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DLN: 93493182005283

Form **990**

Department of the Treasury

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)

2011

OMB No 1545-0047

Open to Public

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

			, 00 30 3013		•	Inspection
		calendar year, or tax year beginning 10-01-2011 and ending C Name of organization	u y -30-2012		D Employer ide	ntification number
_	ress ch	ALLIANCE FOR SUSTAINABLE ENERGY LLC			26-193934	2
_	ne char	Doing Business As		- I	E Telephone nu	
_	al retur		c) Doom/cust	<u>-</u>	(303) 275-3	3000
– Ten	mınated	15013 DENVER WEST PARKWAY	s) Room/suite	e 	G Gross receipts	\$ 513,470,365
_	ended r lication	eturn City or town, state or country, and ZIP + 4 GOLDEN, CO 804013111 pending				
		F Name and address of principal officer		H(a) Is thu	s a group returr	ı for
		DAN E ARVIZU 15013 DENVER WEST PARKWAY		affilia		⊤Yes √ No
		GOLDEN, CO 804013111		H(h) Are all	affiliates include	ed? Yes No
						(see instructions)
Tax	k-exem	pt status	527		p exemption nu	
W	ebsite	:► WWW ALLIANCEFORSUSTAINABLEENERGY ORG				
(Forn	n of org	anization	·	L Year of for	mation 2008 M	State of legal domicile D
Pa	rt I	Summary				-
	1 E	Briefly describe the organization's mission or most significant activiti	es			
	9	PERATE THE NATIONAL RENEWABLE ENERGY LABORATORY T	O DEVELO	P ENERGY E	FFICIENT TEC	HNOLOGIES
<u> </u>	-					
1	-					
5	-					
,	2 (heck this box দ if the organization discontinued its operations or	disposed of	more than 2	5% of its net as	ssets
5	3 1	lumber of voting members of the governing body (Part VI, line 1a)			3	1
\$ 5	4 1	lumber of independent voting members of the governing body (Part V	I, line 1b)		4	1
		otal number of individuals employed in calendar year 2011 (Part V ,			5	1,87
7		otal number of volunteers (estimate if necessary)	,		6	2
č		otal unrelated business revenue from Part VIII, column (C), line 12			7a	
		let unrelated business taxable income from Form 990-T, line 34 .			7b	(
				Prior	r Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			0	150,000
<u>9</u>	9	Program service revenue (Part VIII, line 2g)	5	32,902,682	513,319,579	
Heyenuk	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			16,410	786
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			0	(
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, colui				
		12)		5	32,919,092	513,470,365
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)			0	150,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	C
82	15	Salaries, other compensation, employee benefits (Part IX, column 5-10)	A), lines	2	08,061,794	191,989,932
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	
e de	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0				
Э	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .		3	18,256,530	315,644,988
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A),			26,318,324	507,784,920
	19	Revenue less expenses Subtract line 18 from line 12			6,600,768	5,685,445
χφ.				Beginning	of Current	
986					ear	End of Year
300	20	Total assets (Part X, line 16)		—	25,792,717	94,991,205
g E	21	Total liabilities (Part X, line 26)		1	21,726,279	90,790,471
		Net assets or fund balances Subtract line 21 from line 20			4,066,438	4,200,734
Par	t II	Signature Block				
Under	22 t III penal edge a			nedules and st	4,066,438	4,200,7
						
- 1-		****** Signature of officer			13-06-27 te	
Sign		, T		54		
dere	-	BARBARA STOKES CFO Type or print name and title				
		<u> </u>			_	
		Preparer's CRAIG R CHOUN	Ch se	neck if lf-	Preparer's taxpay	yer identification number)
Paid		signature CRAIG R CHOUN		nployed 🕨 🦵	P00173718	,
	rer's	Firm's name (or yours EKS&H LLLP		·	ETN	22
Jse (Only	if self-employed), address, and ZIP + 4			EIN ▶ 46-14970	33
		,			Phone no 🕨 (3	03) 740-9400
4	L	DENVER, CO 802372521	\		`	·
1ay t	ne IR:	5 discuss this return with the preparer shown above? (see instruction	ns)			J ∽ Yes No

Par	t III		of Program Serviule O contains a res		lishments Jestion in this Part III		\r
1	Brief	ly describe the o	organization's missio	n			
SEE	SCHEE	OULE O					
2					rvices during the year v	which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe the	se new services on S	Schedule O			
3		ne organization o		make sıgnıfıcar	t changes in how it con	ducts, any program · · · · · · ·	┌ Yes ┌ No
	If "Ye	s," describe the	se changes on Sche	dule O			
4	exper	nses Section 50	1(c)(3) and 501(c)	(4) organizations	and section 4947(a)(1	ee largest program services .) trusts are required to rep i program service reported	
4a	(Code	 P) (Expenses \$	506,367,798	ıncludıng grants of \$	150,000) (Revenue \$	513,319,579)
Tu	•	SCHEDULE O	у (Ехрепзез ф	300,307,730	including grants or \$	150,000) (Nevenue \$	313,313,373 /
		Defiebble 6					
4b	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4d	Othe	er program servi	ces (Describe in Sc	:hedule O)			
		enses \$		cluding grants of	f \$) (Revenue \$)
4e	Tota	ıl program servi	ce expenses +\$	506,367,79	8		

