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## Form **990-EZ**

Department of the Treasury Internal Revenue Service

Change of Accounting Period

#### **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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

OMB No 1545-1150

2009

Open to Public Inspection

Α	For t	he 2009 calendar year, or tax year beginning $10/01$ , 2009, and	ending	g 6/30			, 2010
В	Check	of applicable C			D Emp	oloyer i	identification number
	Addres	s change   Please   ALLIANCE FOR AFFORDABLE ENERGY			72	-10	57834
	Name	change   label or   1001 SOUTH BROAD STREET #202		Ţ	<b>E</b> Tele	phone	number
H	Initial	See MBM ORDERING, IM , 0123			50	14-2	08-9761
H	Termi	ation Specific ed return Instruc-					
Ħ		tions.			F Gro	up E: nber	xemption -
			G	Accounting r		7	Cash Accrual
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		Other (specif			] 545
				Check ►			ganization is not
		ite: N/A	- 1	required to a 990-EZ, or 9			dule B (Form 990,
		tempt status (check only one) —   X   501(c) ( 3 ) ◀ (insert no )   4947(a)(1) or   527				•	
		00 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to	file a re	eturn, be sure	to file	a cor	not more than nplete return
		ines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file ad of Form 990-EZ	Form	990		<b>&gt;</b> \$	448,806.
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balar	nces	(See the II	nstru	ction	ns for Part I.)
	1	Contributions, gifts, grants, and similar amounts received				1	418,018.
	2	Program service revenue including government fees and contracts			L	2	30,788.
	3	Membership dues and assessments	-		L	3	
	4	Investment income			-	4	
		Gross amount from sale of assets other than inventory 5a	+			- 1	
R		Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than together (Subtrect laberrom in 5a)	<u> 1 </u>			_	
REVEZUE	6	Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, c	heck he	re ▶ [	n H	5c	
E	_		moon no	۰۰ ۱	-	[	
Ü		Gross revenue (not including 17 2011 of contributions reported on line 1)	1			İ	
	E	Less direct expenses other than fundraising expenses 6b	_			ĺ	
		Net income or (loss) from special events aperactivities (Subtract line 65 from line 6a)	•			6c	
		Gross sales of inventory, less returns and alternances 7a				$\neg$	
	Ŀ	Less cost of goods sold 7b					
	•	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			_	7с	
	8	Other revenue (describe >			_)  _	8	
	9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				9	448,806.
	10	Grants and similar amounts paid (attach schedule)			1-	10	
Ę	11	Benefits paid to or for members				11	262 040
EXPERSE	12	Salaries, other compensation, and employee benefits.			<u></u> ⊢	12 13	262,949.
Ņ	13	Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance			—	14	1,848. 23,450.
Ē	15	Printing, publications, postage, and shipping.				15	2,970.
S	16	Other expenses (describe See Statement 1		,		16	89,487.
	17	Total expenses. Add lines 10 through 16		- <del></del>	-	17	380,704.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	68,102.
N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must	agree	with end-of-	vear	一	· · · · · · · · · · · · · · · · · · ·
A S S E T		figure reported on prior year's return).	J		´	19	-47,742.
Š	1 -	• • • • • • • • • • • • • • • • • • • •	Stat	ement 2		20	5,634.
D-	21	Net assets or fund balances at end of year. Combine lines 18 through 20				21	25,994.
Pa	ırt II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or m					
22	Ca	(See the instructions for Part II ) sh, savings, and investments	(A	) Beginning	or year	22	(B) End of year 89,737.
23		id and buildings	$\vdash$	· ·		23	03,131.
24		er assets (describe - See Statement 3 )	<u> </u>		500.	24	600.
25		al assets			500.	25	90,337.
26		al liabilities (describe ► See Statement 4 )			242.		64,343.
_27	Ne	assets or fund balances (line 27 of column (B) must agree with line 21)		-47,		27	25,994.
BA	A Fo	Privacy Act and Paperwork Reduction Act Notice, see separate instructions.					Form 990-EZ (2009)

