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DLN: 93493222011227

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year beg	inning 10-01-2015 , and ending 09-30-20	16				
		pplicable	C Name of organization ALLIANCE FOR SUSTAINABLE E	NERGY LLC		D Empl	oyer ide	ntification number	
<u>. </u>	ddress o ame ch	change				26-1	93934	2	
_	ame cn iitial ret	-	Doing business as						
Fi	nal		Number and street (or D.O. ho	x if mail is not delivered to street address) Room/si	uto	E Telepi	none nun	nber	
_ ′	/termin nended		15013 DENVER WEST PARKWA	(303) 275-	3000			
Ар	plicatio	n pending	City or town, state or province GOLDEN, CO 80401	G Gross	receipts	\$ 387,496,119			
			F Name and address of pr	incipal officer	H(a) Is	this a grou	n returi	n for	
			MARTIN KELLER 15013 DENVER WEST PK	· MV	1	bordinates		☐ Yes 🗸	
			GOLDEN, CO 80401	. • • • • • • • • • • • • • • • • • • •	N U(b) Are	o e all suborc	linates		
[⊤a	x-exen	npt status	✓ 501(c)(3)) ◀ (insert no)		luded?		TYes No	
ı w	ebsite	e: ► WW	/W ALLIANCEFORSUSTAIN	IABLEENERGY ORG				(see instructions)	
K Forr	n of or	ganızatıon	Corporation Trust A	ssociation ✓ Other ► LLC		oup exemp		mber ► I State of legal domicile DE	
Pa	rt I		mary						
				sion or most significant activities ABLE ENERGY LABORATORY TO DEVEL!	OP ENERGY	'EFFICIE	NT TEC	HNOLOGIES	
e.									
<u>≃</u>									
Ĕ									
Governance	2 (Check th	nis box 🕨 🥅 if the organization	on discontinued its operations or disposed	of more tha	n 25% of it	s net a	ssets	
	3 1	Numbar	of unting mambars of the gov	verning hedy (Dart VI, line 1a)			з	15	
Activities &			-	verning body (Part VI, line 1a) ers of the governing body (Part VI, line 1b)			4	15	
alle a				d in calendar year 2015 (Part V , line 2a)			5	1,994	
			•	e if necessary)			6	5	
∢			related business revenue fro	•	7a	0			
				e from Form 990-T, line 34			7b	0	
						rior Year	1 12	Current Year	
	8	Contri	ibutions and grants (Part VI)	II, line 1 h)		388,397	,895	387,495,321	
Ġ	9		am service revenue (Part VI	•	0				
Ravenua	10	_	tment income (Part VIII, co		593 798				
æ	11	Other	revenue (Part VIII, column		0				
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)						387,496,119	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0	0	
	14			art IX, column (A), line 4)			0		
	15		·	ployee benefits (Part IX, column (A), lines		226 552	226,553,544 234,160		
Ses		5-10)	220,333		234,160,801			
Expenses	16a		- '	t IX, column (A), line 11e)	•		0	0	
ă	b		undraising expenses (Part IX, colum						
	17			(A), lines 11a-11d, 11f-24e)	•	157,162		148,107,935	
	18		•	(must equal Part IX, column (A), line 25)		383,715		382,268,736	
ښ	19	Reven	nue less expenses Subtract	line 18 from line 12	•	4,682	,918	5,227,383	
S C O					Beginnin	g of Current	Year	End of Year	
Net Assets or Fund Balances	20	Total	assets (Part X, line 16) .			80,002	,333	82,288,835	
절절	21	Total	liabilities (Part X, line 26)			75,040	,898	76,763,851	
źZ	22		ssets or fund balances Subt	4,961	,435	5,524,984			
	rt II		ature Block						
my ki	nowle	dge and		e examined this return, including accompar complete Declaration of preparer (other t					
		***				2017-08-08			
Sign		Sign	ature of officer			Date			
Here			OWEN BARWELL CHIEF FINANCIAL	OFFICER					
		17	e or print name and title						
	_		Print/Type preparer's name RYAN M SANGER CPA	Preparer's signature RYAN M SANGER CPA		heck [if	PTIN P0069	4942	
Paid		-	Firm's name ANTON COLLINS I			elf-employed irm's EIN ►			
	pare	;r -	Firm's name ANTON COLLINS I			hone no (97			
Use	On	ly ˈ				none no (97	J) JJZ-1	., 00	
		ı	GREELEY, CO 80	UJH	1				

Par	t IIII Statem	ent of Program Serv	vice Accomp	lishments		
		Schedule O contains a res	="		ī	
1		the organization's mission.		o any fine in this Part II	1	
- SEE DEP/ ENEI	SCHEDULE OTHI ARTMENT OF EN RGY EFFICIENCY	E MISSION OF THE ALL ERGY'S NATIONAL REN	IANCE FOR SUS EWABLE ENERG PORTATION, A	GY LABORATORY TO A IND RENEWABLE POW	LC (ALLIANCE) IS TO OPER ADVANCE THE SCIENCE AN ER TECHNOLOGIES, AND P	D ENGINEERING OF
2	Did the organiza	tion undertake any signifi	cant program se	ervices during the year v	which were not listed on	
	•	90 or 990-EZ?				⊤Yes √No
3	Did the organiza	tion cease conducting, or	make significan	it changes in how it con	ducts, any program	
		be these changes on Sche				⊤Yes √No
4	Describe the org	janization's program servi	ice accomplishm (4) organizations	are required to report t	ee largest program services, a the amount of grants and alloo	
4a	(Code See Additional Data) (Expenses \$ a	381,120,810	including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program	services (Describe in Sci	hedule O \			
TU	(Expenses \$	in	cluding grants of	f \$) (Revenue \$)
4e	Total program s	service expenses >	381,120,810			

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	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 I	6		No
7		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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services ? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 3	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		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 "Yes," complete Schedule M</i>	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, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other I	IRS Filinas	and Tax	Compliance