art IV	Checklis	t 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	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	Yes	
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 1	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	8		No
9	Did the organization report an amount in Part X, line 21, 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^{\bullet}	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	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
c	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.	11c		No
d	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.	11d		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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII 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	Yes	
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, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part 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 assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule G, Part I	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		No
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 hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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) and 501(c)(4) 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, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? <i>If</i> "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			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV .	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? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		٠,١	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 539			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			ı
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ī
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	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?			Ì
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			Ī
	year [?]	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			Ì
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
h	·			
ט	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
D	Did any taxable party notiny the organization that it was or is a party to a prombited tax sheller transaction?	5b		INO
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ì
	December 1997 to the control of the			
a	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		Ì
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			Ī
٠	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			Ī
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Ì
	Sponsoring organizations maintaining donor advised funds.			
_				Ī
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the 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			
	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)			
	Sources against amounts due of received from them /			ı
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 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			İ
а	Is the organization licensed to issue qualified health plans in more than one state?			i
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			Ī
	allocated to each state	13a		<u>. </u>
b	Enter the aggregate 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 aggregate amount of reserves on hand			
_		_		
+a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
L	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schodule O	7.46		

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	ection A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax				
Id	year	15			
b	Enter the number of voting members included in line 1a, above, who are independent	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee?		2		No
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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa filed?	s	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Νo
6	Did the organization have members or stockholders?		6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint o more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhoor persons other than the governing body?	olders, 7	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during tyear by the following	the			
а	The governing body?	8	3a	Yes	
b	Each committee with authority to act on behalf of the governing body?	£	3b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Inte evenue Code.)	rnal			
NC	venue coue.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 1	0a		Νo
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	;, <u> </u>			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1	оь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor the form?		1a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1	2a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could grise to conflicts?		2b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," de in Schedule O how this was done		2c	Yes	
13	Did the organization have a written whistleblower policy?	1	L3	Yes	
14	Did the organization have a written document retention and destruction policy?	1	ι4	Yes	
15	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 deci-	sion?			
а	The organization's CEO, Executive Director, or top management official	. 1	5a	Yes	
b	Other officers or key employees of the organization	. 1	5b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?		6a		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?	Ì	6Ь		
Se	ection C. Disclosure		1		
17	List the States with which a copy of this Form 990 is required to be filed▶				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (50 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	1(c)			

 Γ O wn website Γ A nother's website $\overline{\Gamma}$ U pon request

- 19 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization KAREN KEERAN 15013 DENVER WEST PARKWAY

GOLDEN,CO 804013111 (303)275-3000

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

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, and **current** key employees 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		·	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) Average hours per week (describe hours	unles ar	ion (d e thai	n on son er a	e bo ıs b nd a	x, oth)		Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	tion amount of ted compens ons from tl 99- organizatio		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC		anıza	
See	Addıtıonal Data Table			+			-							
				<u> </u>										
								Ļ						
1b c	Sub-Total		tion A			•		•						
d							•	▶		4,150,905	(996,958
2	Total number of individuals (incl \$100,000 of reportable compen						above) who	o receive	ed more tha	ın	•		
												Y	es	No
3	Did the organization list any fori on line 1a? <i>If</i> "Yes," complete Sch						mploy •			t compens	ated employee	3		No
4	For any individual listed on line in organization and related organization and related organizations.													
5	Did any person listed on line 1a	receive or accru	ie com	- pensa	- atıon	- ı fror	n any	unre	lated org	anızatıon o	or individual for	4 Y	es	
	services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	te Sch	edul	e J f	or suci	h per	son .			5		No
S	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nar	(A) ne and business ad	dress							Desc	(B) ription of services	Co	(C) mpen	
1001	JNN CONSTRUCTION COMPANY LOCUST STREET SAS CITY, MO 64106									CONSTRUCT	ION		70,	799,757
HASE 6950	ELDEN CONSTRUCTION SOUTH POTOMAC STREET ENNIAL, CO 80112									CONSTRUCT	ION		37,	715,921
AFFI PO B	LATED CONSTRUCTION SERVICES INC OX 5620 ISON, WI 53705									CONSTRUCT	ION		5,	192,440
UNIV 1242	ERSITY OF CENTRAL FLORIDA 4 RESEARCH PARKWAY NDO, FL 32826									RESEARCH			4,	582,651
	STROM-DAVIS CONSTRUCTION COMPANY 6 WEST 7TH AVENUE									CONSTRUCT	ION		4,	239,901