Form 990-EZ (2009) ALLIANCE FOR AF				<u> 12-</u>	105	7834 Page 2
Part III Statement of Program Se	rvice Accomplishments	See the instruction	ons.)	┦,	<b>Ф</b> -	Expenses
What is the organization's primary exempt purpose? <u>Sec</u> Describe what was achieved in carrying out th describe the services provided, the number of program title.	e Statement 5 ne organization's exempt purp f persons benefited, or other	poses In a clear and corelevant information for	ncise manner, each	- 14	49470	uired for section (3) and (4) iizations and section (a)(1) trusts; optional thers)
				-		
			<del>-</del>	- }		
(Grants \$ ) If th	is amount includes foreign g	rants, check here	▶		28 a	276,788.
					ļ	
(Grants \$ ) If th	iis amount includes foreign g	rants, check here .	<b>&gt;</b>	4	29 a	69,516.
30 See Statement 8						
(Cronto C	nis amount includes foreign g			$\dashv$	30 a	23,603.
(Grants \$ ) If the 31 Other program services (attach schedule		rants, check here		-4	30 a	23,603.
, , , , , , , , , , , , , , , , , , , ,	e) his amount includes foreign q	rants, check here	. ▶	٦.	31 a	
32 Total program service expenses (add in					32	369,907.
Part IV List of Officers, Directors		ployees. List each or	ne even if not co	omp	oensa	ated (See the instrs.)
	(b) Title and average hours	(c) Compensation (If	(d) Contribution	ons t	to	(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit p deferred compe	plans nsati	s and	and other allowances
DAVID DALIA	to position	Ö.	uoioirea compe		0.	0.
830 UNION ST STE 302	1 0				-	
NEW ORLEANS, LA 70112						
SALLIE DAVIS, JD	President	0.			0.	0.
1528 LOWERLINE	0				-	
NEW ORLEANS, LA 70118	_					
CHERYLYN TOMPKINS		0.			0.	0.
5721 MAGAZINE ST STE 149	1 0	1			-	
NEW ORLEANS, LA 70115						
JUILIANA PADGETT, PHD		0.			0.	0.
935 DANTE ST	0					
NEW ORLEANS, LA 70118						
TINA FREEMAN		0.			0.	0.
295 WALNUT ST	] 0					
NEW ORLEANS, LA 70118	]					
DOUG MEFFERT		0.			0.	0.
7521 DOMICAN ST	] 0				i	
NEW ORLEANS, LA 70118						
THOMAS LOWENBURG		0.			0.	0.
2035 JEFFERSON	] 0					
NEW ORLEANS, LA 70115						
LEA YOUNG	_	0.			0.	0.
1548 STEEPLECHASE	] 0				1	
NEW ORLEANS, LA 70131						
FOREST BRADLEY WRIGHT	MANAGER	1			0.	0.
1001 S BROAD ST #202	[ 60.00					
NEW ORLEANS, LA 70125						
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Form 990-EZ (2009) ALLIANCE FOR AFFORDABLE EN		72-1057834			age 3
Part V Other Information (Note the statement r	equirements in the instrs for Part V.)	See Stat	-		9
				Yes	No
33 Did the organization engage in any activity not previously each activity	reported to the IRS? If 'Yes,' attach a detailed of	description of	33		х
34 Were any changes made to the organizing or governing d	ocuments? If 'Yes,' attach a conformed copy of		34		X
35 If the organization had income from business activities, such as those rep	orted on lines 2. 6a. and 7a (among others), but not reported	on Form 990-T.			
attach a statement explaining why the organization did not report the incompanies attach a statement explaining why the organization did not report the incompanies.	ne on Form 990-T				
a Did the organization have unrelated business gross incomreporting, and proxy tax requirements?	e of \$1,000 or more or was it subject to section	6033(e) notice,	<b>9</b> E -		Х
b If 'Yes,' has it filed a tax return on Form 990-T for this year	ar?	<u> </u>	35а 35Ь		
36 Did the organization undergo a liquidation, dissolution, ter			-		-
year? If 'Yes,' complete applicable parts of Schedule N	mination, or significant disposition of het assets	, during the	36		X
37a Enter amount of political expenditures, direct or indirect,	as described in the instructions - 37a	0.			
<b>b</b> Did the organization file Form 1120-POL for this year?		L	37Ь		Х
38a Did the organization borrow from, or make any loans to, a any such loans made in a prior year and still outstanding	iny officer, director, trustee, or key employee or at the end of the period covered by this return?	were	38a	х	
b If 'Yes,' complete Schedule L, Part II and enter the total	20.5	0.			
amount involved  39 Section 501(c)(7) organizations Enter.	386	<del></del>			
a Initiation fees and capital contributions included on line 9	39a	N/A			
<b>b</b> Gross receipts, included on line 9, for public use of club for	acilities 39b	N/A			
40 a Section 501(c)(3) organizations Enter amount of tax important					
section 4911 ►	0.; section 4955 ►	0.			
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year or is it aware that it engaged in prior year, and that the transaction has not been reported Yes, complete Schedule L, Part I	n an excess benefit transaction with a disqualifi	ed person in a	40ь		х
c Section 501(c)(3) and 501(c)(4) organizations. Enter amo managers or disqualified persons during the year under so	unt of tax imposed on organization ections 4912, 4955, and 4958.	0.			
d Section 501(c)(3) and 501(c)(4) organizations Enter amo by the organization	· · · · · · · · · · · · · · · · · · ·	0.			
e All organizations At any time during the tax year, was the shelter transaction? If 'Yes,' complete Form 8886-T	e organization a party to a prohibited tax		40 e		х
41 List the states with which a copy of this return is filed > None			<del>10</del> 0 j		- 21
42 a The organization's					
books are in care of ► <u>DOUG_MEFFERT</u> Located at ► <u>1001 S. BROAD_ST_#202</u> <u>NEW_OI</u>	Telephone	eno ► <u>504-208</u> +4► 70125	3-97	61	
1001 3. DROAD 31 #202 NEW OI	CIENTO IIA	+4- /0125_			
<b>b</b> At any time during the calendar year, did the organization	have an interest in or a signature or other auth	ority over a	<del></del>	Yes	
financial account in a foreign country (such as a bank acc	ount, securities account, or other financial acco	unt)?	42b	$\dashv$	X
If 'Yes,' enter the name of the foreign country:		<del></del>			
			İ		
				ŀ	
See the instructions for exceptions and filing requirements for Form TD F	90-22.1, Report of a Foreign Bank and Financial Account	s.			
c At any time during the calendar year, did the organization	maintain an office outside of the U S.?	L	42c	l	Х
If 'Yes,' enter the name of the foreign country:		<del></del>			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form	n 990-EZ in lieu of Form 1041 — Check here .		•	· 🔲	N/A
and enter the amount of tax-exempt interest received or a	ccrued during the tax year	. ► 43			N/A
			٢	Yes	No
44 Did the organization maintain any donor advised funds? I	'Yes.' Form 990 must be completed instead	Γ			
of Form 990-EZ	· · · · · · · · · · · · · · · · · · ·	4	44		X
45 Is any related organization a controlled entity of the organ Form 990 must be completed instead of Form 990-EZ.	ization within the meaning of section 512(b)(13)	)? If 'Yes,'	45		х
BAA	TEEA0812L 01/30/10			.EZ (	2009)

