DLN: 93493303003057

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

OMB No 1545-0047 2015

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year beg	inning 07-01-2015 , and ending 06-3	0-2016		1			
B Check if applicable Address change Name change			C Name of organization ALLIANCE FOR AFFORDABLE ER	NERGY				=	entification number	
_		-		72-10	5783	4				
Initial return			Doing business as							
			Number and street (or P O bo	E Telepho	E Telephone number					
_	/termina nended		4505 S CLAIBORNE AVE	A II Mail is not delivered to screet address, no	orri, saice		(504)	208-9	9761	
Application pending				e, country, and ZIP or foreign postal code						
			NEW ORLEANS, LA 70125				G Gross r	eceıpts	\$ 535,489	
			F Name and address of pr	· · · · · · · · · · · · · · · · · · ·		H(a) Is th	• ıs a group	returr	n for	
			LOGAN ATKINSON BURK 4505 S CLAIBORNE AVE				rdinates?		☐ Yes 🗸	
			NEW ORLEANS, LA 7012			Nо н(ь) Are а	all subordı	nates	-	
I Ta	x-exem	pt status	✓ 501(c)(3)) ◀ (insert no)		inclu	ded?		□Yes □ No	
J W	ebsite	:► ww	W ALL4ENERGY ORG						(see instructions)	
K For	m of org	janization	✓ Corporation Trust A	Association Other ►		H(c) Grou	ormation 19		State of legal domicile LA	
Pa	rt I	Sum	-							
		•	-	ssion or most significant activities ABLE AND ENVIRONMENTALLY RES	PONSI	BIEENER	GY POLIC	Y		
eu		7 7 7 7 7	ONTE FOR PAIR ATTORE	ABEL AND ENVIRONMENTALES RES	7 0 11 0 1	DEE EIVER	0110210			
⊒	_									
Ě	_									
) (2 (neck th	is box 🕨 If the organizati	on discontinued its operations or dispo	osea or	more than	25% OF ITS	net a	ssets	
Activities & Governance	3 N	lumber o	of voting members of the go	verning body (Part VI, line 1a)				3	7	
Š	4 N	lumber	of independent voting memb	ers of the governing body (Part VI, line	e 1b) .			4	7	
Ĭ	5 T	otal nur	nber of individuals employed	d ın calendar year 2015 (Part V, line 2	(a) .			5	2	
Şct	6 T	otal nur	nber of volunteers (estimate	e ıf necessary)				6	0	
•	7 a ⊤	otal unr	elated business revenue fro	om Part VIII, column (C), line 12 .				7a	0	
	b Ne	et unrela	ited business taxable incom	ne from Form 990-T, line 34				7 b	0	
						Pric	or Year		Current Year	
	8	Contri	butions and grants (Part VI		154,0	72	509,897			
Ravenue	9	Progra	ım service revenue (Part VI	III, line 2g)			18,070		14,936	
σΛċ	10	Invest	tment income (Part VIII, co	olumn (A), lines 3, 4, and 7d)				0	-	
<u> </u>	11		,	ı (A), lınes 5, 6d, 8c, 9c, 10c, and 11e			10,565		-1,097	
	12	Totalı 12)	revenue—add lines 8 throug	ıh 11 (must equal Part VIII, column (A	(), line		182,7	707	523,736	
	13	Grants	and similar amounts paid ((Part IX, column (A), lines 1–3)				0	0	
	14	Benefi	ts paid to or for members (P	Part IX, column (A), line 4)				0	0	
40	15	Saları	es, other compensation, em	ployee benefits (Part IX, column (A), li	ınes		142,4	186	142,595	
Expenses		5-10)					172,	_	· · · · · · · · · · · · · · · · · · ·	
E) G	16a		- '	rt IX, column (A), line 11e)				0	0	
ਕੁ	Ь		ndraising expenses (Part IX, colur							
	17		. , ,	(A), lines 11a-11d, 11f-24e)			70,7		199,782	
	18 19		·	(must equal Part IX, column (A), line	•		213,2		342,377	
	19	Reven	ue less expenses Subtract	line 18 from line 12	• •		-30,5		181,359	
Net Assets or Fund Balances						Beginning	of Current \	rear	End of Year	
SS &	20	Total	assets (Part X, line 16) .				8,0	35	158,721	
절절	21	Total I	iabilities (Part X, line 26)				54,3	372	20,815	
ŽΞ	22	Net as	sets or fund balances Subt	tract line 21 from line 20			-46,3	337	137,906	
	rt II		ature Block							
my k	nowled	lge and i		e examined this return, including acco d complete Declaration of preparer (ot						
		****	**			2	017-10-27			
Sigr	1	Signa	ature of officer				ate			
Her			Y DEMOSS ROBERTS EXECUTIVE	DIRECTOR						
		<u> </u>	or print name and title							
	_		nnt/Type preparer's name AMES E TONGLET CPA	Preparer's signature JAMES E TONGLET CPA	Date	Ch	eck [if	PTIN P0073		
Paid		-	ırm's name ► ERICKSEN KREN				-employed n's EIN ▶ 72			
	pare	r	irm's name ► ERICKSEN KREN irm's address ► 4227 CANAL STRE				ns EIN \triangleright /2			
Use	Onl	у	NEW ORLEANS, L				110 (304	, .00 /	5	
		1	INEW UKLEANS, L	A 10113		- 1				

