

A For the 2008 calendar year, or tax year beginning 01-01-2008, and ending 12-31-2008				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ALTERNATIVE ENERGY RESOURCES ORGANIZATION		D Employer identification number 81-0350698
		Number and street (or P. O. box, if mail is not delivered to street address) 432 NORTH LAST CHANCE GULCH		E Telephone number (406) 443-7272
		City or town, state or country, and ZIP + 4 HELENA, MT 59601		F Group Exemption Number 1

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶	
I Website: ▶ www.aeromt.org		H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Organization type (check only one)— ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527			
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ		▶ \$ 194,663	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	148,646
	2	Program service revenue including government fees and contracts						2	21,722
	3	Membership dues and assessments						3	22,908
	4	Investment income						4	140
	5a	Gross amount from sale of assets other than inventory				5a		5c	
	b	Less cost or other basis and sales expenses				5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)						5c		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here						6c	321
	a	Gross revenue (not including \$ ____ 0 ____ of contributions reported on line 1)				6a	371		
	b	Less direct expenses other than fundraising expenses				6b	50		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6c		
	7a	Gross sales of inventory, less returns and allowances				7a		7c	
b	Less cost of goods sold				7b				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c			
8	Other revenue (describe)						8	876	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)						9	194,613	
Expenses	10	Grants and similar amounts paid (attach schedule)						10	
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	97,266
	13	Professional fees and other payments to independent contractors						13	36,899
	14	Occupancy, rent, utilities, and maintenance						14	10,080
	15	Printing, publications, postage, and shipping						15	8,375
	16	Other expenses (describe)						16	38,059
	17	Total expenses (add lines 10 through 16)						17	190,679
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	3,934
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	47,230
	20	Other changes in net assets or fund balances (attach explanation)						20	14,848
	21	Net assets or fund balances at end of year (combine lines 18 through 20)						21	66,012

Part II Balance Sheets —If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ			
(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	40,068	22 36,507
23	Land and buildings		23
24	Other assets (describe )	15,525	24 32,938
25	Total assets	55,593	25 69,445
26	Total liabilities (describe )	8,363	26 3,433
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	47,230	27 66,012

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? EDUCATE & PROMOTE CONSERVATION			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 HELP CITIZENS DEVELOP ENVIRNOMENTALLY COMPATIBLE TECHNOLOGIES AND PRACTICES THAT CONSERVE ENERGY, REDUCE FOSSIL FUEL DEPENDENCY AND FOSTER COMMENITY SELF-RELIANCE (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		28a	82,240
29 PROVIDE A FORUM FOR THE EXCHANGE OF IDEAS AND INFORMATION THROUGH WORKSHOPS, SEMINARS AND PUBLICATIONS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		29a	47,384
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	129,624

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part VI.)

Yes

No

33

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33

No

34

Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34

No

35

If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a

Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

35b

36

Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

36

No

37a

Enter amount of political expenditures, direct or indirect, as described in the instructions ▶

37a

0

b

Did the organization file **Form 1120-POL** for this year?

37b

38a

Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9

39a

b

Gross receipts, included on line 9, for public use of club facilities

39b

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0

b

Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.

40b

No

c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶

0

d

Enter amount of tax on line 40c reimbursed by the organization ▶

0

e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e

No

41

List the states with which a copy of this return is filed ▶ MT

42a

The books are in care of ▶ JONDA CROSBY Telephone no ▶ (406) 443-7272

423 NORTH LAST CHANCE GULCH

Located at ▶ HELENA, MT ZIP + 4 ▶ 59601

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b

Yes

No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c

At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c

No

If "Yes," enter the name of the foreign country ▶

43

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶

43

44

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44

Yes

No

45

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.

45

No

Form 990-EZ (2008)

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."		
(a)	Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
	NONE		
	Total number of other independent contractors receiving over \$100,000		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	*****	2009-11-06	
	Signature of officer	Date	
	JONDA CROSBY EXECUTIVE DIRECTOR		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature Nathan D McCarthy CPA	Date 2009-11-06	Check if self-employed	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Galusha Higgins and Galusha PO Box 1699 Helena, MT 596241699			EIN
				Phone no (406) 442-5520

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ALTERNATIVE ENERGY RESOURCES ORGANIZATION	Employer identification number 81-0350698
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1

☐

A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**
- 2

☐

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)
- 4

☐

A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally Integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	119,900	200,341	184,608	251,042	194,152	950,043
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	3,171	3,049	1,408	1,665	371	9,664
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 paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5	123,071	203,390	186,016	252,707	194,523	959,707
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						959,707