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►362

Part v	<u> </u>	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
29.22	1a	Federated campaigns 1a				
≢ €						
2,2	b	Membership dues 1b				
<u>"</u> .≣	С	Fundraising events 1c				
Contributions, gifts, grants and other similar amounts	d	Related organizations 1d				
ರ್						
ξ. F	е	Government grants (contributions) 1e				
្ទ	f	All other contributions, gifts, grants, and 1f 150,000				
至至		similar amounts not included above				
불통	g	Noncash contributions included in				
돌		lines 1a-1f \$				
တိုက်	h	Total. Add lines 1a-1f	150,000			
		Business Code				
en:	2-					
ē.	2a	DOE CONTRACT 541700	513,319,579	513,319,579		
æ	b					
<u>a</u> .	С					
ž	d					
33	u					
Ξ	е					
Program Serwce Revenue	f	All other program service revenue				
Š						
н_	g	Total. Add lines 2a-2f	513,319,579			
	3	Investment income (including dividends, interest				
		and other similar amounts)	786			786
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6-					
	6a	Gross rents				
	ь	Less rental expenses				
	С	Rental income				
	_	or (loss) Net rental income or (loss)				
	d	rectalitations of (1888)				
		(ı) Securities (ıı) Other				
	7a	Gross amount from sales of				
		assets other				
	_	than inventory				
	b	Less cost or other basis and				
		sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
Φ		events (not including				
Other Revenue		\$				
÷		of contributions reported on line 1c)				
æ		See Part IV, line 18				
<u></u>	_	a				
£	b	Less direct expenses b				
•	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances .				
		a				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	Ь					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		▶				
	12	Total revenue. See Instructions				
			513,470,365	513,319,579		786
						Form 990 (2011)

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Fundraising Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 150,000 150,000 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 2,799,074 2,203,783 595,291 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 139,140,079 139,103,638 36,441 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 24,090,029 403(b) employer contributions) 24,090,029 15,185,090 15,115,139 69,951 Other employee benefits 10,775,660 10,775,660 10 Fees for services (non-employees) 11 Management 812,611 812,611 Legal 167,877 Accounting 167,877 -47,277 Lobbying -47,277 Professional fundraising See Part IV, line 17 . . Investment management fees g Other Advertising and promotion . . . 12 Office expenses 971,031 583,922 387,109 13 14 Information technology 15 Royalties . . 102,129 102,129 11,685,619 16 11,685,224 395 7,128,288 7,107,174 21,114 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 2,646,872 2,646,872 41 3,176 3,135 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 80,959 80,959 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) **FACILITIES PROCUREMENT** 126,427,266 126,427,266 SUBCONTRACTS 107,974,057 107,800,493 173,564 SUPPLIES-LAB, TOOLS, SA 7,047,001 7,047,001 **EQUIPMENT PROCUREMENT** 24,508,479 24,508,479 d е All other expenses 26,136,900 25,959,501 177,399 25 Total functional expenses. Add lines 1 through 24f 507,784,920 506,367,798 1,417,122 0 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X **Balance Sheet** (A) (B) Beginning of year End of year 3,215,493 2,734,244 Cash—non-interest-bearing 1 1 50.000 2 50,000 2 3 3 120.891.252 4 88.933.014 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 728,962 9 2.277.576 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 907,010 15 15 996,371 125,792,717 94,991,205 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 111,926,555 17 80,971,738 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 9,799,724 25 9,818,733 D 26 121,726,279 26 90,790,471 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 543,412 27 1,055,585 Unrestricted net assets 3.523.026 28 3,145,149 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 4.066.438 33 4.200.734 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 125.792.717 34 94.991.205

	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		513.4	170,365
2	Total expenses (must equal Part IX, column (A), line 25)	2			784,920
3	Revenue less expenses Subtract line 2 from line 1	3		5,6	585,44!
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,0	066,438
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-5,5	551,149
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4,2	200,734
Pai	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis			1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493182005283

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization ALLIANCE FOR SUSTAINABLE ENERGY LLC

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

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection **Employer identification number**

									26-1939				
	rt I			blic Charity Sta		_				nstructı	ions		
The	rganı			te foundation becaus			= -						
1	Г	A chur	ch, convent	on of churches, or a	ssociation of	churches s	section 170(b)(1)(A)(i).					
2	Г	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sched	ule E)						
3	\sqcap	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ıbed ın sectio	n 170(b)(1)(A)(iii).				
4	Γ			h organızatıon opera ty, and state	ted in conjun	ction with a	hospital des	cribed in se	ction 170(b)	(1)(A)(i	ii). Ente	r the	
5	Γ	_	· ·	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	ıtal unıt (describe	- ed in	
_	_			A)(iv). (Complete P	•								
6	<u> </u>			local government o	=								
7	 ~	describ	ed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governm	ental unit or i	from the	general	public	
8	\sqcap	A comr	nunity trust	described in sectio	n 170(b)(1)(A)(vi) (Cor	nplete Part II	[)					
9	Γ	An orga	anization th	at normally receives	(1) more th	an 331/3%	of its support	from contr	ıbutıons, mer	nbership	fees, a	nd gro	ss
		receipt	s from activ	ities related to its e	xempt function	ons—subjec	t to certaın e	xceptions,	and (2) no m	ore than	3 3 1/3%	of	
		ıts sup	port from gr	oss investment inco	me and unrel	lated busine	ss taxable ın	come (less	section 511	tax) fro	m busin	esses	
		acquire	d by the org	ganızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pa	rt III)				
10	\sqcap	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
An organization organized and operated exclusively for the benefit of one or more publicly supported organizations described in section 5 the box that describes the type of supporting organization and compa Type I b Type II c Type III - Fu			ion 509(a)(1 complete line) or section s 11e throu	509(a)(2) S ugh 11h	ee secti		a)(3).	Check				
e f g	ı	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified person other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1 section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organizations the this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the					1) or						
			ng persons?										
				rectly or indirectly o			_	persons de	scribed in (ii))		Yes	No
				governing body of th			ation?				11g(i)		<u> </u>
			-	er of a person descri							11g(ii)		<u> </u>
(iii) a 35% controlled e		ntrolled entity of a person described in (i) or (ii) above?				11g(iii)							
h		Provide	the followi	ng information about	the supporte	ed organizat	ion(s)						
(i) Name support		e of rted	organization organization in col (i) listed in your governing tion or IRC section organization in col (i) listed in your governing document?		organizati col (i) of	ou notify the anization in		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1				
Total													