May the IRS discuss this return with the preparer shown above? (see instructions)

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

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I.	30		
	<u>-</u>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
- -		5c		N
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			N I -
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13 a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
ŀ	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
5	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
ie	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
a	Did the organization have local chapters, branches, or affiliates?	10 a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
а	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
	Did the organization have a written whistleblower policy?	13		No
	Did the organization have a written document retention and destruction policy?	14		No
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
)	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
а	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16 b		
	ction C. Disclosure			
•	List the States with which a copy of this Form 990 is required to be filed▶			
:	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.			
•	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
	State the name address, and telephone number of the person who possesses the organization's books and record	S		

►LOGAN ATKINSON BURKE 4505 S CLAIBORNE AVE NEW ORLEANS, LA 70125 (504) 208-9761

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related	more pers and	than on is a di	one bot rect	not bo: h ai or/ti	n offic ruste	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	Formal Highest compensated enizovee MI Key employee Officer Institutional Trustee or director		MISC)	MISC)	organization and related organizations						
(1) JACQUELYN DADAKIS	1 00	×		×				0	0	0	
PRESIDENT		^						0	0		
(2) JODIE MANALE BOARD DIRECTOR	1 00	x						0	0	0	
(3) SAMUEL WILCHER TREASURER	1 00	×		х				0	0	0	
(4) DAVID GEREIGHTY	1 00										
BOARD DIRECTOR		×						0	0	0	
(5) MATT SEGRAVES SECRETARY	1 00	х		х				0	0	0	
(6) JESSICA RICCARDO BOARD DIRECTOR	1 00	х						0	0	0	
(7) DEAN BOYER BOARD DIRECTOR	1 00	×						0	0	0	
(8) CASEY DEMOSS ROBERTS CEO	40 00	×		×				73,919	0	3,393	
							\vdash				
							\vdash				
							\vdash				
					<u> </u>		<u> </u>			orm 990 (2015)	

Form 990 (2015)
Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-		(E) Reportable compensation from related organizations (W- 2/1099-MISC)		(F) Estimated amount of other compensation from the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	2,2033 11100			rganizati relate organiza	ed	
1b	Sub-Total						<u> </u>								
c d	Total from continuation sheet Total (add lines 1b and 1c)	s to Part VII, S	ection A	· .	•		. ≯		7.	3,919	0			3,393	
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	aan				
_													Yes	No	
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>				tee,	key •	emplo • •	yee, •	or highes.	t compen	sated employee	3		No	
4	For any individual listed on line organization and related organ individual											4		N -	
5	Did any person listed on line 1 services rendered to the organ										or individual for			No_	
			Compre				, , , ,	ρο				5		No_	
1	Complete this table for your five	ve highest comp													
	compensation from the organiz	(A)		ation	for	tne c	alenda	ar ye	ear ending		(B)	on's i	(C		
	IV	lame and business	address							Des	cription of services		Compen	sation	
												\downarrow			
	Total number of independent co \$100,000 of compensation fron			not	lımıt	ed t	o those	e list	ed above)	who rece	ived more than				

