Form

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 www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Δ	For the	2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/1	.6		
	Check if app			D Employer	Identification number
$\overline{}$	• • • • • • • • • • • • • • • • • • • •				
_	Address ch	Doing business as		23-7	437161
	Name chan	ge Number and street (or P.O. box if mail is not delivered to street address)	Rapm/sulle	E Telephone	
	initiai retum			413-	774-6051
	Final return				
	terminaled	GREENFIELD MA 01301		G Gross rece	aipla\$ 1,436,315
	Amended re	elum F Name and address of principal officer:			
	Application		4 6 6 6 7	ordinates inclu	
			7 8 1 1	,	,,-
1	Tax-exemy		i		
٠	Website:		H(c) Group exer		
X-2120	Form of org		ear of formation: $oldsymbol{1}$	975	M State of legal domicile: VT
% P	art I	Summary			
	1 B	riefly describe the organization's mission or most significant activities:			
	1	NESEA acts as a hub that connects citizens, professions	ıls, busir	esses	and
Governance		organizations in the Northeast seeking to discover and	demonstra	te the	€
Ë		responsible production and use of energy.			· · · · · · · · · · · · · · · · · · ·
چ		theck this box	Of of its not see		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ő			76 OF ItS HEL ASS		13
øŏ		lumber of voting members of the governing body (Part Vi, line 1a)			
Activities		umber of independent voting members of the governing body (Part VI, line 1b)			13
₹	5 To	otal number of individuals emptoyed in calendar year 2015 (Part V, line 2a)		. 5	24
5	6 To	otal number of volunteers (estimate if necessary)		6	0
•	7a To	otal unrelated business revenue from Part VIII, column (C), line 12			0
		let unrelated business taxable income from Form 990-T, line 34			0
	· · · · · · · · · · · · · · · · · · ·	tot attrained base of the state	Prior Yea		Current Year
_	8 0	Contributions and grants (Part VIti, line 1h)	273	3,155	411,158
Revenue		(b) (100 P) (c)		,820	981,239
ģ	1			2,128	3,650
S.		, , ,		851	40,268
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,354		
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,334	1,954	1,436,315
	1	Frants and similar amounts paid (Part IX, column (A), fines 1–3)			
	14 B	errefits paid to or for members (Part IX, column (A), line 4)			0
ψ	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	668	3,862	782,915
penses	16aP	rofessional fundralsing fees (Part IX, column (A), line 11e)			0
þe	b⊺	otal fundraising expenses (Part IX, column (D), line 25) ► 36,387			
Ж	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	71	6,651	797,646
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,513	1,580,561
		tevenue less expenses. Subtract line 18 from line 12		,559	-144,246
4	19 K	tevenue ress expenses, subtract line 15 from line 12	Beginning of Cur		End of Year
Net Assets or	20 T	Catal accord (Part Y. line 16)		9,787	665,411
SS8 Reds	20 1	otal assets (Part X, line 16)		728	404,091
T	21 T	otal llabilities (Part X, Ilne 26)		9,059	
2000 2000 2000	1 22 N	tet assets or fund balances. Subtract line 21 from line 20	40:	9,039	261,320
	lart II	Signature Block			
U	Inder pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the be	est of my kn	owledge and belief, it is
tr	ue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	nas any knowledg	0.	
		Jumpa & Mel			615117
Şiş	an l	Signature of officer		Date	
He	- 1	Jennifer Marrapese Execu	tive Diz	ector	•
		Type or print name and title			-
		Print/Type preparer's name Prep	Date		X if PTIN
Pai	_{ld}			Check	—
		EDWARD L MARGOLA CPA EDWARD LIMARGOLA CPA	1 1	/17 self-en	
	parer	Firm's name	F	imi's EIN	04-3100794
US	e Only	377 MAIN ST., P.O. BOX 701			mr
		Firm's address	P	hone no.	413-773-3424
Ma	y the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No

DAA

Form 990 (2015) NORTHEAST SUSTAINABLE ENERGY 23— Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this 1 Briefly describe the organization's mission: NESEA acts as a hub that connects citizens, proorganizations in the Northeast seeking to discontain the connects of the connects		
Check if Schedule O contains a response or note to any line in this 1 Briefly describe the organization's mission: NESEA acts as a hub that connects citizens, pro		
NESEA acts as a hub that connects citizens, pro	Part III	<u> </u>
NESEA acts as a hub that connects citizens, pro		
organizations in the Northeast seeking to disc	ofessionals, businesses an	d
	over and demonstrate the	******
responsible production and use of energy.	\$	

