beginning 2007, and ending 20

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: Frontier 4-Wheelers. P O Box 7011. Helena, MT 59604-7011

D Employer identification number: 51 0151290. E Telephone number: (406) 2026038. F Group Exemption Number

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

G Accounting method: Cash [checked] Accrual [] Other (specify)

I Website: www.facebook.com/Frontier4Wheelers

H Check [checked] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one): 501(c) (7) (insert no.) [checked] 4947(a)(1) [] 527 []

K Check [checked] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 400

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten notes like 'IRIS Recd 11/28/2012' and 'STATUTE UNIT RECEIVED JUN 09 2011 TPR BRANCH OGDEN'.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets, comparing beginning and end of year for assets and liabilities.

P NE 19

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)	
What is the organization's primary exempt purpose? <u>See attached Schedule O</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Monthly Club Runs - - Provide guidance in safe and courteous driving, proper vehicle maintenance, and a sense of individual responsibility to respect and protect our public lands. All club members and individuals looking to join the club.		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29	Membership in Montana State 4x4 Association - all club members benefit.		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	255
30			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. Add lines 28a through 31a	32	255

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of 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 compensation	(E) Expense account and other allowances
Tom Mander 140 Susan Court, Helena, MT 59602	President - 3 hours	0	0	0
Ben Palmer 3949 Fawn Meadow Dr, Helena, MT 59602	Vice President - 1 hrs	0	0	0
Nick Van Dyke 2850 Fisher Ln, East Helena, MT 59635	Secretary - 3 hours	0	0	0
Joan Lewis 529 Tejon Ln, East Helena, MT 59635	Treasurer -1 hours	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b 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 unpaid at the start of the period covered by this return?		✓
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		0
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		0
39b	b Gross receipts, included on line 9, for public use of club facilities		0

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a 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 (4) organizations. 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 an explanation . . .
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____
- d 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?

	Yes	No
40b		
40e		✓

41 List the states with which a copy of this return is filed. ▶ Montana

42a The books are in care of ▶ Joan Lewis Telephone no. ▶ (406) 227-6446
 Located at ▶ 529 Tejon Ln, Helena, MT ZIP + 4 ▶ 59635

- 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 **Form TD F 90-22.1**.
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If "Yes," enter the name of the foreign country: ▶ _____

	Yes	No
42b		✓
42c		✓

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

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.

Please Sign Here	<i>Sharon O. Mark</i> Signature of officer	Date	<u>11/28/2012</u>
	<u>Thomas S. Mander</u> Type or print name and title	<u>President</u>	

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶ ()	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

20107

**Open to Public
Inspection**

Name of the organization
Frontier 4-Wheelers

Employer identification number
51-0151290

Line 8

Stickers **\$15.00**

Race Number **\$5.00**

Line 10

Montana State 4x4 Association Dues **\$255.00**

Part III

We are an organization of Four Wheel Drive enthusiasts who are dedicated to preserving our heritage of driving on public lands, particularly BLM and National Forest areas around Helena. We provide guidance to Four Wheelers in safe and courteous driving, proper vehicle maintenance, and a strong sense of individual responsibility as a conscientious Four-Wheeling recreationist. We adhere to the Tread Lightly Program.