Part V		Statement o			o o the Doublitt			_
	ı		ule O contains a respon	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र इं	1a	Federated cam	paigns 1a					
rant	b	Membership du	ies 1b					
٠ آيا .	c	Fundraising eve	ents 1c	14,968				
ifts ar /	d	Related organiz	zations 1d					
3, G	e	Government grant	s (contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f	494,929				
but the	_	similar amounts no	ot included above ons included in lines					
E Q	g	1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f	· · · •	509,897			
<u>ı</u>				Business Code				
H-H	2a	EDUCATION LICEN	SE	900099	14,936	14,936		
Program Service Revenue	b							
٠ ۲	C							
35	d							
am	e f	All other progra	am service revenue					
Togi	'	All other progra	dili service revenue					
<u> </u>	g		s 2a-2f		14,936			
	3		ome (including dividend ar amounts)					
	4	Income from inves	stment of tax-exempt bond p	· · · -				
	5	Royalties						
	6a	Gross rents	(ı) Real	(II) Personal				
	-							
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	c	Gain or (loss)	<u> </u>					
	d Ra	-	from fundraising	· · · · •				
Other Revenue		Ψ						
æ		See Part IV, lir						
her	١.		a	5,600				
õ	b c		penses b (loss) from fundraising e	11,753	-6,153			-6,153
		Gross income f	rom gaming activities ne 19	events p	-,			-,
	b c		a penses b (loss) from gaming activ	/ities				
				•				
	Tua	Gross sales of returns and allo						
			а					
	b		oods sold b					
		Net income or ((loss) from sales of inve	Business Code				
	11a	MISCELLANEO		900099	5,056	5,056		
	ь	MISCELLANEC	J J J INCOME			·		
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		5,056			
	12	Total revenue.	See Instructions		523,736	19,992		-6,153
	1			J	323,730	10,002	,	1 0,133

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	73,919	66,527	7,392	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	52,595	47,336	5,259	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,952	3,375	2,577	
10	Payroll taxes	40.400		4.005	
		10,129	5,744	4,385	
11	Fees for services (non-employees)				
а	Management				
b	Legal	31,302	15,651	15,651	
С	Accounting	2,209		2,209	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	97,187	86,092	11,095	
12	Advertising and promotion	20,222	10,111	10,111	
13	Office expenses	9,552	2,804	5,873	875
14	Information technology	830	294	536	
15	Royalties				
16	Occupancy	8,732	5,341	3,391	
17	Travel	7,772	7,333	439	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,327	573	1,754	
20	Interest	1,340		1,340	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,044	1,839	205	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MISCELLANEOUS	7,143	1,869	5,070	204
b	MEAL & ENTERTAINMENT	4,129	2,491	1,634	4
c	PROGRAM EXPENSES	2,214	1,107	1,107	
d	SUBSCRIPTIONS	1,545	1,188	357	
e	All other expenses	1,234	617	617	
25	Total functional expenses. Add lines 1 through 24e	342,377	260,292	81,002	1,083
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				·