		Check if Schedule O contains a response or note to any line in this Part V		<u></u>		<u>. Г</u>
1.	Entor	the number reported in Box 2 of Form 1006 Enter 10 if not applicable	252		Yes	No
		the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	353			
C		ie organization comply with backup withholding rules for reportable payments to vendors and report ig (gambling) winnings to prize winners?	• •	1c	Yes	
2a	Tax St	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	1,994			
b	, If at le	east one is reported on line 2a, did the organization file all required federal employment tax returns If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a		ie organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .		3b		
4a	over, a	y time during the calendar year, did the organization have an interest in, or a signature or other autl a financial account in a foreign country (such as a bank account, securities account, or other financ int)?		4a		No
b	If "Yes See in (FBAR	s," enter the name of the foreign country Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco R)	_ unts			
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time during the tax year? .		5a		No
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti	on?	5b		No
c	If"Yes	s," to line 5a or 5b, did the organization file Form 8886-T?				
6 a		the organization have annual gross receipts that are normally greater than \$100,000, and did the		5c 6a		No
b	If"Yes	ization solicit any contributions that were not tax deductible as charitable contributions?		6b		
7		nizations that may receive deductible contributions under section 170(c).				
	Did th	te organization receive a payment in excess of \$75 made partly as a contribution and partly for goo tes provided to the payor?	ds and	7a		No
b	If"Yes	s," did the organization notify the donor of the value of the goods or services provided? $\cdot\cdot\cdot$		7b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was reform 8282?	quired to	7 c		No
d	If"Yes	s," indicate the number of Forms 8282 filed during the year				
е	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	act?	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	·	7f		
g	If the require	organization received a contribution of qualified intellectual property, did the organization file Form ed?	8899 as	7 g		
	Form :	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizatio	n file a • •	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at ai g the year?	ny time	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0		on 501(c)(7) organizations. Enter				
		tion fees and capital contributions included on Part VIII, line 12 10a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club les				
1		on 501(c)(12) organizations. Enter				
		income from members or shareholders				
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)				
2a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	ر ۲	12 a		
		s," enter the amount of tax-exempt interest received or accrued during the				
3	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.				
а		organization licensed to issue qualified health plans in more than one state? Note. See the instruct onal information the organization must report on Schedule O	ions for	13 a		
b	Enter	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans				
c	Enter	the amount of reserves on hand				
4a	Did th	e organization receive any payments for indoor tanning services during the tax year?		14a	i	No
b	If"Yes	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b		

Part VI Governance, Management, and Disclosure

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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 decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
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 (501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ✓ Own website Another's website Upon request Other (explain in Schedule O)			
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 during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s		

►SUSAN SCRIVER 15013 DENVER WEST PARKWAY GOLDEN, CO 80401 (303) 275-3000

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	age Position (do not check more than one box, unless (list person is both an officer ours and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)	organization and related organizations	
See Additional Data Table											
			_								
										Form 990 (2015)	

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

	(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptovee	Former	2,1033 11136		organization and related organizations
See A	dditional Data Table										
1b c d	Sub-Total	s to Part VII, S			•		. >		4,778,686	0	685,375
	Total (add lines 1b and 1c) .							· .		-	005,373
2	Total number of individuals (including but not limited to those listed above) who received more than $$100,\!000$ of reportable compensation from the organization $\blacktriangleright 12$										

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ADVANCETEC LLC	CONSTRUCTION	6,120,259
11300 BUSINESS CENTER DRIVE		
RICHMOND, VA 23236		
HOLMANS	TECHNICAL SERVICES	5,541,059
6201 JEFFERSON ST NE		
ALBUQUERQUE, NM 87109		
ALLEGIANCE CONSULTING INC	CONSULTING	3,620,181
2601 BLAKE STREET SUITE 110		
DENVER, CO 80205		
SUN CONSTRUCTION & DESIGN SERVICES INC	CONSTRUCTION	3,337,016
1232 BOSTON AVE		
LONGMONT, CO 80501		
ENCORE ELECTRIC	CONSTRUCTION	3,040,359
2107 W COLLEGE AVENUE		
ENGLEWOOD, CO 80110		

Part V	* + + 1	Statement of Revenue					_
		Check if Schedule O contains a respons	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S ts	1a	Federated campaigns 1a					
ant un	ь	Membership dues 1b					
Gr	c	Fundraising events 1c					
ifts. ar A	d	Related organizations 1d					
nije	e	Government grants (contributions) 1e	387,493,244				
ons Sir	f	All other contributions, gifts, grants, and 1f	2,077				
Contributions, Giffs, Grants and Other Similar Amounts	g	similar amounts not included above Noncash contributions included in lines	2 077				
Contri and O	-	1a-1f \$	2,077	387,495,321			
G E	n	Total. Add lines 1a-1f	Business Code	307,493,321			
표	2a	-	Busiliess Code				
₹ ₹	ь						
e H	c						
ž.	d						
Š	e						
Program Service Revenue	f	All other program service revenue					
Ĕ	g	Total. Add lines 2a-2f	>				
	3	Investment income (including dividend and other similar amounts)		798			798
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	🔸 [
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental expenses					
	c	Rental income					
	d	or (loss) Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
ne	8a	Gross income from fundraising events (not including					
Other Revenue		\$ of contributions reported on line 1c)					
Re		See Part IV, line 18					
her		a					
Ö	l	Less direct expenses b Net income or (loss) from fundraising e	vents .				
		Gross income from gaming activities	7 Since 1 1 p				
		See Part IV, line 19					
	ь	Less direct expenses b					
		Net income or (loss) from gaming activ	ities				
	102	Cross sales of inventory loss	•				
	100	Gross sales of inventory, less returns and allowances .					
	_	a -					
	b	Less cost of goods sold b Net income or (loss) from sales of inver	ntory				
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a	-					
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶ [
	12	Total revenue. See Instructions	· · · •	387,496,119	0	C	798
	•	-	l l	, -,	-		Form 990 (2015)

101111 333 (2013)	i age = •
Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	
Chack if Schadula O contains a response or note to any line in this Part IV	

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,591,878	1,155,321	436,557	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	176,200,172	176,200,172		
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	25,050,070	25,050,070		
9	Other employee benefits	19,105,499	19,042,208	63,291	
10	Payroll taxes				
		12,213,182	12,213,182		
11	Fees for services (non-employees)				
а	Management				
b	Legal	105,059	105,059		
С	Accounting	37,751	37,751		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10 % of line 25, column (A) amount, list line 11g expenses on Schedule O) \dots	5,515,764	5,514,567	1,197	
12	Advertising and promotion				
13	Office expenses	480,778	480,778		
14	Information technology	8,086,218	8,086,218		
15	Royalties	116,275	116,275		
16	Occupancy	8,513,482	8,513,482		
17	Travel	7,279,190	7,279,190		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,345,283	2,345,283		
20	Interest	413,770	411,979	1,791	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	134,822	134,822		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SUBCONTRACTS	70,694,819	70,665,848	28,971	
b	EQUIP/FACIL PROCUREMENT	25,293,299	25,293,299		
c	OTHER OPERATING EXPENSE	11,434,695	10,818,576	616,119	
d	LAB/TOOLS/SAFETY SUPP	7,656,730	7,656,730		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	382,268,736	381,120,810	1,147,926	
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Shee