2 Did the organization undertake any significant program services during the year which were r	ant listed on the	
	1 1/ 10	No.
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		J ***
	ntoritom.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any p	Vac V	E MA
services?	[] [ES a	E NO
If "Yes," describe these changes on Schedule O.		
4 Describe the organization's program service accomplishments for each of its three largest pro	ogram services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of	grants and allocations to others,	
the total expenses, and revenue, if any, for each program service reported.		
	001 0	20
4a (Code:) (Expenses \$ 962,869 including grants of \$) (Revenue \$ 981,2	39)
Building/Renewables-Promotion of alternative u	ses of	
energy conservation through conferences and se	minars	
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110 059	\ (m	
4b (Code:) (Expenses \$ 110,057 Including grants of \$) (Revenue \$)
4b (Code:) (Expenses \$ 110,057 Including grants of \$ Member Services-Provide energy realed services) (Revenue \$ and support to the)
) (Revenue \$ and support to the)
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membership.)
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membership.)
Membership. 4c (Code:) (Expenses \$ including grants of \$)
Ac (Code:) (Expenses \$ including grants of \$ 4d Other program services (Describe in Schedule O.))
Ac (Code:) (Expenses \$ including grants of \$ ### Ad Other program sarvices (Describe in Schedule O.)) (Revenue \$)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." X 1 complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 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 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Х 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 X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 X complete Schedule D, Part III 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11¢ 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 167 If "Yes," complete Schedule D, Part IX 11**d** e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. fine 9a? If "Yes," complete Schedule G, Part III

Checklist of Required Schedules (continued) Yes Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 Х 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 X 22 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 X employees? If "Yes," complete Schedule J 23 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 X through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 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 X 25a 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? X If "Yes," complete Schedule L, Part I 25b 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 X 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filling thresholds, conditions, and exceptions): Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b 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? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II X 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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? If "Yes," complete Schedule R, Part V, line 2 X 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 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Х 19? Note. All Form 990 filers are required to complete Schedule O.

Form	990 (2015) NORTHEAST SUSTAINABLE ENERGY 23-7437	161			₽	age 5
TESTERMAN	Statements Regarding Other IRS Filings and Tax Compliance					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	.,			,	
		1 1		2020200000	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	-		
b	Enter the number of Forms W-2G Included in line 1a. Enter -0- if not applicable	_1b	<u> </u>	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			40	-3003000	630000000 63000000000000000000000000000
2a	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			10		
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a	24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	·		2b	X	800000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	,				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	.,	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ly			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccoun	ts			
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	ction?		5b	—	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		,,.,	5c	<u> </u>	├──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie				•
t.	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribution gifts were not tax deductible?	ens or		6b	ĺ	
7	Organizations that may receive deductible contributions under section 170(c).			UD .		
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	aboon				
_		_		7a	iramentii, n	Constitution of the Consti
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
¢	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was					\Box
	required to file Form 8282?			7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
ė	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontraci	?	7e	<u> </u>	Ь
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	• • •		7f		Ь—
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			.7g		Ь—
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	000000000000000000000000000000000000000	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	•				
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		***************************************	8		
a	P. C. J.			9a	2,000,000,000,0	\$0000 BOOK
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		*****	9b		\vdash
10	Section 501(c)(7) organizations. Enter:	• • • • • • •	***********************			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:			7		
a	Gross income from members or shareholders	11a		_		
b	Gross Income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Iteu of Form	ղ 1041՝	?	12a	20020000	*********
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_		
13	Section 501(c)(29) qualified nonprofit health Insurance Issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	20000000	
Į.	Note. See the instructions for additional information the organization must report on Schedule O.					
þ	Enter the amount of reserves the organization is required to maintain by the states in which	126				
C	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b 13c		┧		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	100		14a	38.38.88.86.80.0	X
d	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli	e O	*******************	14b	<u> </u>	
DAA					m 99 (0 (2015)