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	8.035	1	158,671
	2	Savings and temporary cash investments	0,000	2	100,011
	3	Pledges and grants receivable, net		3	
	_			4	50
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	5		
\ss	_			6	
Q	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10 c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	8,035	16	158,721
	17	Accounts payable and accrued expenses	16,103	17	2,546
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.</u>		persons Complete Part II of Schedule L	20,000	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	12,000	23	12,000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			6,269	25	6,269
	26	Total liabilities. Add lines 17 through 25	54,372	26	20,815
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u>a</u>	27	Unrestricted net assets	-46,337	27	137,906
ထိ	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
set				30	
As	31 32	Paid-in or capital surplus, or land, building or equipment fund			
Net Assets or		Retained earnings, endowment, accumulated income, or other funds	-46,337	32	137,906
Z	33	Total habilities and not assets found balances		33	
	34	Total liabilities and net assets/fund balances	8,035	34	158,721

Additional Data

Software ID: Software Version:

EIN: 72-1057834

Name: ALLIANCE FOR AFFORDABLE ENERGY

Form 990, Part III, Line 4a

4a

(Code) (Expenses \$ 104,118 including grants of \$) (Revenue \$ 7,996)

ENERGY EFFICIENCY - ENERGY EFFICIENCY PROGRAMS ARE A WIN-WIN BECAUSE THEY HELP FAMILIES AND BUSINESSES LOWER ENERGY BILLS AND REDUCE HARMFUL POLLUTION FOR EVERYONE THE ALLIANCE APPRECIATES THE IMPORTANCE OF STRONG BUSINESS ENGAGEMENT AND A HEALTHY ECONOMY WE ACTIVELY ENGAGE INDUSTRY PROFESSIONALS TO BUILD RAPPORT WITH COMMUNITY, IMPROVE OUR UNDERSTANDING OF THE REALITIES ON THE GROUND, HELP GROW INDUSTRY, AND BRING THE BUSINESS COMMUNITY TO THE TABLE EFFICIENCY RULES WENT INTO EFFECT STATE WIDE NEW ORLEANS INTEGRATED RESOURCE PLAN (IRP) PASSED WITH FUNDING FOR ENERGY EFFICIENCY AND POLICY MAKING FOR RENEWABLE ENERGY CONTINUED

Form 990, Part III, Line 4b

(Expenses \$

(Code

RENEWABLE ENERGY - TO PRESERVE OUR CULTURE AND ECONOMY, THE ALLIANCEFOR AFFORDABLE ENERGY WORKS ON POLICY SOLUTIONS THAT DECREASE GREENHOUSE GAS POLLUTION AND HARMFUL TOXIC EMISSIONS POLICIES THAT PROMOTE CLEAN ENERGY WILL HELP US PREVENT THE WORST IMPACTS OF CLIMATE CHAIGE AND SECURE OUR FUTURE IN ADDITION WE PROMOTE THE USE OF SOUND SCIENCE AND TECHNICAL EXPERTISE TO DETERMINE THE TRUE COST AND BENEFIT OF PROPOSED ENERGY POLICIES AND PROJECTS THE ALLIANCE WORKS WITH MEMBERS IN THE RENEWABLE ENERGY SECTOR TO HELP GROW THE INDUSTRY AND CREATE GOOD PAYING. LOCAL JOBS IN LOUISIANA LOCAL INVESTMENT IN CLEAN ENERGY PRODUCTION IS NEEDED TO GIVE CLEANER ENERGY

including grants of \$

(Revenue \$

5,998)

78,087

CHOICES TO LOUISIANA CITIZENS. NEW ORLEANS IRP PASSED WITH FUNDING FOR POLICY MAKING FOR RENEWABLE ENERGY.

Form 990, Part III, Line 4c

(Code

(Expenses \$ 78.087 including grants of \$ CONSUMER PROTECTION AND EDUCATION - THE ALLIANCE IS THE ONLY GROUPREPRESENTING THE PUBLIC'S INTEREST AT THE POLICY MAKING TABLE. IN DOING

SO, OUR WORK GIVES A VOICE TO INDIVIDUALS AND SMALL BUSINESSES, THEREBY PROTECTING THE INTEREST OF THE MOST VULNERABLE IN OUR SOCIETY

SENIORS ON A FIXED INCOME, LOW-INCOME FAMILIES, AND AT-RISK POPULATIONS WORKING TO ENSURE ENERGY RATES ARE FAIR AND AFFORDABLE PROTECTS THE DISADVANTAGED FROM HAVING TO MAKE CHOICES BETWEEN PAYING THE ENERGY BILL AND BUYING FOOD AND MEDICINE IN DOING THIS WORK. THE ALLIANCE IS BUILDING STAKEHOLDER RELATIONSHIPS TO HELP INFLLIENCE PROGRESSIVE ENERGY POLICY DECISIONS AND HELP US MOVE OUR WORK FORWARD.