	90-EZ (2009) ALI	LIANCE FOR AFFORI	DABLE ENERGY		72-105			age 4
Part V	/I Section 5	01(c)(3) organization	s and section 4947	(a)(1) nonexemp	t charitable trusts or	ıly. All s	section	1
	501(c)(3)	organizations and se id complete the table	ction 494/(a)(1) no	nexempt charitat	ole trusts must answe	er quest	ions	
	46.49b an	id complete the table	s for lines 50 and 5	)1. ———————————				
<b>46</b> Du	d the organization	engage in direct or indire	ect political campaign a	ctivities on behalf of	or in opposition to candida	ates —	Yes	No
for	r public office? If	engage in direct or indire Yes,' complete Schedule	C, Part L		opposition to canalog	. 46		X
<b>47</b> Di	d the organization	engage in lobbying activi	ties? If 'Yes,' complete	Schedule C, Part II		. 47		X
<b>48</b> is	the organization a	a school as described in s	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sc	hedule E	48		X
<b>49</b> a Di	d the organization	make any transfers to ar	exempt non-charitable	related organization	?	49	a	<u>X</u>
<b>b</b> If '	'Yes,' was the rela	ated organization a section	n 527 organization?			49	b	L
<b>50</b> Cd	omplete this table	for the organization's five	highest compensated e	employees (other that	officers, directors, truste	es and ke	€y	
en	nployees) who ead	ch received more than \$10	<del>,                                      </del>	<del></del>	· , · · · · · · · · · · · · · · · · · ·			
		of each employee paid \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acc	Expense ount and allowance	s
None								
			]					
			<u> </u>					
			]					
f Io	otal number of other	er employees paid over \$	100,000		=			
E1 C	amplete this table	for the erganization's five	highest componented i	ndanandant contracts	ers who each received ma	ra than ¢	100 000	of
SI CC	mpensation from	for the organization's five the organization If there	is none, enter 'None '	ndependent contract	ors who each received tho	re man p	100,000	UI
	(-) No	address of each independent conf	basis and mare than \$100,000	<del></del>	(h) Time of comme	(a) Ca	mpensatio	
None	(a) Name and	address or each independent com	ractor paid more than \$100,000	<u>'</u>	(b) Type of service	(6) 60	niperisauo	<del>"</del>
MOHE								
			, . 1					
-	•							
			<u> </u>	<u> </u>				
<b>d</b> To	otal number of oth	er independent contractor	s each receiving over \$	100,000	<b>-</b>			
					<del> </del>			
	Under penalties of true, correct, and	f perjury, I declare that I have exar complete Declaration of preparer	nined this return, including acco (other than officer) is based on	empanying schedules and sta all information of which prep	atements, and to the best of my kn parer has any knowledge	owiedge and	belief, it is	S
		A_		•	را مرا سه را			
Sign	<b>.</b>	30	cy,		05/10/1	<b>'</b>		
Here	Signature of o	officer	-	T	Date			
	Doug	LAS MEFFE	ERT, BOARS	REASUR	LER			
	Type or print	name and title		<del>,</del>	15		-1.6 No.	
Paid	Preparer's			Date	r seir i i i i i i i i i i i i i i i i i i	reparer's Idei See instructio	nurying Nu ns)	moer
Pre-	signature	Michelle A. Kea		L	employed N	I/A		
parer's	yours it sell.	Pedelahore & Co				NI / P		
Use Only	employed), address, and	1010 Common St.	<u> </u>		EIN - (50	N/A 4) 522	_0700	
	ZIP + 4	New Orleans, LA		ictions	Phone no ► (50		-8708 es	
BAA	INS UISCUSS INIS	return with the preparer s	nown above, See institu	JCHUHS			es     90-EZ	No (2009)
						. 5 5		,