	(Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	4,201,844	1	850,111
	2	Savings and temporary cash investments	50,000	2	2,964,716
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	73,538,056	4	75,863,637
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
				5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
As	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,883,617	9	1,759,252
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	.,,		.,,
	ь	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	328,816	15	851,119
	16	Total assets.Add lines 1 through 15 (must equal line 34)	80,002,333	16	82,288,835
	17	Accounts payable and accrued expenses	60,480,976	17	57,733,965
	18	Grants payable	00,400,970	18	01,700,900
	19		311,004	19	338,500
	20	Deferred revenue	311,004	20	330,300
		Tax-exempt bond liabilities			
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
abilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ap		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			14,248,918	25	18,691,386
	26	Total liabilities. Add lines 17 through 25	75,040,898	26	76,763,851
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
anc	27	Unrestricted net assets	1,944,152	27	2,689,656
33	28	Temporarily restricted net assets	3,017,283	28	2,835,328
<u> </u>	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	-
As	32	Retained earnings, endowment, accumulated income, or other funds		32	-
Net	33	Total net assets or fund balances	4,961,435	33	5,524,984
Z	34	Total liabilities and net assets/fund balances	80,002,333	34	82,288,835
			i		

Form	990 (2015)			l	Page 12	
Par	t XI Reconcilliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		387,4	196,119	
2	Total expenses (must equal Part IX, column (A), line 25)	2	382,268,7			
3	Revenue less expenses Subtract line 2 from line 1	3		227,383		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,9	961,435	
5	Net unrealized gains (losses) on investments	5		<u> </u>		
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4,6	63,834	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5,5	524,984	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽	
				Yes	No	
1	Accounting method used to prepare the Form 990	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on	1			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate				
	▼ Separate basis					
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2 c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule 0	ın				
3а	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?	ne	3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

Additional Data

Software ID: Software Version:

EIN: 26-1939342

Name: ALLIANCE FOR SUSTAINABLE ENERGY LLC

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 381,120,810 including grants of \$) (Revenue \$)

SEE SCHEDULE OON OCTOBER 1, 2008, ALLIANCE BEGAN MANAGEMENT OF THE U.S. DEPARTMENT OF ENERGY'S NATIONAL RENEWABLE ENERGY LABORATORY UNDER PRIME CONTRACT NUMBER DE-AC36-08-GO28308 THE NATIONAL RENEWABLE ENERGY LABORATORY (NREL) IS THE NATION'S PRIMARY LABORATORY FOR RENEWABLE ENERGY AND ENERGY EFFICIENCY RESEARCH AND DEVELOPMENT (R&D) ALLIANCE PROVIDES THE LEADERSHIP AND STRATEGY THROUGH ITS MANAGEMENT AND OPERATION CONTRACT OF THE NATIONAL RENEWABLE ENERGY LABORATORY (NREL) TO EXECUTE RESEARCH, DEVELOPMENT, DEMONSTRATION, TECHNICAL ASSISTANCE AND ANALYSIS PROGRAMS ON BEHALF OF DOE, OTHER FEDERAL AGENCIES AND THE PRIVATE SECTOR IT STEWARDS THE UNDERLYING CAPABILITIES AND RESEARCH ASSETS THAT ENABLE MISSION ACCOMPLISHMENT. IT ALSO PROVIDES THE LEADERSHIP TO SAFELY, SECURELY AND SUSTAINABLY MANAGE AND OPERATE TWO MAJOR NREL CAMPUSES LOCATED IN COLORADO AS WELL AS SEVERAL OFF CAMPUS RESEARCH AND OFFICE FACILITIES AND TO OPERATE AND CONTINUOUSLY IMPROVE BUSINESS SYSTEMS, INCLUDING FINANCE, HUMAN RESOURCES, PROCUREMENT, AND QUALITY ALLIANCE PARTNERS WITH INDUSTRY, OTHER GOVERNMENT AGENCIES, AND ACADEMIA TO TRANSFER THE KNOWLEDGE, KNOW-HOW, AND INTELLECTUAL PROPERTY TO ENABLE NEW PRODUCT DEVELOPMENT AND THEN SCALE UP WITHIN THE NATION'S ENERGY INFRASTRUCTURE. THIS EFFORT SUPPORTS ENERGY SECURITY AND A VIBRANT ECONOMY WHILE ENSURING STEWARDSHIP OF THE ENVIRONMENT ALLIANCE PROVIDES LEADERSHIP AND TECHNICAL CAPABILITIES FOR WORK WITHIN THE FOLLOWING AREAS RENEWABLE ELECTRICITY GENERATIONTHIS AREA INCLUDES ADVANCEMENTS IN RENEWABLE ELECTRICITY GENERATION TECHNOLOGIES INCLUDING SOLAR, WATER, WIND AND GEOTHERMAL THE ALLIANCE STRATEGY IS FOCUSED ON THE ADVANCEMENT OF AMERICA'S "ALL OF THE ABOVE" ENERGY STRATEGY, LEADING A LARGE NETWORK OF RESEARCHERS AND OTHER PARTNERS TO DELIVER INNOVATIVE TECHNOLOGIES THAT WILL MAKE RENEWABLE ELECTRICITY GENERATION COST-COMPETITIVE WITH TRADITIONAL SOURCES OF ENERGY AS WELL AS RESILIENT AND SECURE ENERGY PRODUCTIVITYTHIS AREA INCLUDES ADVANCEMENTS, TECHNOLOGIES, AND SYSTEMS INTEGRATION TO INCREASE ENERGY PRODUCTIVITY IN HOMES. BUILDINGS. AND INDUSTRIAL PLANTS RESEARCHERS COLLABORATE WITH OTHER RESEARCH INSTITUTIONS AND WORK WITH COMMERCIAL PARTNERS TO DEVELOP INNOVATIVE, COST-EFFECTIVE, ENERGY-SAVING INNOVATIONS THAT INCREASE THE ENERGY PRODUCTIVITY OF MANUFACTURING PROCESSES, PRODUCTS, HOMES AND BUILDINGS IN WHICH TO WORK, SHOP, AND LEAD OUR EVERYDAY LIVES SUSTAINABLE TRANSPORTATIONTHIS AREA INCLUDES ADVANCEMENTS IN TRANSPORTATION AND VEHICLE TECHNOLOGIES AND ALTERNATIVE FUELS PROGRAMS FOCUS ON ELECTRIC VEHICLE TECHNOLOGIES AND SYSTEMS, ENGINE EFFICIENCY, AND CLEAN DOMESTIC FUELS (BIOFUELS, RENEWABLE HYDROGEN AND NATURAL GAS) TO OPEN UP COST-EFFECTIVE OPPORTUNITIES TO REDUCE OUR OIL DEPENDENCE, AVOID POLLUTION AND CREATE JOBS DESIGNING AND MANUFACTURING BETTER CARS, TRUCKS AND PETROLEUM ALTERNATIVES ENERGY ANALYSISCREDIBLE AND OBJECTIVE ENERGY ANALYSIS INCREASES THE UNDERSTANDING OF HOW THE ENERGY SYSTEMS OPERATE WE EXPLORE HOW ENERGY POLICIES, MARKETS, RESOURCES, TECHNOLOGIES, ENVIROMENTAL IMPACTS, AND INFRASTRUCTURE INTERACT ANALYSES, DATA, AND TOOLS INFORM INVESTMENT DECISIONS AS ENERGY-EFFICIENT AND RENEWABLE ENERGY TECHNOLOGIES ADVANCE FROM CONCEPT TO COMMERCIAL APPLICATION ENERGY SYSTEMS INTEGRATIONENERGY SYSTEMS INTEGRATION RESEARCH ADDRESSES TRADEOFFS ACROSS ENERGY CARRIERS (SUCH AS ELECTRICITY, THERMAL PATHWAYS, FUELS, AND WATER) WITHIN INFRASTRUCTURES (GRIDS, BUILDINGS AND CAMPUSES, COMMUNITIES, COMMUNICATIONS AND TRANSPORTATION) TO MAXIMIZE EFFICIENCY AND MINIMIZE WASTE RESEARCH YIELDS INNOVATIONS THAT ENABLE A RANGE OF TECHNOLOGIES TO CONNECT AND OPERATE EFFECTIVELY THROUGH THESE ENERGY INFRASTRUCTURES AND FORM SYSTEMS AT A VARIETY OF PHYSICAL AND TIME SCALES FROM INDIVIDUAL BUILDINGS TO AGGREGATIONS AT CAMPUSES AND FLEETS. TO DISTRIBUTION AND REGIONAL SYSTEMS TAHT STRETCH ACROSS CONTINENTS NREL IS POSITIONED TO HELP THE NATION ADVANCE ITS ENERGY GOALS THROUGH THE ALLIANCE STRATEGY FOR ACCELERATING IMPACT. THE LABORATORY DELIVERS MARKET-RELEVANT, HIGH-IMPACT KNOWLEDGE/INNOVATIONS. AMPLIFIES MARKET IMPACT THROUGH STRATEGIC PARTNERSHIPS, STEWARDS DISTINCTIVE CAPABILITIES AND SUSTAINS OPERATIONAL EXCELLENCE NREL SUPPORTS COLLABORATIVE RESEARCH PROJECTS. DISSEMINATES RESEARCH RESULTS BROADLY, PROTECTS INTELLECTUAL PROPERTY THROUGH PATENTS AND COPYRIGHTS, LICENSES TECHNOLOGIES AND WORKS WITH PUBLIC AND PRIVATE PARTNERS TO IMPLEMENT TECHNOLOGIES INNOVATIVE TECHNOLOGIES ARE ANNUALLY RECOGNIZED WITH MULTIPLE R&D 100 AWARDS. WHICH ARE CONSIDERED THE MOST PRESTIGIOUS TECHNOLOGY INNOVATION AWARDS IN THE UNITED STATES THE ENGINEERING AND SCIENCE BEHIND THESE TECHNOLOGY TRANSFER SUCCESSES AND AWARDS DEMONSTRATE ALLIANCE'S COMMITMENT TO DEVELOPING AND APPLYING INNOVATIVE RENEWABLE ENERGY SOLUTIONS TO ACHIEVE THE NATION'S SECURE AND SUSTAINABLE ENERGY FUTURE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount

of other

compensation from the

organization and related organizations

0

0

0

0

0

0

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs					
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position and individual trustee or director	ion (han o n is b	ne b oth	ox, l an o /trus	unless fficer tee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
MR RICHARD THOMAS FLEENER VICE CHAIRMAN OF THE BOARD	1 00	х		х			0	0
DR RONALD D TOWNSEND CHAIRMAN OF THE BOARD	1 00	x		х			0	0
DR JOHN S STANLEY BOARD MEMBER	1 00	х					0	0
DR STANLEY BULL BOARD MEMBER	1 00	×					0	0

1 00

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DR DEAN GRAY

BOARD MEMBER

BOARD MEMBER

MR BRETT BOSLEY

BOARD MEMBER

BOARD MEMBER

MR LANNY BATES

BOARD MEMBER

BOARD MEMBER

DR ERIK PEARSON

MR MARTIN CONGER

DR THOMAS M SACK

.....

.....

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

(F)
Estimated amount
of other
compensation
from the
organization and
related
organizations

135,367

67,035

58,801

53,052

27,635

0

0

0

0

0

Compensated Employees, and the	pendent cor	itiactu	115				1	•	•
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below	Posit more the perso and a or director	nan (nan o n is b i dire	one booth ctor.	ox, i an o /trus	unless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	dotted line)	Individual trustee or director	Institutional Trustee		employee	Highest compensated employee	4		
DR ALAN A RUDOLPH BOARD MEMBER	1 00	×						0	0
DR SALLY M BENSON BOARD MEMBER	1 00	×						0	0
DR MARIA ZUBER BOARD MEMBER	1 00	x						0	0
DR ANTHONY DEAN BOARD MEMBER	1 00	×						0	0
DR TERRI FIEZ	1 00	×						0	0

Х

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574,026

429,922

286,749

301,181

380,702

40 00

40 00

40 00

40 00

40 00

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BOARD MEMBER

PRESIDENT

SENIOR VP

SECRETARY

CFO

DR MARTIN KELLER

MS BOBI GARRETT

MR STEVEN SILBERGLEID

MR OWEN BARWELL

DR BRYAN HANNEGAN

ASSOCIATE LAB DIRECTOR

......

.....

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) Name and Title Average Position (do not check Reportable Reportable

more than one box, unless

person is both an officer

compensation

from the

772,866

214,654

463,657

Х

compensation

from related

(F)

Estimated amount

of other

compensation

92,396

31,152

70,602

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

hours per

week (list

40 00

24 00

40 00

.

.

DR DAN ARVIZU

FORMER PRESIDENT

FORMER SENIOR VP

FORMER SENIOR VP

MR KENNETH POWERS

DR DANA CHRISTENSEN

.....

	any hours	and a						organization (W-	organizations (W-	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
MS BARBARA GOODMAN EXECUTIVE DIRECTOR	40 00					x		346,524	0	16,210	
DR WILLIAM TUMAS ASSOCIATE LAB DIRECTOR	40 00					x		352,842	0	22,712	
DR NANCY HAEGEL CENTER DIRECTOR	40 00					х		332,083	0	29,208	
DR MICHAEL PACHECO FORMER ASSOC LAB DIR	40 00					x		323,480	0	81,205	

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE A

(Form 990 or

Internal Revenue Service

Name of the organization

ALLIANCE FOR SUSTAINABLE ENERGY LLC

990EZ)