(Revenue \$

5.998

BY GIVING US ACCESS TO RESOURCES. BE IT FUNDING. VOLUNTEER WORK. OR FURTHER RELATIONSHIP BUILDING THROUGH EDUCATION PROGRAMMING. WE BROUGHT EFFICIENCY LESSONS TO 1200 SCHOOL CHILDREN

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493303003057

SCHEDULE A (Form 990 or 990EZ) **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** ALLIANCE FOR AFFORDABLE ENERGY 72-1057834 Part I **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 11, 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)) 2 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 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, 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 (described on lines 1- 9 above (see instructions))	(iv) Is the orga Iisted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
			Yes	No		
Total						

Pa	rt II Support Schedule for (Complete only if you Part III. If the organize	checked the bo	ox on line 5, 7, o	or 8 of Part I o	r if the organiza	ition failed to	qualify under
Se	ection A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			p. 0 0 0 1 0 1 0 1 1	/
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
	fiscal year beginning in)	(a)2011	(0)2012	(0)2013	(u)2014	(e) 2013	(1)1 Otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2	Tax revenues levied for the						
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) Public support. Subtract line 5 from line 4						
Se	ection B. Total Support			1			
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
(or	fiscal year beginning in) 🟲	(a)2011	(0)2012	(0)2013	(u)2014	(e)2013	(1)1 Otal
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly						
	carried on						
10	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
11	Total support. Add lines 7						
12	through 10 Gross receipts from related activit	Les. etc. (see inst	tructions)			12	
13	First five years.If the Form 990 is			third fourth or i	fifth tax vear as a)(3) organization
	check this box and stop here	_			·		- -
Se	ection C. Computation of Pul	blic Support F	Percentage				
14	Public support percentage for 201	5 (line 6, column	(f) divided by line	11, column (f))		14	
15	Public support percentage for 2014	4 Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	or more, chec	k this box
b	and stop here. The organization qu. 33 1/3% support test—2014. If the				, and line 15 is 33	1/3% or more	► ☐ , check this
17a	box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	—2015. If the organization meets the fa	anization did not c acts-and-circums	heck a box on lir tances test, chec	k this box and sto	op here. Explai	
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza	nızatıon meets th	e "facts-and-circ	umstances" test	, check this box ar	nd stop here.	
18	supported organization Private foundation. If the organizat	ion did not check	a box on line 13,	. 16a, 16b, 17a, i	or 17b, check this	box and see	▶┌
	instructions						▶□