#### SCHEDULE A (Form 990 or 990-EZ)

### **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.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or 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 4 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.) 5 6 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 ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 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 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 that describes the type of supporting organization and complete lines 11e through 11h 11 **b** | Type II c | Type III - Functionally integrated Type III— Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11g (iii) h Provide the following information about the supported organizations (i) Name of Supported Organization (i) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the (v) Did you notify the organization in (vi) Is the (vii) Amount of Support ization in col canization in col (i) listed in your governing document? col (i) of your support? (i) organized in the (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

	t II Support Schedule for (Complete only if you check	-			(b)(1)(A)(iv) ar 	nd 170(b)(1)(A 	)(vi) 
<u>Sec</u>	tion A. Public Support	<del></del>		<del></del>			
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
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 (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		_				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				_		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)		•	12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c	s)(3) ► □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	009 (line 6, colum	n (f) divided by li	ne 11, column (f).		14	%
15	Public support percentage from	2008 Schedule A,	Part II, line 14			15	%
16a	33-1/3 support test — 2009. If the and stop here. The organization				I the line 14 is 33	-1/3 % or more,	check this box
b	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box blicly supported o	on line 13, or 16a organization	a, and line 15 is 3	3-1/3% or more,	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	es' test, check this	box and stop he	re. Explain in Pa	rt IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organ	es' test, check this ization qualifies as	box and stop he a publicly suppo	<b>re.</b> Explain in Pa orted organization	rt IV how the
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line	, 13, 16a, 16b, 17a			nstructions     090 or 990-EZ) 2009