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "	No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sec	e instr	uction	15
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
Sec	tion A. Governing Body and Management			
		(222222	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	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 13			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X_
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's malling address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	0000000		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	\vdash
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
•	describe in Schadula O how this was done	12c	X	
13		13	X	
14	Did the expenientian have a written decrement retantion and destruction relian?	14	X	
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		15a	X	#1900T0000001
b		15b	X	一
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	***	
40.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		86030	
16a	and the second learned the standard flower and the second flower a	160		X
h	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	(6) 97) 90	<u> </u>
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		406	*****	\$6888
500	organization's exempt status with respect to such arrangements?	16b	L	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection, indicate how you made these available. Check all that apply.			
	Own website Another's website X 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 records:			
(4)	ina Sieber 50 Miles Street			

413-774-6051

MA 01301

Greenfield

Section A.

Form 990 (2015) NORTHEAST SUSTAINABLE ENERGY

23-7437161

Page 7

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter:-0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and 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.

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

(A) Name and Tille	(B) Average hours per week (list any	off	x, unte icer ar	Pos theck ass pe and a d	rson i	than on is both a r/irustee	in e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(F) Estimated emount of other compensation from the
!	related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 2 1000 11100)	organization and related organizations
(1)Michael Bruss						\Box				
4 4412744441	0.00					İΙ				
Board Chair	0.00	X	_	X		\sqcup		0	0	0
(2)Martine Dion	0.00									
Board Vice Chair	0.00	x		x				0	0	o
(3) Paul Eldrenkamp	0.00	A		7		\vdash		<u> </u>	>	<u> </u>
(3) FRUI PICIEMAND	0.00									
Board Treasurer	0.00	x		x				o	0	0
(4) Rick Renner	0.00			-	\vdash				· · · · · · · · · · · · · · · · · · ·	
i	0.00									
Board Secretary	0.00	x		\mathbf{x}	1	1		l o	0	l o
(5) Saheel Chandran:						 				
(o) Duricer Origination	0.00									
Director	0.00	x	l					0	. 0	0
(6) Catriona Cooke		 		 	 	\Box				
(6) 54 52 25 14 5 5 5 16	0.00									
Director	0.00	x]					o	0	0
(7) Jenna Ide	1			├-	ļ					<u>-</u>
(1)0011110 2000	0.00									
Director	0.00	x				1		0	o	0
(8) Phil Kaplan	 	† <u></u>		1		1 1			•	
(*,	0.00	1								
Director	0.00	$ \mathbf{x} $						l o	0	0
(9) Rob Meyers		†	1	\top						
(0,0000 0000	0.00									
Director	0.00	x						l o	0	0
(10) Fortunat Muelle:		Ť		T						
(,	0.00									
Director	0.00	X						o	0	0
(11) John Skipper		1		†''' -	 				_	
	0.00									İ
Director	0.00	X		-	1			0	0	0
DAA								•	-	Form 990 (2015)

Section A. Officers (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(d	o not o x, unle	(C Posi check ass pe	illon more rson i	than of a both Highest compensated	ne an ae)	nd Highest Compensated (D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimat amount other compens from th organizat and reta	ted t of r ation ne alion ated
(12) Ben Southwor	0.00										
(13) Lisa Tallet	0.00	X						0	0		0
Director	0.00	X				-		0	0		0
·	**********			E							
1											
·											
			L			Ļ					
-		 	ļ	<u> </u>	ļ	ļ				<u> </u>	
1b Sub-total							>				
c Total from continuation she d Total (add lines 1b and 1c)							>				
Total number of individuals (in reportable compensation from	ncluding but not I	imite	ed to	thos	e lis	ted a	abov	/e) who received more than	\$100,000 of		
3 Did the organization list any femployee on line 1a? If "Yes,	" complete Sche	dule	J for	suc	h ind	dividu	ıal 📜			3	Yes No
For any individual listed on lin organization and related orga individual	nizations greater	tha	n \$15	50,00	100	f "Υ∈	s," c	complete Schedule J for su	ıch	4	X
5 Did any person listed on line for services rendered to the o	1a receive or act	:rue	com	pens	atio	n froi	n ar	ny unrelated organization o	r individual	5	х
Section B. Independent Contract			GOR	ipion		11500		TOT SUCH POISON (, , , , , , , , , , , , , , , , , ,			
1 Complete this table for your fi compensation from the organ	ive highest comp ization. Report o	ensa	ated ensa	inde) Histor	pend for t	dent o	cont	tractors that received more	than \$100,000 of	ear	
	(A) d business address	<u> </u>	01100	CLIO)		,,,,,	<u> </u>		(B) plion of services		(C) empensation
. :							T				
						•	<u> </u>				
							l				
							T				
Total number of independent received more than \$100,000	contractors (incl	udin,	g bul	not	limil	ed to	the	ose listed above) who	0		