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support					•	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
(or f	iscal year beginning in) ► Gifts, grants, contributions, and	. ,	.,	• • •	. ,		
	membership fees received (Do	175,311	268,133	313,421	154,072	509,897	1,420,834
	not include any "unusual grants ")	·	·	·	·	·	
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to	15,926	8,886	2,198	19,398	14,936	61,344
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
7	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
6	to the organization without charge Total. Add lines 1 through 5	191,237	277,019	315,619	173,470	524,833	1,482,178
	Amounts included on lines 1, 2,	151,257	277,013	313,013	173,173	32 1,000	1,102,170
7 4	and 3 received from disqualified						0
	persons						
b	A mounts included on lines 2 and						
	3 received from other than disqualified persons that exceed						0
	the greater of \$5,000 or 1% of						, and the second
	the amount on line 13 for the year						
С	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c						1,482,178
	from line 6)						, ,
	ction B. Total Support Calendar year		Т		Т	1	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6	191,237	277,019	315,619	173,470	524,833	1,482,178
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of		1,433	2,755	4,810	5,057	14,055
	capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c,	101 227	270.452	210 274	170 200	F20 000	1 406 333
	11, and 12)	191,237	278,452	318,374	178,280	529,890	1,496,233
14	First five years. If the Form 990 is f	or the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3) organization,
	check this box and stop here						<u>▶</u>
	ction C. Computation of Pub			12 - 1 - (0)			
15	Public support percentage for 2015	, ,		13, column (f))		15	99 060 %
16	Public support percentage from 20:	· ·				16	99 240 %
	ction D. Computation of Inv			-			
17	Investment income percentage for	•	• •	•	ın (f))	17	0 %
18	Investment income percentage from					18	
19a	33 1/3% support tests—2015. If the						_
b	more than 33 1/3%, check this box 33 1/3% support tests—2014. If the	-		•		•	► ✓ 1/3% and line
_	18 is not more than 33 1/3%, check	-					

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answei b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Par	Tt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
	Section D. All Type 111 Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
_	and a first of the contract of			
1 a b	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	I Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

CI	neck here if the organization satisfied the Integral Part Test as a qualifying tr	ust on N	ov 20,1970 See inst	ructions. All other
Τy	pe III non-functionally integrated supporting organizations must complete S	ections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
)	A verage monthly cash balances	1b		
5	Fair market value of other non-exempt-use assets	1 c		
t	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	neck here if the current year is the organization's first as a non-functionally-i	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re-	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
C			
d From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
c Excess from 2013			
d From 2014			
e From 2015			
		l	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493303003057

Open to Public

Department of the Treasury

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service **Employer identification number** Name of the organization ALLIANCE FOR AFFORDABLE ENERGY 72-1057834 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or Preservation of an historically important land area education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Part	31111	Organizations Maintaining (continued)	Collections of	Art, His	torica	l Treasures	, or C	Other Similar	Assets	
3		the organization's acquisition, accortion items (check all that apply)	ession, and other re		nec k any	of the followin	g that i	are a significant	use of its	
а	Г	Public exhibition		d	Г	oan or exchan	ge prog	jrams		
b	Γ	Scholarly research		e	Го	ther				
c	Γ	Preservation for future generations								
4	Provi Part)	de a description of the organization' KIII	s collections and ex	plain hov	w they fu	rther the orgar	nizatior	n's exempt purpo	se in	
5		g the year, did the organization solics to be sold to raise funds rather th						_	Yes	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Pa	rt IV, line 9,	or rep	ported an amo	unt on Form	า 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inte	rmediary	for cont	ributions or otl	her ass	sets not	Yes No	
b	If'	'Yes," explain the arrangement in P	art XIII and comple	te the fol	lowing ta	able		A	mount	
c	Be	ginning balance					1c			
d	A d	ditions during the year					1d			
e	Dis	tributions during the year					1 e			
f	En	ding balance					1 f			
2a		ne organization include an amount o						·	•	
ь Ра	If "Ye	es," explain the arrangement in Part Endowment Funds. Comple								Ш
			(a)Current year	(b) Pr	or year	b (c) Two year	rs back	(d)Three years bad	ck (e)Four year	ars back
1a b	_	nning of year balance ributions								
с	Net i	· · · · · · · · · · · · · · · · · · ·								
d	Gran	ts or scholarships								
e		r expenditures for facilities programs								
f g		onistrative expenses								
2	Provi	de the estimated percentage of the	current year end bal	lance (lın	e 1g, co	lumn (a)) held	as		•	
а	Board	I designated or quasi-endowment 🕨								
b	Perm	anent endowment ▶								
c		orarily restricted endowment > ercentages on lines 2a, 2b, and 2c	should equal 100%							
3а	A re tl	nere endowment funds not in the pos itzation by	-		that are	held and admir	nistere	d for the	Yes	No No
	(i) un	related organizations							3a(i)	
b		elated organizations es" on 3a(ii), are the related organiz							3a(ii) 3b	
4	_	ribe in Part XIII the intended uses o		endowm	ent fund	S				
Par	t VI	Land, Buildings, and Equip Complete if the organization a		Form 9	ON Dar	+ IV line 11a	ا مو ک	Form 990 Par	t Y line 10	
		Description of property	answered res to	(a	Cost or o	other basis stment) Cost o	(b) r other b other)	Accumula	ated (d)Boo	ok value
1a	Land					<u> </u>				
b	Buildin	gs								
c	Leasel	nold improvements		. [
		nent		. [
					mn (R)	 				
. 564	,.uu	ss ta tinoagn to (Column (a) mas	. Lugaar Form 550, Fa	Ay corur	(D), II	10(0//	· ·		lle D (Form 99	