supported organization

instructions

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning **(c)** 2009 (a) 2007 **(b)** 2008 (e) 2011 (d) 2010 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do 343,762,083 443,938,808 532,886,272 513,469,579 1,834,056,742 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its 3 The value of services or facilities furnished by a governmental unit to the organization without charge 343,762,083 443,938,808 532,886,272 513,469,579 1,834,056,742 Total. Add lines 1 through 3 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) Public Support. Subtract line 5 1,834,056,742 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) 343.762.083 443.938.808 532.886.272 513.469.579 1.834.056.742 Amounts from line 4 Gross income from interest, dividends, payments received 10,279 8,520 16,410 786 on securities loans, rents, 35,995 rovalties and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets 11 Total support (Add lines 7 1,834,092,737 through 10) Gross receipts from related activities, etc (See instructions) 12 12 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14 14 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).					
	Facts And Circumstances Test					
Explanation						

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493182005283

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

f the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (F	Political Campaign Activities),
then	

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	
ALLIANCE FOR SUSTAINABLE ENERGY LLC	

Employer identification number

26-1939342

Part I-A	Complete if	the organization is	<u>s exempt under se</u>	ction 501(c)	or is a section 5:	<u>27 organization.</u>

- in opposition to candidates for public office in Part IV 2 Political expenditures 3 Volunteer hours

	Part I-B	Comple	te if the o	rganization is	exempt under	section 501(c)(3).
--	----------	--------	-------------	----------------	--------------	--------------	--------

- Enter the amount of any excise tax incurred by the organization under section 4955 1
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes
- Was a correction made?
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

Scl	nedule C (Form 990 or 990-EZ) 2011			Page
P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	
	expenses, and share of excess lobb	, , ,	ed group member's name	, address, EIN
<u> </u>	Check I if the filing organization checked box Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	0	
c	Total lobbying expenditures (add lines 1a and 1b	o)	0	
d	O ther exempt purpose expenditures		506,367,798	
e	Total exempt purpose expenditures (add lines 1	and 1d)	506,367,798	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
 g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

h Subtract line 1g from line 1a If zero or less, enter -0i Subtract line 1f from line 1c If zero or less, enter -0-

 	_	
Yes		No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
c	Total lobbying expenditures	50,659	51,850	50,000		152,509		
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000		
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f	Grassroots lobbying expenditures				tulo C (Forms 900 d			

	•		
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		THE GENERAL ISSUE AREA FOR LOBBYING IS INCREASED APPROPRIATIONS IN THE FEDERAL BUDGET FOR SCIENTIFIC RESEARCH AND DEVELOPMENT PROGRAMS THROUGH APPROPRIATIONS AND REPORT LANGUAGE THE SPECIFIC LOBBYING ISSUES INCLUDE THE HOUSE AND SENATE AUTHORIZATION AND APPROPRIATIONS BILLS FOR ENERGY AND WATER DEVELOPMENT DEFENSE AND RELATED AGENCIES, TRANSPORTATION, AND COMMERCE

DLN: 93493182005283

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

ame of the organization LIANCE FOR SUSTAINABLE ENERGY LLC		Employer identification number
LIANCE FOR 303TAINABLE ENERGY LLC		26-1939342
organizations Maintaining Donor A		
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor ad funds are the organization's property, subject to the		or advised Yes No
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit		
art III Conservation Easements. Complete	e if the organization answered "Yes" to	o Form 990, Part IV, line 7.
Preservation of land for public use (e g , recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	Preservation of a c	historically importantly land area certified historic structure of a conservation
	[Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easemen	ts	2b
Number of conservation easements on a certified h	ıstorıc structure ıncluded ın (a)	2c
Number of conservation easements included in (c)	acquired after 8/17/06	2d
Number of conservation easements modified, trans	ء ferred. released. extinguished. or terminate	d by the organization during
the taxable year 🕨	, , ,	, 5
, <u> </u>		
Number of states where property subject to conser		
Does the organization have a written policy regardi enforcement of the conservation easements it hold		dling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easem	ents during the year ▶
A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements	s during the year
▶ \$		
Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion Yes No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation easi	f the footnote to the organization's financial	·
Organizations Maintaining Collectic Complete if the organization answered	ons of Art, Historical Treasures,	or Other Similar Assets.
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	S 116, not to report in its revenue stateme d for public exhibition, education or researc	ch in furtherance of public service,
If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	r public exhibition, education, or research ir	
(i) Revenues included in Form 990, Part VIII, line	1	► \$
(ii) Assets included in Form 990, Part X		<u></u>
		- Y