Treasury

Total

Department of the

As Filed Data -

AST HEU DULU

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

DLN: 93493222011227OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

26-1939342

2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))									
3		A hospital or a cooper	•	3							
4		A medical research or hospital's name, city,	and state					, 			
5		An organization opera 170(b)(1)(A)(iv). (Co			iversity owned	or operated by	a governmental unit d	escribed in section			
6	Г	A federal, state, or loc			described in s e	ection 170(b)(:	L)(A)(v).				
7	√	described in section 170(b)(1)(A)(vi). (Complete Part II)									
8		A community trust des				•					
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
0	Г	An organization organi	•	•	•	•					
1	Γ	An organization organione or more publicly s the box in lines 11a th	upported orga	nızatıons described in	section 509(a)(1) or section	509(a)(2) See sectio	n 509(a)(3). Check			
а	Γ	Type I. A supporting o supported organization You must	rganization op n(s) the power	erated, supervised, or to regularly appoint o	controlled by in the controlled by interest by the controlled by the controlle	ts supported o	rganizatıon(s), typıcal	ly by giving the			
b	Γ	Type II. A supporting management of the su must complete Part IV	organization s pporting orgar	upervised or controlle nization vested in the s	d in connection						
c	_	Type III functionally i	•		n operated in c	onnection with	and functionally inted	rated with, its			
•	ı							, racea men, res			
d		supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement.									
	•						ement and an attentive	eness requirement			
e	· 	(see instructions) You	ı must comple	te Part IV, Sections A	and D, and Par	rt V		•			
	· -	(see instructions) You Check this box if the o integrated, or Type III	ı must comple rganızatıon re . non-function	te Part IV, Sections A ceived a written deter ally integrated suppor	and D, and Par mination from t ting organization	r t V. he IRS that it i on		•			
	Enter	(see instructions) You Check this box if the o integrated, or Type III the number of supporte	u must comple organization re on-function ed organization	te Part IV, Sections A ceived a written deter ally integrated suppor ns	and D, and Parmination from to	r t V. he IRS that it i on		•			
e	Enter	(see instructions) You Check this box if the o integrated, or Type III	u must comple organization re on-function ed organization	te Part IV, Sections A ceived a written deter ally integrated suppor ns	and D, and Parmination from to	r t V. he IRS that it i on		•			
e f g		(see instructions) You Check this box if the o integrated, or Type III the number of supporte	u must comple organization re on-function ed organization	te Part IV, Sections A ceived a written deter ally integrated suppor ns out the supported orga (iii) Type of organization (described on lines 1-9 above (see	and D, and Parmination from to	nt V. he IRS that it it in n n n n n n n n n n n n n n n n n n		•			
e f g		(see instructions) You Check this box if the o integrated, or Type III the number of supporte Provide the following ii	u must comple organization re onon-function ed organization onformation abo	te Part IV, Sections A ceived a written deter ally integrated suppor ns out the supported orga (iii) Type of organization (described on lines	and D, and Pai mination from t ting organization inization(s) (iv) Is the orga listed in your	nt V. he IRS that it it in n n n n n n n n n n n n n n n n n n	s a Type I, Type II, Type III, Type II, Type II, Type II, Type II, Type II, Type II, Type III, Type II, Type II, Type II, Type II, Type II, Type II, Type III, Type II, Type II, Type II, Type II, Type II, Type II, Type III, Type II, Type	(vi) A mount of other support (see			
e f g		(see instructions) You Check this box if the o integrated, or Type III the number of supporte Provide the following ii	u must comple organization re onon-function ed organization onformation abo	te Part IV, Sections A ceived a written deter ally integrated suppor ns out the supported orga (iii) Type of organization (described on lines 1-9 above (see	and D, and Pai mination from t ting organization inization(s) (iv) Is the orga listed in your	nt V. he IRS that it it in n n n n n n n n n n n n n n n n n n	s a Type I, Type II, Type III, Type II, Type II, Type II, Type II, Type II, Type II, Type III, Type II, Type II, Type II, Type II, Type II, Type II, Type III, Type II, Type II, Type II, Type II, Type II, Type II, Type III, Type II, Type	(vi) A mount of other support (see			
e f g		(see instructions) You Check this box if the o integrated, or Type III the number of supporte Provide the following ii	u must comple organization re onon-function ed organization onformation abo	te Part IV, Sections A ceived a written deter ally integrated suppor ns out the supported orga (iii) Type of organization (described on lines 1-9 above (see	and D, and Pai mination from t ting organization inization(s) (iv) Is the orga listed in your	nt V. he IRS that it it in n nization governing ent?	s a Type I, Type II, Type III, Type II, Type II, Type II, Type II, Type II, Type II, Type III, Type II, Type II, Type II, Type II, Type II, Type II, Type III, Type II, Type II, Type II, Type II, Type II, Type II, Type III, Type II, Type	(vi) A mount of other support (see			

Support Schedule for Organizations Described in Sections 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 513,469,579 382,618,389 378,669,705 388,397,895 387,495,321 2,050,650,889 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 513.469.579 382,618,389 378,669,705 388,397,895 387,495,321 2,050,650,889 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 2,050,650,889 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 513,469,579 382,618,389 378,669,705 388,397,895 387,495,321 2,050,650,889 Amounts from line 4 Gross income from interest, dividends, payments received 553 798 on securities loans, rents, 786 4,931 593 7,661 royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 2,050,658,550 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 100 000 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 100 000 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶▽ b 33 1/3% support test-2014. If the organization did not check a 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	11.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) ⊤otal
(OF 1	iscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt purpose							
3	Gross receipts from activities							
-	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
	persons							
b	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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6)							
	ction B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	١7		18		
	33 1/3% support tests—2015. If the				t line 15 is more t		3% and	lline 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	33 1/3% support tests—2014. If the							•
	18 is not more than 33 1/3%, check	-						
20	Private foundation. If the organization		-	· ·		•	_	▶ □

Part IV Supporting Organizations

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

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

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

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

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

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

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	auıred)		
6 Other distributions (describe in Part VI) See instru	. ,		
<u> </u>	30013		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
c Excess from 2013			
d From 2014			
e From 2015			

DLN: 93493222011227

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

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (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
- Section 527 organizations Complete Part I-A only
- If the organization answered "Yes" on 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 IL-R. Do not complete Part IL-R.

lf the		• •			
Na	me of the organization IANCE FOR SUSTAINABLE ENERGY LLC	anzations complete rait iii		Employer iden	tification number
				26-1939342	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganization's direct and indirect polit	ıcal campaıgn act	civities in Part IV	
2	Political expenditures			>	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excis-	e tax incurred by the organization ur	nder section 4955	>	\$
2	Enter the amount of any excis	e tax incurred by organization mana	gers under sectio	n 4955 >	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				⊤Yes
b	If "Yes," describe in Part IV				1 1
Par	•	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities >	\$
2		organization's funds contributed to o			\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	.0-POL.line 17b ►	
			4	,	\$
4	Did the filing organization file F	r			☐ Yes ☐ No
5	organization made payments amount of political contribution	nd employer identification number (f For each organization listed, enter th ns received that were promptly and a political action committee (PAC)	ne amount paid fro directly delivered	om the filing organization's f to a separate political orga	funds Also enter the inization, such as a
	(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-
2					
3					
4					
5					
6					

	art II-A	rm 990 or 990-EZ) 2015 Complete if the organization is exempt under section 501(c)(3) and f	iled Form 5768	Page 2 (election
_		under section 501(h)).		
4	Check •	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated gexpenses, and share of excess lobbying expenditures)	roup member's nam	e, address, EIN,
3	Check ▶	If the filing organization checked box A and "limited control" provisions apply		
		Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobb lobbying)	ying expenditures to influence public opinion (grass roots		
b	Total lobb	ying expenditures to influence a legislative body (direct lobbying)		_
c	Total lobb	ying expenditures (add lines 1a and 1b)		
d	Other exe	mpt purpose expenditures		
е	Total exe	npt purpose expenditures (add lines 1c and 1d)		
			-	

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

Grassroots nontaxable amount (enter 25% of line 1f)

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

i	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?