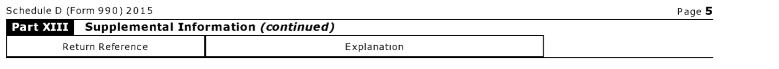
See Form 990, Part X, line 12.	I the organia		
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶		
Part VIII Investments—Program Related. Complete if the organization answered	'Yes' on Form 99	0, Part IV, line 11c.se	ee Form 990 Part X line 13
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	answered 'Yes' or	Form 990 Part IV line	11d See Form 990 Part X June 15
(a) Descrip			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15			
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	nization answere	ed 'Yes' on Form 990,	Part IV, line 11e or 11f.
1. (a) Description of liability	(b) Book valu	ıe	
Federal income taxes			
	_	2.52	
COMPENSATED ABSENCES	6	,269	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	6	,269	

	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	hei k	
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............. 2d		
е	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
)	Other (Describe in Part XIII).............. 4b		
C	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
art	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
3	Donated services and use of facilities		
-			1
	Prior year adjustments		
b	Prior year adjustments		
b c			
b c d	Other losses		
b c d	Other losses	2e 3	
b c d	Other losses		
b c d	Other losses		
b c d e	Other losses		
b c d e a b	Other losses		

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

Return Reference

Explanation



Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

n entered more than \$15,000 on Form 990-EZ, I

Attach to Form 990 or Form 990-EZ

Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

DLN: 93493303003057

2015

Open to Public

Inspection

Employer identification number

ALLIANCE FOR AFFORDABLE ENERGY 72-1057834 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising Yes No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (iii) Did (ii) Activity (iv) Gross receipts (v) A mount paid to (vi) A mount paid to individual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events
		GALA (event type)	(event type)	(total number)	(add col (a) through col (c))
Reverkie	1 Gross receipts	20,568			20,568
Y	2 Less Contributions	14,968			14,968
	Gross income (line 1 minus line 2)	5,600			5,600
	4 Cash prizes				
	5 Noncash prizes	221			221
S L	6 Rent/facility costs	4,340			4,340
Experises	7 Food and beverages	339			339
	8 Entertainment	1,530			1,530
Zi ez	9 Other direct expenses	5,323			5,323
۱ ۲	10 Direct expense summary Add lines11 Net income summary Subtract line 1			> >	-6,153
	Form 990-EZ, line 6a.	T	I		1
erkie		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Keverkie	1 Gross revenue	(a)Bıngo	1 3 7	(c)O ther gaming	
	1 Gross revenue	(a)Bıngo	1 3 7	(c)O ther gaming	Total gaming (add col
sesuedxa		(a)Bıngo	1 3 7	(c)O ther gaming	Total gaming (add col
sesuedxa	2 Cash prizes	(a)Bıngo	1 3 7	(c)O ther gaming	Total gaming (add col
sesuedxa	2 Cash prizes	(a)Bingo	1 3 7	(c)O ther gaming	Total gaming (add col
sesuedxa	2 Cash prizes	(a)Bingo ☐ Yes% ☐ No	1 3 7	(c)O ther gaming Yes% No	Total gaming (add col
sesuedxa	2 Cash prizes	☐ Yes%	bingo/progressive bingo Yes		Total gaming (add col
sesuedxa	2 Cash prizes	☐ Yes%_ ☐ No 2 through 5 in column (d	bingo/progressive bingo Yes	Yes%_ No	Total gaming (add col
Direct Expenses	2 Cash prizes	Yes%_ No 2 through 5 in column (detact line 7 from line 1, column action conducts gaming action conducts gaming action conducts.	bingo/progressive bingo Yes% No umn (d)	Yes%_ No	Total gaming (add col
d b 6 Revenue	2 Cash prizes	Yes%_ No 2 through 5 in column (det line 7 from line 1, column action conducts gaming action gaming action a	bingo/progressive bingo Yes% No umn (d)	Yes%_ No	Total gaming (add col (a) through col (c))