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Part	Organizations Maintaining Co	llections of Art	, His	<u>tori</u>	cal Tr	easur	es, or O	ther	Similar A	sset	S (cor	itinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	y of th	e foll	_		_		e of its colle	ction		
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and expla	ın hov	v they	/ furthe	r the or	ganızatıon	's ex	empt purpose	ın.		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	ΓY	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribu	tions or	other ass	ets n	ot	┌ ʏ	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ıng ta	ble		г					
							-	_	Α	moun	t	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year						-	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21?							┌ Y	es	┌ No
b	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete											
_		(a)Current Year	(b)	Prior \	'ear	(c) Two	Years Back	(d)⊺	hree Years Back	(e)F	our Ye	ars Back
1a	Beginning of year balance							-				
Ь	Contributions							-		-		
С	Investment earnings or losses							_				
d	Grants or scholarships							_				
е	Other expenditures for facilities and programs											
£	Administrative expenses							+		-		
f								+				
g -	End of year balance							<u> </u>				
2	Provide the estimated percentage of the yea	r end balance held a	is									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ►											
За	Are there endowment funds not in the posses	sion of the organiza	atıon t	hat a	re held	d and ad	mınıstere	d for t	he	_		
	organization by										Yes	No
	(i) unrelated organizations			•				•	<u> </u>	1(i)		
h	(ii) related organizations				ulo D2				-	(ii) 3b		
4	Describe in Part XIV the intended uses of th							•		ן טכ		
	t VI Land, Buildings, and Equipme					<u> </u>						
	to the Land, Bandings, and Equipme	inci occionii 99	<u>0, 1 u</u>	\top	a) Cost o		(b)Cost or	othor	(c) Accumula	tod		
	Description of property					stment)	basis (ot		depreciatio		(d) Bo	ok value
1a	Land			+								
	Buildings			-								
	Leasehold improvements		•	\vdash								
	·		•	\vdash								
	Equipment		•	\vdash								
	Other			line	10(c)				<u> </u>			0
ora	i. Aud iiiles Ia-Ie (Coiuiiiii (u) Siloulu equal Fo	iiii 330, Fait Λ, COluli	ші (<i>D)</i>	, 11110	10(C).)	• •		•	Schedule			

Investments—Other Securities. See	form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)20011 10100	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
o ther		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	1	
Tatal (Column (h) should agual Form 000, Part V col (P) line 12.)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, ling (a) Descrip	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)	
Part IX Other Assets. See Form 990, Part X, ling (a) Descrip	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts 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		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
		FIN 48 DISCLOSURE SCHEDULE D, PART X THE COMPANY
		ADOPTED GUIDANCE RELATED TO UNCERTAINTY IN INCOME TAXES ON JANUARY 1, 2009 AFTER EVALUATING
		THE TAX POSITIONS TAKEN, NONE ARE CONSIDERED TO
		BE UNCERTAIN, THEREFORE, NO AMOUNTS HAVE BEEN RECOGNIZED AS OF SEPTEMBER 30, 2012 OR 2011 IF
		INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH
		TAX POSITIONS ARE RECORDED AS GENERAL AND
		ADMINISTRATIVE EXPENSE IN THE PERIOD ASSESSED NO
		INTEREST OR PENALTIES HAVE BEEN ASSESSED AS OF
		SEPTEMBER 30, 2012 OR 2011 TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2010 THROUGH
		2012

efile GRAPHIC print - DO NOT PROCESS

ALLIANCE FOR SUSTAINABLE ENERGY LLC

As Filed Data -

DLN: 93493182005283

Employer identification number

OMB No 1545-0047

2011

ZU I I

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public Inspection

					26-1939342	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. C	omplete if the organiz	zation answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	organization m gibility for the	naıntaın record grants or assıs	tance, and the selecti	on criteria used to awa	
2	For grantmakers. Describe in Pa United States	rt V the organız	atıon's procedur	es for monitoring the use	e of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)	1		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	EUROPE	0	1	PROGRAM SERVICES	SEE PART V	41,980
3~	Sub-total	0	1			41,980
	Total from continuation sheets					1,980
	to Part I	0	0			
С	Totals (add lines 3a and 3b)	0	1			41,980

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
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						1	dula E (Earry 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
(E) SPECIFIC TYPES OF SERVICES IN REGION	PART I, LINE 3, COLUMN (E) REGION EUROPE	ONE ALLIANCE EMPLOYEE PROVIDED SERVICES TO THE UNITED NATIONS ENVIRONMENT PROGRAM'S ENERGY BRANCH FOR RENEWABLE ENERGY AND ENERGY EFFICIENCY ANALYSIS IN SUPPORT OF THE US DEPARTMENT OF ENERGY INTERNATIONAL AND STRATEGIC ANALYSIS PROGRAMS

Schedule F (Form 990) 2010

Page **5**

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493182005283

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
ALLIANCE FOR SUSTAINABLE ENERGY LLC