Pa	ŧV	II Staten Check	nent of Reve if Schedule (ains a ı	response (or note to any line	in this Part VIII		
			**************************************				(A) Fotel revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
रें र	1a	Federated can	npaigns	1a	<u> </u>					
ie a		Membership de		1b		221,400				
Am G		Fundraising ev		1c						616-123-1-15-0-15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
護	þ	Related organi	zations	1d						
Ş		Government grants (1e						
P. C.	f	All other contribution						a propins a promotor and the st		
흞		and similar amounts	not included above	1f		189,758				
Program Service Revenue Contributions, Gifts, Grants	_		ns included in lines 1a-				411 150			
<u>a</u>	h	Total. Add line	<u>s 1a⊸1f</u>	••••	• • • • • • • • • • • • • • • • • • • •		411,158			
ž l	2-	~		.		Busn. Code	440,572	\$1\$0\$1\$(\$1\$ K)6860161860161761761761791		440,572
Ş	2a b		nce registra entals 0 eve		• • • • • • • •		286,668			286,668
8			nce sponsors				253,416			253,416
EZ	d	,	sing space	••••			583			583
Ĕ	8							" 1		
p g	F	All other progra	am service reve	nue						
4			s 2a–2f				981,239			
	3		come (including	divident	is, intere	st,				
		and other simi					3,125	***************************************		3,125
	4		vestment of tax			roceeds 🟲				
	5	Royalties	# F	· · · · · · · · · · · · · · · · · · ·		.,,				
	^_	O	(i) Reai	, 693	4 (a)	ersonal				
		Gross rents Less; rental exps.		, 633						
		Rental inc. or (loss)	19	693						
	d	Net rental inco		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			19,693	. 261.0 9129 9129 913 914 915 915 915 915 915 915 915 915 915 915	***************************************	19,693
		Gross amount from	(i) Securities		(ii)	Other				,
		sales of assets other than inventory				525				
	b	Less: cost or other							869 C 170 C 180 C	
		basis & salas exps.					100(2008)21/2967 0179/20700 02000 030			
		Gain or (loss)		i		525	44-4444 44444 (4444) (4444) (4444)			
		Net gain or (lo	•	·······		<u>.,,.,, 🕨</u>	525			525
ě	8a		om fundraising eve	ents						
Ę.		(not including \$. ,					0.3000 0000 0000 0000 0000		
R.			reported on line 1c							
Other Revenue		See Fart IV, ille	18 openses	·· ီ -						
8			(loss) from fund		events					\$\\(\delta\) = \(\delta\) = \(\
			om gaming activitie		Overity .	.,				
			19							
	b		openses				0.000 0.000			
			(loss) from gan		vities	., .				
	10a		f Inventory, less				4 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)			
			owances							
			goods sold							
			(loss) from sale	s of inv	entory	I Buch Cod	***************************************			
	44 -		cellaneous Revenue			Busn, Code	16 150			16 150
	11a	MISCELLAN		• • • • • • •			16,158 2,166			16,158 2,166
	b	SOLAR CRE	MENT INCOME		• • • • • • • • • • • • • • • • • • • •		1,969			1,969
			NENT INCOME		******		282			282
	e	Total. Add line	- 44- 444				20,575			
	12		e. See instructio				1,436,315		0	1,025,157

Form 990 (2015)