┌ Yes

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 separate instructions for lines 2a through 2f.)

	Lobbying Exper	nditures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d)2015	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000			2,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
_с	Total lobbying expenditures					
d	Grassroots nontaxable amount	250,000	250,000			500,000
е	Grassroots ceiling amount (150% of line 2d, column (e))					750,000
f	Grassroots lobbying expenditures					

Return Reference

	filed Form 5768 (election under section 501(h)).		a \		(b)	
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		7		
ctiv	yty	Yes	No	l	A moun	ıt
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 c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	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?					
j	Total Add lines 1c through 1i					
a.	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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	5 01 (c)(5),	or s		
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5),		ectio Yes	n No
ar 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	501 (c)(5),	1		
a r 1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501 (c)(5),	1 2		
Par 1 2 3	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?			1 2 3	Yes	No
2 1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5),	1 2 3	Yes	No n
ar 1 2 3 Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	501(c)(5),	1 2 3	Yes	No n
ar 1 2 3 Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Iine 3, is answered "Yes."	501(c No" ()(5),	1 2 3	Yes	No n
1 2 3 Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? THILB Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	501(c No" ()(5),	1 2 3	Yes	No n
2 1 2 2 1 2 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c No" (1 2a 2b)(5),	1 2 3	Yes	No n
2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c No" (1 2a 2b 2c)(5),	1 2 3	Yes	No n
2 a b c 3	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	501(c No" (1 2a 2b)(5),	1 2 3	Yes	No n
2 a b c 3	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c No" (1 2a 2b 2c)(5),	1 2 3	Yes	No n
2 1 2 2 1 2 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	501(c No" (1 2a 2b 2c 3)(5),	1 2 3	Yes	No n

Explanation

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493222011227

Department of the Treasury

SCHEDULE D

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service **Employer identification number** Name of the organization ALLIANCE FOR SUSTAINABLE ENERGY LLC 26-1939342 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or Preservation of an historically important land area education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Part	• • • •	Organizations Maintaining (continued)	Collections of A	Art, His	storica	al Tr	easure	s, or (Other	Similar A	ssets
3	Using collec	the organization's acquisition, according to the control of the co	ession, and other re	cords, cl	heck an	y of th	ne followi	ng that	are a s	significant us	se of its
а		Public exhibition		d		Loan	or exchai	nge pro	grams		
b		Scholarly research		е	Γ	Other					
c	_	Preservation for future generations									
4	•	de a description of the organization?	s collections and ex	plain ho	w they f	urther	the orga	ınızatıo	n's exe	empt purpose	e in
5		g the year, did the organization soli								lar	
Dar	asset t IV	s to be sold to raise funds rather the Escrow and Custodial Arra		as part	of the o	rganız	ation's c	ollectio	n?	Ye	s No
Pall	CIV	Complete if the organization a Part X, line 21.	_	n Form	990, P	art I\	/, line 9	, or re	porte	d an amou	nt on Form 99
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other inte	rmediary	for cor	ntrıbut	ions or o	ther as:	sets n	ot Ye	es No
b	If"	Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing	table				An	nount
c	Вед	jinning balance						10	:		
d	Ado	ditions during the year						10	ı		
е	Dıs	tributions during the year						16	:		
f		ding balance						1f			
2 a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21,	for esc	row or	custodia	al accou	ınt lıab	oility? Ye	es No
ь Ра	If"Ye r t V	s," explain the arrangement in Part Endowment Funds. Comple									
			(a)Current year	(b) Pi	nor year	b	(c)Two ye	ars back	(d) Th	ree years back	(e)Four years ba
1a	_	nning of year balance				_					
Ь	Conti	ributions • • • • • • •									
c	Net II losse	nvestment earnings, gains, and s									
d	Grant	ts or scholarships									
e		r expenditures for facilities irograms									
f	A dmı	nistrative expenses									
g	End o	of year balance									
2	Provid	de the estimated percentage of the	current year end bal	ance (lır	ne 1g, c	olumn	ı (a)) held	d as			
а	Board	designated or quasi-endowment >									
b	Perma	anent endowment ►									
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%								
3a		nere endowment funds not in the pos ization by	ssession of the orga	nızatıon	that are	e held	and adm	ınıstere	d for t	he	Yes No
	(i) un	related organizations									a(i)
h		lated organizations									a(ii)
ь 4		ribe in Part XIII the intended uses of									30
	t VI	Land, Buildings, and Equip									
		Complete If the organization a Description of property			90, Pa Cost or	other l	basis	a.See (b) or other l		990, Part 2 Accumulate (c) depreciation	ed (d)Book val
								(other)			
				· ·							
		gs		 							
		nent									
				·							
	Other			!					ļ		1

See Form 990, Part X, line 12.	ipiete ii tile orga		
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•		
Complete if the organization answered '	'Yes' on Form 99		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization		Form 990, Part IV, line	
(a) Descrip	ption		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15	5)		
Part X Other Liabilities. Complete if the organ		ed 'Yes' on Form 990, I	Part IV, line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book valu	e	
	, ,		
Federal Income taxes			
ADVANCES	18,650	,513	
LINE OF CREDIT	40	,873	
	1	Ī	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	18,691	386	

Par	Reconciliation of Revenue per Audited Financial States Complete if the organization answered 'Yes' on Form 990,			per Re	eturn
1	Total revenue, gains, and other support per audited financial statements			1	7,898,843
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	3,196		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)				
		2d			
e	Add lines 2a through 2d			2e	3,196
3	Subtract line 2e from line 1			3	7,895,647
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 XIII)	4b	379,600,472		
c	Add lines 4a and 4b			4c	379,600,472
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	387,496,119
Part	Reconciliation of Expenses per Audited Financial St Complete if the organization answered 'Yes' on Form 990,			s per	Return.
1	Total expenses and losses per audited financial statements			1	2,671,460
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			<u>-</u> -+	2,011,100
a	Donated services and use of facilities	2a	3,196		
b	Prior year adjustments	2b	3,130	1 1	
c	Other losses	2c		1	
d	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d			2e	3.196
3	Subtract line 2e from line 1	•		3	2,668,264
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•		 	2,000,204
-	· · · · ·	1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	. 4b	379,600,472	1	
c	Add lines 4a and 4b	. –		4c	379,600,472
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18)	5	382,268,736
			•		· · · · · · · · · · · · · · · · · · ·
	XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1				
	V , line 4 , Part X , line 2 , Part XI , lines 2d and 4b , and Part XII , lines 2d an mation	a 4 b <i>F</i>	Also complete this part to	o provia	e any additional
	Return Reference Explanation				
Saa 1	dditional Data Table				
Jee A	duitional Data Table				
		_			