SCILE	edule G (Form 990 or 990-EZ) 2015			Page 3			
11	Does the organization conduct gam	ning activities with nonme	mbers?	☐Yes ☐No			
12	Is the organization a grantor, benef	ficiary or trustee of a trust	or a member of a partnership or other entit	у			
	formed to administer charitable gan	ming?		Yes No			
13	Indicate the percentage of gaming	activity conducted in					
а	The organization's facility			13a %			
b	An outside facility			13b %			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records						
	Name ▶						
	Address ▶						
15a			whom the organization receives gaming				
	revenue?			□Yes □No			
b	If "Yes," enter the amount of gamin	ng revenue received by the	e organization 🕨 \$ a	nd the			
	amount of gaming revenue retained by the third party ▶ \$						
c	If "Yes," enter name and address o	f the third party					
	Name ▶						
	Address ▶						
16	Gaming manager information						
	Name ▶						
	Gaming manager compensation ► \$						
	Description of services provided						
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions						
а							
	retain the state gaming license?	□Yes □No					
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent						
	in the organization's own exempt activities during the tax year ▶ \$						
Pai		, 15b, 15c, 16, and 17t	lanations required by Part I, line 2b, on as applicable. Also complete this pa				
		,.					

efile GRAPHI	DLN: 93493303003057				
SCHEDULE (Form 990 of 990-EZ) Department of the Treasury Internal Revenue Service			2015 Open to Public		
Name of the orgai ALLIANCE FOR AFFOR			72-10	yer identification number	
990 Schedule	O, Supplemental Informati	on			
Return Reference	Explanation				
FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE DIRECTOR AND OFFICE MANAGER REVIEWED THE 990 BEFORE SUBMITTING TO THE BOARD OF DIRECTORS FOR REVIEW				

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. A HIRING COMMITTEE WAS FORMED BY THE BOARD OF DIRECTORS IN DECEMBER OF 2010 A JOB DESCRIP PART VI. TION AND SALARY WAS RESEARCHED AND AGREED UPON THE CURRENT EXECUTIVE DIRECTOR WAS HIRED I SECTION B. N JULY 2011 ALL BOARD MEETINGS ARE RECORDED AND MINUTES ARE KEPT ON FILE LINE 15A

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. UPON REQUEST, THE PUBLIC CAN OBTAIN COPIES OF 990 TO REVIEW THE DOCUMENTS ARE KEPT ON FILE AT THE OFFICE. PART VI. SECTION C. LINE 19

PAYROLL SERVICE PROGRAM SERVICE EXPENSES 2.367 MANAGEMENT AND GENERAL EXPENSES 515 FUND

PART IX, LINE RAISING EXPENSES 0 TOTAL EXPENSES 2,882 OTHER CONTRACT SERVICES PROGRAM SERVICE EXPENSE 11G S 80,825 MANAGEMENT AND GENERAL EXPENSES 7,680 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 88 ,505 CONSULTING PROGRAM SERVICE EXPENSES 2,900 MANAGEMENT AND GENERAL EXPENSES 2,900 F

UNDRAISING EXPENSES 0 TOTAL EXPENSES 5.800