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). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraisino (B) Program service Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. ceneral excenses expenses. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) 681,119 429,625 238,606 12,888 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,269 38,021 30,378 374 Other employee benefits 63,775 37,980 24,631 1,164 Payroll taxes 10 11 Fees for services (non-employees): a Management b Legal 4,852 4,852 8,175 8,175 Accounting ' d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 1,085 1,085 Other, (If line 14g amount exceeds 10% of line 25, column 97,735 75,735 22,000 (A) amount, list fine 11g expenses on Schedule O.) 36,613 36,118 495 Advertising and promotion 16,005 16,095 90 Office expenses 13 Information technology 4,447 2,256 1,937 254 14 15 Royalties 14,115 14,115 16 Occupancy :: 68,438 56,136 9,536 2,766 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 157.576 152.558 3.883 1.135 19 Conferences, conventions, and meetings 4,169 4,169 20 Payments to affillates 21 43,366 Depreciation, depletion, and amortization 43,366 23 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.) 80,355 DUES & FEES 53,443 12,423 56,208 55,986 222 MEETING SPACE SPEAKER'S FEES 42,483 42,483 EQUIPMENT RENTAL 39,959 36,649 3,310 e All other expenses 121,975 70,683 48,065 3,227 1,072,926 1,580,561 471,248 36,387 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here 🕨 🔲 if following SOP 98-2 (ASC 958-720)

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 34,131 1 43,804 Cash—non-interest bearing 282,143 2 23,330 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 78.225 145.159 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Notes and loans receivable, net 7 Inventories for sale or use 8 4,208 9 Prepaid expenses and deferred charges 8,842 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 570,761 272,123 b Less: accumulated depreciation 10b 259,845 10c 298,638 Investments—publicly traded securities 51,235 145,638 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 709,787 665,411 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 82,597 Accounts payable and accrued expenses 68,700 17 17 82,841 18 Grants payable 18 128,691 19 Deferred revenue 95,541 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part It of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 39,749 25 206,700 300,728 404,091 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > X and Vet Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 191,320 339,059 27 Unrestricted net assets 28 Temporarily restricted net assets Permanently restricted net assets 70,000 70,000 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 409,059 261,320 709,787 Total liabilities and net assets/fund balances 665,411

orm	990 (2015) NORTHEAST SUSTAINABLE ENERGY 23-7437161			Pag	_{je} 12
Pa	TXI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		436,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		580,	
3	Revenue less expenses. Subtract line 2 from line 1	3		144,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		409,0	
5	Net unrealized gains (losses) on investments	5		-3,4	<u> 493</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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		<u> 261,:</u>	<u> 320</u>
Pa	TXII Financial Statements and Reporting				P1
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		337000 100000 100000	Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				İ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	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?		<u></u>	a X	
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.		3	b X	
				Form 994	0 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer Identification number 23-7437161

ASSOCIATION INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 X 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 (ax) 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). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

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 (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2014 Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (e) 2015 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, 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 through 10 Gross receipts from related activities, etc. (see Instructions) 12 12 13 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, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2014 Schedule A, Part II, line 14 15 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 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 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 fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	119,708	136,310	199,511	273,155	411,158	1,139,842
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				2,463		2,463
3	Gross receipts from activities that are not an unrelated trade or business under section 513	784,938	876,822	1,051,078	1,049,653	1,001,814	4,764,305
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 through 5	904,646	1,013,132	1,250,589	1,325,271	1,412,972	5,906,610
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						5,906,610
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 8	904,646	1,013,132	1,250,589	1,325,271	1,412,972	5,906,610
10a	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,196	24,421	1,279	28,824	22,818	79,538
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	2,196	24,421	1,279	28,824	22,818	79,538
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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	906,842	1,037,553	1,251,868	1,354,095	1,435,790	5,986,148
14	First five years. If the Form 990 is for the			· · · · · · · · · · · · · · · · · · ·			
	organization, check this box and stop her					· · · · · · · · · · · · · · · · · · ·	▶ □
Sec	tion C. Computation of Public Su	apport Percent	tage				
15	Public support percentage for 2015 (line 8						98.67%
16	Public support percentage from 2014 Sch					16	98.67 %
<u>Sec</u>	tion D. Computation of Investme						
17	Investment income percentage for 2015 (I			, column (f))			1%
18	Investment income percentage from 2014			***************************************	• • • • • • • • • • • • • • • • • • • •	<u> 18 </u>	1 %
19a	33 1/3% support tests—2015. If the orga						<u>. 1∓=</u> 1
b	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2014. If the orga						► X
	line 18 is not more than 33 1/3%, check the						▶ [
20	Private foundation. If the organization di	d not check a box o	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	▶ 🗍

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part i, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 (l) 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 I of Schedule L (Form 990 or 990-EZ).
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

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9a 9b 9c 10a		

	that these activities constituted substantially all of its activities.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the
	reasons for the organization's position that its supported organization(s) would have engaged in these
	activities but for the organization's involvement.
	Parent of Supported Organizations. Answer (a) and (b) below.