# 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.)

<u>Sec</u>	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')		106,925.		İ		106,925.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,		0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	106,925.	0.	0.	0.	106,925.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	· · · · · · · · · · · · · · · · · · ·					<u> </u>
•	7c from line 6.)						106,925.
Sec	tion B. Total Support		· · ·				
Cale	ndar year (or fiscal yr beginning in) >	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	0.	106,925.	0.	0.	0.	106,925.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13	Total support. (add ins 9, 10c, 11, and 12.)						106,925.
	First five years. If the Form 990 organization, check this box and	stop here	·	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	<sup>3)</sup> ► X
	tion C. Computation of Pul					1.00	
	Public support percentage for 20	•	••	e 13, column (f))		15	<u>%</u>
	Public support percentage from tion D. Computation of Inv				•	16	%
<u> 17</u>				t by line 12 colum	nn (fl)	17	
	Investment income percentage fi Investment income percentage f	•	• • •	•	nn (1)) .	17	<u>%</u> %
	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this b	organization did not	check the box on lir	ne 14, and line 15 is	· · s more than 33-1/39 blicly supported of	6. and line 17 is not	
ь	33-1/3 support tests - 2008. If t						
	is not more than 33-1/3%, check	this box and stor	here. The organiz	zation qualifies as	, and line 16 is m s a publicly suppo	rted organization	and line 18

Schedule #	(Form 990 or	990-EZ) 2009	ALLIANCE	FOR	AFFORD	ABLE	<b>ENERGY</b>	72-1057834	Page 4
Part IV	Suppleme	ntal Informat	tion. Complet	e this	s part to	provid	le the exp	lanations required by Part II, line 10 Iditional information. See instructions	;
	Part II, line	e 17a or 17b;	and Part III,	line	12. Provi	ide an	y other ac	Iditional information. See instruction:	s.
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## SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

or 990-EZ.

**Transactions with Interested Persons** 

➤ Complete if the organization answered

'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Schedule L (Form 990 or 990-EZ) 2009

2009

Open to Public Inspection

mame or the	<del>-</del>						tployer i			mber		
	CE FOR AFFORDABLE ENER						2-10!					
Part I	Excess Benefit Transaction Complete if the organization answ	<b>ns</b> (sect vered 'Yes	tion 501 on Form	(c)(3) and section 1990, Part IV, line 25a	501(c)(4 or 25b, or F	l) organiza orm 990-EZ,	ations Part V	only , line	/). 40b.			
	(a) Name of disqualified person		(b) Description of transaction								rected?	
1	ta) name of disquamed person		(b) Description	1 Of transaction					Yes	No		
					<u> </u>							
2 Ente	er the amount of tax imposed on the	e organiza	tion man	agers or disqualified p	ersons dur	ing the year	under	<b>►</b> \$				
3 Ente	er the amount of tax, if any, on line	2, above,	reimburs	sed by the organization	)			<b>⊳</b> \$				
Part II	Loans to and/or From Inte Complete if the organization answ  Name of interested person and purpose	vered 'Yes			·	EZ, Part V, I	(e) In c		(f) App	proved ard or	(g) W	Vritten
		То	From				Yes	No	cómm Yes	nttee?	Yes	No
		х		50,000.				х	х		Х	ļ
OPERATII	NG CAPITAL						· ·					
								L		<u> </u>		
Total Part III	Grants or Assistance Bene Complete if the organization	efitting I	nterest ered 'Ye	► \$ ted Persons. es' on Form 990, F	Part IV, li	ne 27.	<u> </u>		L			
	(a) Name of interested person	(	(b) Relations	ship between interested person the organization	n and	(6	Amoun	t and ty	pe of as	sistance	9	
	-		-									
Part IV	Business Transactions Inv	volving l on answe	nterestered'Ye	ted Persons. s' on Form 990, P	art IV, lir	ne 28a, 28	b, or	28c.	<u> </u>			
	(a) Name of interested person		elationship sted persor organization	and the transact		(d) Des	scription	of trans	action		organi	aring of zation's
											Yes	No
										-		-
			·									
			•					-				
										-		
				-								I