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	123,071	203,390	186,016	252,707	194,523	959,707
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	130	99	333	269	140	971
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	130	99	333	269	140	971
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,233	782	3,855	26	876	6,772
13 Total Support (Add lines 9, 10c, 11 and 12)						967,450
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	99 200 %	
16 Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	98 820 %	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	0 100 %
18	Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	0 100 %
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		☒
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		☐
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		☐

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Additional Data

Software ID:

Software Version:

EIN: 81-0350698

Name: ALTERNATIVE ENERGY RESOURCES ORGANIZATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ANNA JONES-CRABTREE 433 W LAWRENCE ST HELENA, MT 59601	CO-CHAIR 1 00	0	0	0
KRISTINA KIKI HUBBARD 1234 - 1/2 PHILLIPS ST MISSOULA, MT 59802	SECRETARY 1 00	0	0	0
JEAN DUNCAN 721 WOODFORD STREET MISSOULA, MT 59801	CO-CHAIR 1 00	0	0	0
JESS ALGER 7617 ELEVATOR ROAD STANFORD, MT 59479	DIRECTOR 1 00	0	0	0
SALLY BOSTROM 602 MCCLELLAN CREEK ROAD CLANCY, MT 59634	DIRECTOR 1 00	0	0	0
PAM GERWE 170 BLANCHARD LAKE DRIVE WHITEFISH, MT 59937	DIRECTOR 1 00	0	0	0
PAT DOPLER 35235 ROW RIVER ROAD COTTAGE GROVE, OR 974241436	DIRECTOR 1 00	0	0	0
BRUCE SMITH 207 W BELL ST GLENDDIVE, MT 593301616	TREASURER 1 00	0	0	0
BRETT TALLMAN 788 LONE COYOTE TRAIL KALISPELL, MT 59901	DIRECTOR 1 00	0	0	0
JONDA CROSBY 3845 HART LANE HELENA, MT 59602	EXECUTIVE DIRECTOR 40 00	34,393	0	0
JILL OWEN PO BOX 232 CHOTEAU, MT 59422	DIRECTOR 1 00	0	0	0
JEFFERY FUNK 990 MCCAFFERY BIG FORK, MT 59911	DIRECTOR 1 00	0	0	0
JACOB COWGILL 1530 CATLIN ST MISSOULA, MT 59801	DIRECTOR 1 00	0	0	0
JUDITH FRASER 338 COOPER LANE HAMILTON, MT 59840	DIRECTOR 1 00	0	0	0

TY 2008 Other Assets Schedule

Name: ALTERNATIVE ENERGY RESOURCES ORGANIZATION

EIN: 81-0350698

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	3,822	14,010
Pledges Receivable	11,703	4,100
BENEFICIAL INTEREST HELD AT MONTANA COMMUNITY FOUNDATION	0	14,828

TY 2008 Other Changes in Net Assets Schedule**Name:** ALTERNATIVE ENERGY RESOURCES ORGANIZATION**EIN:** 81-0350698

Description	Amount
PRIOR PERIOD ADJUSTMENT - BENEFICIAL INTEREST IN MCF	19,360
UNREALIZED LOSS ON INVESTMENTS	-4,512

TY 2008 Other Expenses Schedule**Name:** ALTERNATIVE ENERGY RESOURCES ORGANIZATION**EIN:** 81-0350698

Description	Amount
ADVERTISING	402
BANK FEES	2
DUES AND SUBSCRIPTIONS	485
INSURANCE	425
INTEREST	74
INTERNSHIP	653
LICENSE AND FEES	1,500
MEETING AND WORKSHOPS	18,272
PROFESSIONAL DEVELOPMENT	896
SUPPLIES AND EQUIPMENT	4,320
TELEPHONE	2,962
TRAVEL	7,081
RAFFLE	987

TY 2008 Other Liabilities Schedule

Name: ALTERNATIVE ENERGY RESOURCES ORGANIZATION

EIN: 81-0350698

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	8,363	3,433

TY 2008 Other Revenues Schedule

Name: ALTERNATIVE ENERGY RESOURCES ORGANIZATION

EIN: 81-0350698

Description	Amount
OTHER INCOME	876

**TY 2008 Transfers Personal Benefits
Contracts Declaration**

Name: ALTERNATIVE ENERGY RESOURCES ORGANIZATION

EIN: 81-0350698

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.