- 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
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Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2

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Schedule A	(Form 990	or 990-EZ) 2019	5

Current Year

Section C - Distributable Amount

4 Enter greater of line 2 or line 35 Income tax imposed in prior year

emergency temporary reduction (see instructions)

Enter 85% of line 1

2

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

23-7437161 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover; if any, to 2015: 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 1 Carryover from 2010 not applied (see instructions) 1 Remainder, Subtract lines 3g, 3h, and 3i from 3f. 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. Remaining underdistributions for years prior to 2015, If any. Subtract lines 3g and 4a from line 2 (If amount greater than zero, see instructions), Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: c Excess from 2013. d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A (Fo	rm 990 or 990-EZ) 2015	NORTHEAST	SUSTAINABLE	ENERGY	23-7437161	Page 8
Part VI	Supplemental Infe III, line 12; Part IV,	ormation. Provide Section A, lines 1,	the explanations re 2, 3b, 3c, 4b, 4c, 5	quired by Part II, line 1 a, 6, 9a, 9b, 9c, 11a, 1	0; Part II, line 17a or 17b 1b, and 11c; Part IV, Sec rt IV, Section E, lines 1c,	; Part tion
	3a and 3b; Part V,	line 1; Part V, Sect	ion B, line 1e; Part		s, and 8; and Part V, Sect	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

	of the organization		Employer identification number
	ORTHEAST SUSTAINABLE ENERGY		
	SSOCIATION INC		23-7437161
Pä	Organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" on I	nds or Other Similar Funds or A Form 990, Part IV, line 6.	Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	1	
5	Did the organization inform all donors and donor advisors in writing tha		
	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or donor		П., П.,
00801400	conferring impermissible private benefit?		Yes No
	rt Conservation Easements. Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	
	Protection of natural habitat	Preservation of a certified historic	o structure
	Preservation of open space		
2	Complete fines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	3333333333
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
Ð	Total acreage restricted by conservation easements		· 2b
C	Number of conservation easements on a certified historic structure incl.		2c
a	Number of conservation easements included in (c) acquired after 8/17/		2d
	historic structure listed in the National Register Number of conservation easements modified, transferred, released, ex	tinguished or terminated by the organiza	.,
3	tax year	unguistied, or terminated by the organiza	son during the
	Number of states where property subject to conservation easement is:	ocated >	
5	Does the organization have a written policy regarding the periodic mon		
J	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of		
•	>	· · · · · · · · · · · · · · · · · · ·	
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	ations, and enforcing conservation easer	nents during the year
•	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i	i)
	and section 170(h)(4)(B)(li)?		, part part
8	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense statemer	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	lescribes the
	organization's accounting for conservation easements.		
P.	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on I	Historical Treasures, or Other Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	ot 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 furth	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), I		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance 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	other continues and for Green and the state of the state	
2	If the organization received or held works of art, historical treasures, or		nains tus
_	following amounts required to be reported under SFAS 116 (ASC 958)		▶ ¢
설	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
For	Paperwork Reduction Act Notice, see the Instructions for Form 990		Schedule D (Form 990) 2015