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

2009	Federal Stateme	ents		Page 1
Client ALLIANCE	ALLIANCE FOR AFFORDABI	E ENERGY		72-1057834
4/29/11 Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses				09.38AN
BANK CHARGES BUSINESS REGISTRATION CHARCONTRACT SERVICES EQUIPMENT RENTAL EVENTS AND REFRESHMENTS Insurance Interest PROGRAM EXPENSES Supplies TECHNOLOGY PURCHASES TELEPHONE			\$ Total \$	713. 25. 37,591. 14,281. 796. 9,242. 2,268. 16,564. 2,687. 54. 5,266. 89,487.
Statement 2 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets O	r Fund Balances			
TO RECORD ASSETS NOT ON E	BOOKS		Total \$	5,634. 5,634.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets				· . ·
EMPLOYEE LOANS . RENT DEPOSOIT		 Total	Beginning	Ending 100. 500. 600.
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities				
Accounts Payable and Accr CASH OVERDRAFT Payable to Officers, Dire Unsecured Notes and Loans	ectors, Etc	Total	Beginning  \$ 0. \$ 2,169. 46,073. 0. \$ 48,242. \$	9,760. 0. 18,513. 36,070. 64,343.

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2009

#### **Federal Statements**

Page 2

**Client ALLIANCE** 

#### **ALLIANCE FOR AFFORDABLE ENERGY**

72-1057834

4/29/11

09 38AN

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

TO PROMOTE FAIR, AFFORDABLE AND ENVIRONMENTALLY RESPONSABLE ENERGY POLICY FOR THE CITY OF NEW ORLEANS AND THE STATE OF LOUISIANA.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

SUSTAINABLE REBUILDING - PURPOSE - EDUCATE ENERGY CONSUMERS FROM THE CITY OF NEW ORLEANS AND THE STATE OF LOUISIANA REGARDING ENERGY EFFICIENT BUILDING PRACTICES TO PROMOTE THE REDUCTION OF CONSUMER ENERGY COSTS. ENERGY ALTERNATIVES ARE CONSIDERED. EDUCATIONAL WORKSHOPS ARE CONDUCTED. A LIFE-SIZED NEW ORLEANS SHOTGUN-STYLE HOUSE WAS CONSTRUCTED TO PROVIDE HANDS ON TRAINING TO DEMONSTRATE SMART BUILDING METHODS TO BE USED IN THE RECONSTRUCTION OF NEW ORLEANS. THE CITY OF NEW ORLEANS POPULATION OF 280,000 IS SERVED.

Statement 7
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

UTILITY REGULATORY MONITORING - PURPOSE - TESTIFY BEFORE THE NEW ORLEANS CITY COUNCIL AND STATE OF LOUISIANA BODIES GOVERNING UTILITIES REGARDING ALL PROGRESSIVE ENERGY ISSUES. NEW ORLEANS GAMBIT MAGAZINES REPORTED THAT THE ALLIANCE FOR AFFORDABLE ENERGY SAVED RATEPAYERS OF THE CITY OF NEW ORLEANS OVER ONE BILLION DOLLARS

Statement 8
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

CLIMATE, CLEAN ENERGY AND GLOBAL WARMING - PURPOSE - ATTEND TECHNICAL CONFERENCES AND PROVIDE EXPERT TESTIMONY REGARDING ALL PROGRESSIVE ENERGY AND CLIMATE CHANGE ISSUES. EDUCATE AND TRAIN THE GENERAL PUBLIC AND GOVERNING BODIES TO UNDERSTAND THE PROS AND CONS OF VARIOUS ENERGY POLICY ISSUES. TESTIFY BEFORE THE NEW ORLEANS CITY COUNCIL. HELP CREATE AN ENERGY POLICY TASK FORCE FOR THE CITY OF NEW ORLEANS. BENEFICIARIES ARE THE ENTIRE POPULATION OF THE CITY OF NEW ORLEANS AND THE STATE OF LOUISIANA, APPROXIMATELY 4 MILLION PEOPLE.