Employer identification number

26-1939342

Form 990, Part I	er Assistance to V, line 21 for any r	Governments and ecipient that received	Organizations in to more than \$5,000.	the United States. Check this box if no	one recipient rece	eived more than \$5,0	00. Use
Part IV and Sche	edule I-1 (Form 99)	0) if additional space i	s needed				· · · · ▶ ┌
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NUMAT TECHNOLOGIES819 FOSTER STREET APT 1S EVANSTON,IL 60201	45-5312757		100,000				CLEAN ENERGY COMPANY START- UP SUPPORT
(2) COLORADO CLEANTECH INDUSTRY ASSOCIATION1445 MARKET STREET DENVER,CO 80202	26-3530463	501(C)(6)	50,000				CLEAN ENERGY MISSION SUPPORT

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

Part IV Supplem	ental Information. Complete	this part to provide the information required in Part I, line 2, and any other additional information.
Identifier	Return Reference	Explanation
SCH I, PART IV	ORGANIZATIONS	ALLIANCE FOR SUSTAINABLE ENERGY, LLC INFREQUENTLY MAKES AWARDS OR DONATIONS ON A CASE BY CASE BASIS TO ORGANIZATIONS THAT HAVE A SIMILAR MISSION TO ALLIANCE MONITORING ACTIVITIES ARE BASED ON SPECIFIC REQUIREMENTS OF THE INDIVIDUAL AWARD

Schedule I (Form 990) 2011

DLN: 93493182005283

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization ALLIANCE FOR SUSTAINABLE ENERGY LLC **Employer identification number**

26-1939342

Pa	It I Questions Regarding Compensati	<u>on</u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			<u> </u>
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses de			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Execution			2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all					
	Compensation committee	<u> </u>	Written employment contract			
	✓ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	O, Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	ol paymen	t?	4a		No
b	Participate in, or receive payment from, a supplen	nental non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity	-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only i	must comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		No
8	Were any amounts reported in Form 990, Part VII			<u> </u>	\vdash	<u> </u>
-	subject to the initial contract exception described					1
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DR DAN ARVIZU	(ı) (ıı)	428,796 0	161,774 0	6,479 0	113,038	23,290 0	733,377	,
(2) MS BOBI GARRETT	(ı) (ıı)	295,410 0	94,371 0	1,832	75,758 0	16,073 0	483,444	
(3) MR WILLIAM GLOVER	(ı) (ıı)	279,810 0	100,515	731 0	82,671 0	19,372 0	483,099	
(4) DR DANA C CHRISTENSEN	(ı) (ıı)	347,839 0	106,754 0	516 0	1,173	14,321 0	470,603	1
(5) MS CATHERINE A PORTO	(ı) (ıı)	220,059	77,183 0	276 0	31,625	7,343 0	336,486	1
(6) MR STEVEN SILBERGLEID	(ı) (ıı)	205,560 0	42,765 0	1,036	66,612	24,134 0	340,107	1
(7) MS BARBARA STOKES	(ı) (ıı)	175,171 0	36,292 0	631	139,939	17,811 0	369,844	
(8) MS KAREN STIVESON	(1) (11)	87,874 0	750 0	316 0	72,009	16,433 0	177,382	
(9) MR DALE GARDNER	(ı) (ıı)	232,436 0	61,643 0	3,358	76,359	16,292 0	390,088	
(10) MR ROBERT HAWSEY	(ı) (ıı)	204,829	57,886 0	430	0	1,454 0	264,599	
(11) MR BAILEY STULTS	(ı) (ıı)	227,825 0	57,346 0	984 0	72,382	8,636 0	367,173	
(12) DR MICHAEL PACHECO	(ı) (ıı)	221,656 0	57,625 0	1,548	66,336	24,369 0	371,534	
(13) MR FORT FELKER	(ı) (ıı)	186,288 0	32,453 0	131,858	21,067	12,006	383,672	,
			 	 	<u> </u>			<u> </u>
	 !	 	 	 		 	<u> </u>	

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization ALLIANCE FOR SUSTAINABLE ENERGY LLC	Employer identifi	cation number
	26-1939342	

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	1	THE ALLIANCE MISSION IS TO OPERATE THE U.S. DEPARTMENT OF ENERGY'S NATIONAL RENEWABLE ENERGY LABORATORY TO DEVELOP RENEWABLE ENERGY AND ENERGY EFFICIENCY TECHNOLOGIES AND PRACTICES, ADVANCES RELATED TO SCIENCE AND ENGINEERING, AND TRANSFERS KNOWLEDGE AND INNOVATIONS TO ADDRESS THE NATION'S ENERGY AND ENVIRONMENTAL GOALS

ldentifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	ON OCTOBER 1, 2008, THE ALLIANCE BEGAN MANAGEMENT OF THE U.S. DEPARTMENT OF ENERGY'S NATIONAL RENEWABLE ENERGY LABORATORY UNDER PRIME CONTRACT NO DE-AC36-08-G028308 THE NATIONAL RENEWABLE ENERGY LABORATORY (NREL.) IS THE NATION'S PRIMARY LABORATORY FOR RENEWABLE ENERGY AND ENERGY EFFICIENCY RESEARCH AND DEVELOPMENT (R&D.) ALLIANCE SCIENTISTS AND RESEARCHERS SUPPORTED CRITICAL OBJECTIVES TO ACCELERATE RESEARCH FROM SCIENTIFIC INNOVATIONS TO MARKET-VIABLE ALTERNATIVE ENERGY SOLUTIONS THE AREAS OF RESEARCH AND TECHNOLOGY DEVELOPMENT AREAS SPAN FROM UNDERSTANDING RENEWABLE RESOURCES FOR ENERGY, TO THE CONVERSION OF THESE RESOURCES TO RENEWABLE ELECTRICITY AND FUELS, AND ULTIMATELY TO THE USE OF RENEWABLE ELECTRICITY AND FUELS IN HOMES, COMMERCIAL BUILDINGS, AND VEHICLES THE LABORATORY THEREBY DIRECTLY CONTRIBUTES TO OUR NATION'S GOAL FOR FINDING NEW RENEWABLE WAYS TO POWER OUR HOMES, BUSINESSES, AND CARS COMMERCIALIZATION AND DEPLOYMENT EFFORTS IMPROVED INTERNAL PROCESSES AND POLICIES TO ENCOURAGE AN ENTREPRENEURIAL ENVIRONMENT FOR GREATER MARKET IMPACT, INCLUDING A NEW DOE-FUNDED TECHNOLOGY PORTAL R&D CAPABILITIES ARE POSITIONED TO ADVANCE NATIONAL ENERGY GOALS BY DEVELOPING INNOVATIONS TO CHANGE THE WAY HOMES AND BUSINESSES ARE POWERED, AND FUEL OUR CARS R&D CAPABILITIES ALLOW DEVELOPMENT AND ADVANCEMENT OF RENEWABLE ENERGY AND ENERGY EFFICIENCY TECHNOLOGIES MORE EFFECTIVELY THROUGH THE FULL R&D LIFE-CY CLE FROM BASIC SCIENTIFIC RESEARCH THROUGH APPLIED RESEARCH AND ENGINEERING TO TESTING, SCALE-UP, AND DEMONSTRATION THE R&D AREAS OF EXPERTISE ARE RENEWABLE ELECTRICITY RENEWABLE FUELS INTEGRATED BNERGY SYSTEM ENGINEERING AND TESTING STRATEGIC ENERGY ANALYSIS R&D STAFF AND FACILITIES SUPPORT THROUGH COLLABORATIVE RESEARCH PROJECTS AND LICENSED TECHNOLOGIES WITH PUBLIC AND PRIVATE PARTNERS INNOVATIVE TECHNOLOGIES HAVE ALSO BEEN RECOGNIZED WITH MULTIPLE R&D 100 AWARDS WHICH ARE CONSIDERED THE MOST PRESTIGIOUS TECHNOLOGY TRANSFER SUCCESSES AND AWARDS DEMONSTRATES NREL'S COMMITMENT TO DEVELOPING AND APPLYING INNOVATIO

Identifier	Return Reference	Explanation
	SECTION B, LINE 11	THE ALLIANCE BOARD OF DIRECTORS HAVE ASSIGNED TO THE ALLIANCE FINANCE AND AUDIT COMMITTEE, THROUGH THE COMMITTEE CHARTER, THE RESPONSIBILITY TO REVIEW AND APPROVE THE FORM 990 THE RETURN IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING