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Scho	dule D (Form 990) 2015 NORTHEAST	SUSTATNAR	LE ENERGY		23-74371	61.		r	age 2
	rt III Organizations Maintaining			reasures.			ets (conf		
	Using the organization's acquisition, accession						sta (oorid	i iuco,	
3	collection items (check all that apply):	orr, and other records	, check any or the too	iowing firat at	e a signilicalit us	e oi ks			
а	Public exhibition	d 🗍 L	oan or exchange pro	grams					
b	Scholarly research	=	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	elections and explain	how they further the	organization's	s exempt purpose	in Part			
	XIII.	•	•		, , .				
5	During the year, did the organization solicit o	r receive donations of	f art, historical treasu	res, or other s	similar				
	assets to be sold to raise funds rather than to					• •	🗍 :	Yes [No
Pa	tt IV Escrow and Custodial Arra		**************************************						
)@ @0@ @0	Complete if the organization		on Form 990, Pa	rt IV. line 9	, or reported a	an amou	int on Fo	ım	
	990, Part X, line 21.		ŕ	•	•				
1a	is the organization an agent, trustee, custodi	an or other intermedia	ary for contributions of	r other asset	s not				
	Included on Form 990, Part X?		•					Yes 2	K No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:						
		·	ū				Amoi	unt	
C	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
	Ending balance								
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cus	todiai accoun	it liability?		· [7]	Yes 2	K No
	If "Yes," explain the arrangement in Part XIII.							<u>[</u>	
	rt V Endowment Funds.								
	Complete if the organization	answered "Yes"	on Form 990, Pa	rt IV, line 1	10.				
		(a) Current year	(b) Prior year	(c) Two yes	ars back (d) Tr	ree years ba	ck (e) F	our years	s back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and								
	losses								
đ	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr		(line 1g, column (a))	held as:					
	Board designated or quasi-endowment ▶	%							
	Permanent endowment ▶%								
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held and	administered	d for the			_	
	organization by:							Yes	
	(i) unrelated organizations						32(<u> </u>
	(ii) related organizations						3a(i	1)	<u> </u>
	If "Yes" on line 3a(ii), are the related organization						3t	<u> </u>	
يسمسلان	Describe in Part XIII the Intended uses of the		wment funds.						
	tt VI Land, Buildings, and Equi		5 000 5			B			
	Complete if the organization						• • • • • • • • • • • • • • • • • • • •		
	Description of property	(a) Cost or other be	1	ŀ	(e) Accumulat		(d) Bo	ok vatue	
	(Investment) (other) depreciation								
	Land					200		~~~	~~~
b	Buildings		3	22,423	96	,327		226	<u>.096</u>
	Leasehold improvements			75 000					FAF
	Equipment			75,830		,265			565
	Other			72,508	109	,531			977
otal	. Add lines 1a through 1e. (Column (d) must o	equal Form 990, Part	A, columb (B), line 1	uu.) ,,,,,,,,	***********	Pl		490	638

Part VII	Investments—Other Securities.	n Form 000 Port IV line	11th Son Form 999 Part V line 12
	Complete if the organization answered "Yes" or (a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book folia	Cost or end-of-year market value
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(1) Fatancial (erivatives Id equity interests		
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	ı (b) must equal Form 990, Part X, col. (B) line 12.) ▶	· ·	
Part VIII	Investments—Program Related.		
334,344,343,344,6	Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(4)	, ,,, ==,,==	Cost or end-of-year market value
(1)			
(2)			
(3)			
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	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	!	
300000000000000000000000000000000000000	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
	(a) Description	,,,,,,,	(b) Book value
(1)	: .		
(2)			*
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)	************************	>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book value	2, 2, 3, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
(1) Federal	income taxes		andrag (Britaniana), and Salama, and the salama (Britaniana), and salama (Britaniana) and salama (Britaniana) Parantae (Britaniana), and and an artistic and salama (Britaniana), and salama
(2) LINE	OF CREDIT	203,999	
(3) CREDI	T CARDS	2,701	
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(8)	!		0.000
(9)	1		
	n (b) must equal Form 990, Part X, col. (B) line 25.)	206,700	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the f	ootnote to the organization's fi	nancial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Fo	rm 990) 2015	NORTHEAST	SUSTAINABLE	ENERGY	23-7437161	Page 5
Part XIII	Supplemen	ital Information (SUSTAINABLE (continued)		·	
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SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the grounization NORTHEAST SUSTAINABLE ENERGY Employer identification number 23-7437161 ASSOCIATION INC Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters There are written policies and procedures to lend guidance to the chapters.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Form 990 is reviewed by the Executive Director, Business Manager and Treasurer prior to submission. It is also made available on a secured portion of the website for all board members to review if they wish to. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Violations of policy require that the conflicting relationship be terminated or the relationship with NESEA be terminated. Either way, it is not allowed to continue.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Executive Directors performance is evaluated by the entire board. Those evaluations are then used by the Board Chair and the Finance Committee members to determine the compensation paid to the Executive Director.

Form 990, Part VI, Line 15b - Compensation Process for Officers The compensation paid to all other employees is recommended by the Executive Director to the Finance Committe. The Finance Committee has final approval and utimately determines the amounts paid.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation They are available upon request.