Page 5	chedule D (Form 990) 2015		
	ormation <i>(continued)</i>	Supplemental Info	Part XIII
	Explanation	Return Reference	Ret
		•	

Additional Data

Software ID: Software Version:

EIN: 26-1939342

Name: ALLIANCE FOR SUSTAINABLE ENERGY LLC

Supplemental Information		
Return Reference	Explanation	

THE COMPANY IS A NON-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL

O EXAMINATION INCLUDE 2014 THROUGH 2016

PART X, LINE SECTIO UNCERTAIN

REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO

N 501(A) OF THE INTERNAL REVENUE CODE THE COMPANY ADOPTED GUIDELINES RELATED TO

TY 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,

2016 OR 2015 IF INCURRED, THE INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIIONS ARE RECORDED IN THE PERIOD ASSESSED AS GENERAL AND ADMINISTRATIVE EXPENSE NO INTEREST OR PENA LTIES HAVE BEEN ASSESSED AS OF SEPTEMBER 30, 2016 OR 2015 TAX YEARS THAT REMAIN SUBJECT T

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	NATIONAL RENEWAL ENERGY LAB REVENUE 379,600,472

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	NATIONAL RENEWAL ENERGY LAB EXPENSES 379,600,472

efile GRAPHIC print - DO NOT PROCESS As Filed Data
SCHEDULE F Statement of Activities Outs

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493222011227

Employer identification number

2015

Open to Public Inspection

INABLE ENE	RGY LLC							
				26-1939342				
				e 14b.				
			•					
tance, the gr	antees' eligibil	lity for the gra	nts or assistance, and	the selection criteria				
he grants or	assistance?				☐ Yes ☐ No			
For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States								
ion (The follow	wing Part I, line	3 table can be o	duplicated if additional s	pace is needed)				
	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of	(f) Total expenditures for and investments in region			
DING ENLAND) - RRA, UM	0		' '		115,314			
THE	0	1	PROGRAM SERVICES	TO COLLABORATE ON ELECTRON MICROSCOPY CHARACTERIZATION	68,601			
	0				183,915			
uation sheets	0	0			0			
3a and 3b)	0	3			183,915			
	Information of the organism. Does the cance, the grants or the grants or the grants of the Unite can (The follows). DING ENLAND) - RRA, UM	If the organization answers. Does the organization in cance, the grantees' eligibility of the grants or assistance? In the grants or assistance? In the following Part V the organization of the United States of the United States of the Interest of the I	Information on Activities Outside to If the organization answered "Yes" to First. Does the organization maintain recommence, the grantees' eligibility for the grantee grants or assistance? The grants or assistance? The condition of the following Part I, line 3 table can be conditioned by the fregion of	Information on Activities Outside the United States. If the organization answered "Yes" to Form 990, Part IV, line Is. Does the organization maintain records to substantiate the cance, the grantees' eligibility for the grants or assistance, and the grants or assistance? Is. Describe in Part V the organization's procedures for monito de the United States Ion (The following Part I, line 3 table can be duplicated if additional s Ion (The following Part I, line 3 table can be duplicated if additional s Ion (The following Part I, line 3 table can be duplicated if additional s Independent contractors in region (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region IDING IDING INLAND) - RRA, UM THE I PROGRAM SERVICES A PROGRAM SERVICES In PROGRAM SERVICES In PROGRAM SERVICES In PROGRAM SERVICES	Information on Activities Outside the United States. If the organization answered "Yes" to Form 990, Part IV, line 14b. Is. Does the organization maintain records to substantiate the amount of its grants cance, the grantees' eligibility for the grants or assistance, and the selection criteria ne grants or assistance? Is. Describe in Part V the organization's procedures for monitoring the use of its grant de the United States In (The following Part I, line 3 table can be duplicated if additional space is needed.) It (a) Number of offices in the region (b) Number of offices in the region (b) type) (e.g., agents, and independent contractors in region (contractors in region) IN (b) Number of offices in the region (contractors in region) IN (c) Number of offices in the region (d) Activities conducted in the region (d) Yope) (e.g., agents, and independent contractors in region) IN (c) Number of offices in the region (d) Activities conducted in the region (d) Yope) (e.g., agents, and independent or region) IN (d) Activities conducted in the region (d) Activities conducted in the region (d) Yope) (e.g., agents, and independent or region) IN (d) Activities conducted in the region (d) Activities conducted in the region (d) Yope) (e.g., agents, and independent or region) IN (d) Activities conducted in the region (d) Activities conducted in the region (d) Yope) (e.g., agents, and independent or region (d) Yope) (e.g., agents, and program activities (d) Yope) (e.g., agents, and program activitie			

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(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)							
(2)							
(3)							
(4)							
(5)							
(6)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
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(13)				
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(15)				
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(17)				
(18)				
			Schedu	lle F (Form 990) 2015

(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							,
(17)							
(18)							
	Schedule F (Form 990) 2015						

Additional Data

Software ID: Software Version:

EIN: 26-1939342

Name: ALLIANCE FOR SUSTAINABLE ENERGY LLC

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

DLN: 93493222011227

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

<u> 2015</u>

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Name of the organization
ALLIANCE FOR SUSTAINABLE ENERGY LLC

Part I Questions Regarding Compensation

Employer identification number
26-1939342

Pa	t I Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax idemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	,			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1 b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III				
	▼ Compensation committee ▼ Written employment contract				
	Form 990 of other organizations Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization				
а	Receive a severance payment or change-of-control payment?	4 a		Νo	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of				
а	The organization?	5a		Νo	
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		No	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of				
а	The organization?	6 a		Νo	
b	Any related organization?	6b		No	
	If "Yes," on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	in Part III	8		No	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9			

ruge z							
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.							
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·			
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015 Page **3** Supplemental Information Part III Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I. LINE 7 INREL'S INCENTIVE PROGRAM INCLUDES TWO PLANS AND MULTIPLE TIERS WITHIN EACH PLAN THESE TIERS ARE TARGETED TO SPECIFIC JOB TITLES, WITH EACH FEATURING A TARGET INCENTIVE AS A PERCENTAGE OF BASE PAY PAYOUTS ARE BASED ON TWO FACTORS, EACH