Identifier I	Return Reference	Explanation
P S	FORM 990, PART VI, BECTION B, LINE 12C	ALL ALLIANCE EMPLOYEES ARE REQUIRED TO ATTEND ETHICS TRAINING WHICH INCLUDES THE PROCESS FOR IDENTIFICATION AND DISCLOSURE OF CONFLICTS OF INTEREST EMPLOYEES ARE REQUIRED TO FILE A WRITTEN DISCLOSURE STATEMENT CONCERNING OUTSIDE SERVICES, AND/OR ACTUAL OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THE EMPLOYEE'S WORK AND PERSONAL, FINANCIAL, OR BUSINESS INTEREST THE ALLIANCE CHIEF OPERATING OFFICER IS RESPONSIBLE FOR THE REVIEW AND APPROVAL FOR EMPLOYEE REQUESTS FOR APPROVAL OF OUTSIDE CONSULTING OR EMPLOY MENT EMPLOYEES WHOSE REGULAR RESPONSIBILITIES INVOLVE MANAGING OR EXECUTING LICENSE AGREEMENTS FOR INTELLECTUAL PROPERTY OR THE PREPARATION OR EXECUTION OF COOPERATIVE RESEARCH AND DEVELOPMENT AGREEMENTS (CRADAS) OR OTHER TECHNOLOGY TRANSFER OR TECHNOLOGY PARTNERSHIP ARRANGEMENTS MUST ANNUALLY OR UPON CHANGES IN RELEVANT PERSONAL OR FAMILY CIRCUMSTANCES OR THE NATURE OF WORK ASSIGNED, COMPLETE AN EMPLOYEE'S STATEMENT OF ECONOMIC INTEREST IF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE EMPLOYEE CONSULTS WITH THE GENERAL COUNSEL OR DESIGNEE TO IDENTIFY AND IMPLEMENT MITIGATION OR AVOIDANCE ACTIONS, OR RECUSES SELF IF AN APPROPRIATE MITIGATION OR AVOIDANCE ACTION CANNOT BE IDENTIFIED ALL ALLIANCE OFFICERS AND BOARD OF DIRECTOR MEMBERS ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST DISCLOSURE UPON APPOINTMENT, AND AN ANNUAL CONFLICT OF INTEREST DISCLOSURE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	GOVERNANCE OF EXECUTIVE COMPENSATION IS CHARTERED THROUGH THE ALLIANCE HUMAN RESOURCE COMPENSATION COMMITTEE. EXTERNAL THIRD PARTY RESOURCES ARE RETAINED ON A BIENNIAL BASIS TO REVIEW ALL ELEMENTS OF EXECUTIVE REMUNERATION (BASE SALARY, ANNUAL INCENTIVES, RETIREMENT BENEFITS, HEALTH AND WELFARE BENEFITS AND EXECUTIVE PERQUISITES) TO INSURE COMPETITIVENESS OF ALL THE ELEMENTS OF CASH COMPENSATION RELATIVE TO THE MARKET FOR BOTH BASE COMPENSATION AND TOTAL COMPENSATION THERE ARE NO PERSONS SERVING ON THE COMPENSATION COMMITTEE WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS CONTEMPORANEOUS DOCUMENTATION AND RECORDS ARE RETAINED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALLIANCE DOES MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
	PART IX, LINE 11D AND 24E	ACCRUALS FOR BAD DEBTS AND LOBBYING EXPENSE WERE REVERSED DURING THE TAX YEAR, RESULTING IN NEGATIVE EXPENSE AMOUNTS FOR THOSE CLASSIFICATIONS

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSESTS OR FUND BALANCES	PART XI, LINE 5	MEMBER DISTRIBUTIONS - 5,551,149

Software ID: Software Version:

EIN: 26-1939342

Name: ALLIANCE FOR SUSTAINABLE ENERGY LLC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DR MICHAEL F HELMSTETTER VICE CHAIR OF THE BOARD	1 00	х		x				0	0	0
DR RONALD D TOWNSEND CHAIR OF THE BOARD	1 00	Х		х				0	0	0
MR BRETT BOSLEY BOARD MEMBER	1 00	Х						0	0	0
MR DAVID A BROCKMAN BOARD MEMBER	1 00	Х						0	0	0
MR MICHAEL J EHRET BOARD MEMBER	1 00	Х						0	0	0
MR RICHARD THOMAS FLEENER BOARD MEMBER	1 00	Х						0	0	0
MR MARTIN INGLIS BOARD MEMBER	1 00	Х						0	0	0
DR ERIK PEARSON BOARD MEMBER	1 00	Х						0	0	0
DR THOMAS M SACK BOARD MEMBER	1 00	Х						0	0	0
MR JEFFREY W SMITH BOARD MEMBER	1 00	Х						0	0	0
PROFESSOR SALLY M BENSON PHD BOARD MEMBER	1 00	Х						0	0	0
DR CLAUDE R CANIZARES BOARD MEMBER	1 00	Х						0	0	0
DR WILLIAM FARLAND BOARD MEMBER	1 00	Х						0	0	0
DR STEIN STURE BOARD MEMBER	1 00	Х						0	0	0
DR JOHN POATE BOARD MEMBER	1 00	Х						0	0	0
DR LARRY Z BROWN BOARD MEMBER	1 00	Х						0	0	0
DR STANLEY BULL BOARD MEMBER	1 00	Х						0	0	0
MR MARTIN CONGER BOARD MEMBER	1 00	Х						0	0	0
DR DAN ARVIZU PRESIDENT	40 00			х				597,049	0	131,443
MS BOBI GARRETT SENIOR VICE PRESIDENT	40 00			х				391,613	0	91,904
MR WILLIAM GLOVER SENIOR VICE PRESIDENT	40 00			х				381,056	0	100,207
DR DANA C CHRISTENSEN SENIOR VICE PRESIDENT	40 00			Х				455,109	0	13,709
MS CATHERINE A PORTO SENIOR VICE PRESIDENT	40 00			х				297,518	0	37,273
MR STEVEN SILBERGLEID SECRETARY	40 00			х				249,361	0	89,241
MS BARBARA STOKES CHIEF FINANCIAL OFFICER	40 00			Х				212,094	0	156,387

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- organization	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MS KAREN STIVESON ASSISTANT SECRETARY	40 00			х				88,940	0	87,763
MR DALE GARDNER ASSOCIATE LAB DIRECTOR	40 00					х		297,437	0	89,999
MR ROBERT HAWSEY ASSOCIATE LAB DIRECTOR	40 00					х		263,145	0	0
MR BAILEY STULTS ASSOCIATE LAB DIRECTOR	40 00					х		286,155	0	78,630
DR MICHAEL PACHECO VICE PRESIDENT	40 00					Х		280,829	0	88,741
MR FORT FELKER CENTER DIRECTOR - NAT'L WIND TECHNOLOGY	40 00					х		350,599	0	31,661