Schedule J (Form 990) 2015

PARTICIPANT'S INDIVIDUAL PERFORMANCE AND THE LAB'S OVERALL PERFORMANCE

Software ID: **Software Version:**

EIN: 26-1939342

Name: ALLIANCE FOR SUSTAINABLE ENERGY LLC

Form 990, Schedule J, (A) Name and Title			f W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
1DR MARTIN KELLER PRESIDENT	(1)	228,079	296,347	49,600	108,912	26,455	709,393	(
	(11)	0	0	0	0	-	- 0	(
1MS BOBI GARRETT SENIOR VP	(1)	317,289	108,301	4,332	52,635	14,400	496,957	1	
	(11)	0	0	0	0			(
2MR STEVEN SILBERGLEID SECRETARY	(1)	236,943	47,070	2,736	31,836	26,965	345,550		
SECRETAIN	(11)	0	0	0	0			(
3MR OWEN BARWELLCFO	(1)	245,073	55,547	561	28,369	24,683	354,233	(
	(11)	0	0	0	0			(
4DR BRYAN HANNEGAN ASSOCIATE LAB DIRECTOR	(1)	296,677	83,427	598	6,625	21,010	408,337		
A SOCIAL DISTRICTION	(11)	0	0	0	0			(
5MS BARBARA GOODMAN EXECUTIVE DIRECTOR	(1)	267,246	75,318	3,960	5,015	11,195	362,734		
EXECUTIVE DIRECTOR	(11)	0	0	0	0				
6DR WILLIAM TUMAS ASSOCIATE LAB DIRECTOR	(1)	268,585	75,456	8,801	0	22,712	375,554	1	
ASSOCIATE LAB DIRECTOR	(11)	0	0	0	0				
7DR NANCY HAEGEL CENTER DIRECTOR	(1)	213,049	36,572	82,462	6,395	22,813	361,291	(
	(11)	0	0	0	0			(
8DR MICHAEL PACHECO FORMER ASSOC LAB DIR	(1)	257,749	64,007	1,724	52,698	28,507	404,685		
TOTALEN, DOGGE BID DAY	(11)	0	0	0	0			(
9DR DAN ARVIZU FORMER PRESIDENT	(1)	463,844	194,177	114,845	72,936	19,460	865,262	38,31	
TOWNER PRESIDENT	(11)	0	0	0	0			(
10MR KENNETH POWERS FORMER SENIOR VP	(1)	213,616	0	1,038	28,218	2,934	245,806		
	(11)	0	0	0	0			(
11DR DANA CHRISTENSEN FORMER SENIOR VP	(1)	351,965	108,069	3,623	49,625	20,977	534,259	(
	(11)	0	0	0	0	0	0	(

efile GRAPHI	C print - DO NOT PROCESS	As Filed Data -		DLN: 93493222011227			
SCHEDULE (Form 990 of 990-EZ) Department of the Treasury Internal Revenue Gervice	Complete to prov	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Name of the organ	inable energy LLC			oyer identification number			
Return Reference	O, Supplemental Informati		planation				
FORM 990, PART VI, SECTION B, LINE 11	THROUGH THE COMMITTEE CHARTE	IANCE BOARD OF DIRECTORS HAS ASSIGNED TO THE ALLIANCE FINANCE AND AUDIT COMMI H THE COMMITTEE CHARTER, THE RESPONSBILITY TO REVIEW AND APPROVE THE FORM 990 S PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING					

990 Schedule O, Supplemental Information Return

Reference

LINE 12C

FORM 990,	ALL ALLIANCE EMPLOYEES ARE REQUIRED TO ATTEND ETHICS TRAINING WHICH PERIODICALLY INCLUDES
PART VI,	THE PROCESS FOR IDENTIFICATION AND DISCLOSURE OF CONFLICTS OF INTEREST. EMPLOYEES ARE REQU
SECTION B,	RED TO FILE A WRITTEN DISCLOSURE STATEMENT CONCERNING OUTSIDE ACTIVITES AND/OR ACTUAL OR

Explanation

POTENTIAL CONFLICTS OF INTEREST BETWEEN THE EMPLOYEE'S WORK AND PERSONAL, FINANCIAL, OR BU SINESS INTERESTS. THE EMPLOYEE'S COGNIZANT LINE MANAGEMENT IS RESPONSIBLE FOR THE REVIEW A ND APPROVAL OF EMPLOYEE REQUESTS FOR APPROVAL OF OUTSIDE ACTIVITIES WHICH ARE OF CONCERN T O ALLIANCE EMPLOYEES WHOSE REGULAR RESPONSIBILITIES INVOLVE MANAGING OR EXECUTING LICENSE A GREEMENTS FOR INTELLECTUAL PROPERTY OR THE PREPARATION OR EXECUTION OF COOPERATIVE RESEA RCH AND DEVELOPMENT A GREEMENTS (CRADAS) OR OTHER TECHNOLOGY TRANSFER OR TECHNOLOGY PARTNER SHIP ARRANGEMENTS MUST ANNUALLY OR UPON CHANGES IN RELEVANT PERSONAL OR FAMILY CIRCUMSTANC ES 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 GENE RAL COUNSEL OR DESIGNEE TO IDENTIFY AND IMPLEMENT MITIGATION OR A VOIDANCE ACTIONS, OR RECU SES SELF IF AN APPROPRIATE MITIGATION OR A VOIDANCE ACTION CANNOT BE IDENTIFIED ALL ALLIAN CE OFFICERS AND BOARD OF DIRECTOR MEMBERS ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST DI SCLOSURE UPON APPOINTMENT, AND AN ANNUAL CONFLICT OF INTEREST DISCLOSURE AND RECEIVE ANNUA

L ORGANIZATIONAL CONFLICTS OF INTEREST TRAINING

Return Explanation

Reference

FORM 990, GOVERNANCE OF EXECUTIVE COMPENSATION IS CHARTERED THROUGH THE ALLIANCE HUMAN RESOURCES COM
PART VI. PENSATION COMMITTEE EXTERNAL THIRD PARTY RESOURCES ARE RETAINED ON A BIENNIAL BASIS TO RE

SECTION B,
LINE 15
VIEW ALL ELEMENTS OF EXECUTIVE REMUNERATION (BASE SALARY, ANNUAL INCENTIVES, RETIREMENT BE
NEFITS, HEALTH AND WELFARE BENEFITS, AND EXECUTIVE PREREQUISITES) TO INSURE COMPETITIVENES
S OF ALL THE ELEMENTS OF CASH COMPENSATION RELATIVE TO THE MARKET FOR BOTH BASE COMPENSATI
ON AND TOTAL COMPENSATION THERE ARE NO PERSONS SERVING ON THE COMPENSATION COMMITTEE WITH
A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS CONTEMPORANEOUS DOC
UMENTATION AND RECORDS ARE RETAINED. THE LAST COMPENSATION REVIEW OCCURRED ON SEPTEMBER 22

990 Schedule O, Supplemental Information

. 2015

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. ALLIANCE MAKES ITS GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ALLIANCE PART VI. AVAILABLE TO THE PUBLIC UPON REQUEST SECTION C. LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. DISTRIBUTIONS -4.663.834 PART XI, LINE

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990 THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVERSIGHT PROCESS DURING THE YEAR PART XII LINE