NESEAORG

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 2013 Open to Public Inspection

Form 990 (2013)

For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14 B Check if applicable: C Name of organization NORTHEAST SUSTAINABLE ENERGY Employer identification number Address change ASSOCIATION Doing Business As 23-7437161 Name change Number and street (or P.O. box if mail is not delivered to Telephone number Initial return 50 MILES STREET 413-774-6051 Terminated City or town, state or province, country, and ZIP or foreign postal code GREENFIELD Amended return MA 01301 G Gross receipts \$ 1,251,868 Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Caitriona Cooke 50 Miles Street H(b) Are all subordinates included? Greenfield MA 01301 If "No," attach a list. (see instructions) X 501(c)(3) (insert no.) 4947(a)(1) or nesea.org Website: H(c) Group exemption number Form of organization: X Corporation Association Other > Year of formation: 1975 Part I Summary Briefly describe the organization's mission or most significant activities: NESEA acts as a hub that connects citizens, professionals, businesses and Governance organizations in the Northeast seeking to discover and demonstrate the responsible production and use of energy. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 18 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 ... **Current Year** 8 Contributions and grants (Part VIII, line 1h) 136,310 199,511 9 Program service revenue (Part VIII, line 2g) 858,107 971,187 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,251 1,279 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,885 79,891 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,037,553 251,868 13 Grants and similar amounts paid (Part IX, column (A), lines 1--3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 467,079 540,266 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,333 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 557,350 676,640 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,024,429 1,216,906 19 Revenue less expenses. Subtract line 18 from line 12 13,124 34,962 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 711,882 789,724 21 Total liabilities (Part X, line 26) 336,437 293,557 22 Net assets or fund balances. Subtract line 21 from line 20 418,325 453,287 Signature Block 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 pfficer) is based on all information of which preparer has any knowledge. Sign Here Jennifer Marrapese Executive Director Type or print name and title Print/Type preparer's name X if PTIN Preparer's signature Paid EDWARD L MARGOLA CPA EDWARD L MARGOLA CPA 05/12/15 self-employed P00561038 Preparer EDWARD L. MARGOLA, CPA Firm's name Firm's EIN 04-3100794 **Use Only** 377 MAIN ST., P.O. BOX 701 GREENFIELD, MA 01302 413-773-3424 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions.

1-01111 990 (4:0	13) NORTHEAST SU	STAINABLE ENERGY	23-7437161	Page 2
Part III	Statement of Progra	m Service Accomplishments		
	Check if Schedule O	contains a response or note to an	y line in this Part III	
1 Briefly d	lescribe the organization's mis	ssion:		-
organ.	izations in the	that connects citize Northeast seeking to ion and use of energy	ens, professionals, bu to discover and demons	sinesses and trate the
2 Did the	organization undertake any si	gnificant program services during the yea	r which were not listed on the	
prior Fo	rm 990 or 990-EZ?			Yes X No
	describe these new services	on Schedule O.		,,,,,,,,, I too [24] NO
3 Did the	organization cease conducting	g, or make significant changes in how it co	onducts, any program	
services				Yes X No
	describe these changes on S		•	
4 Describe	the organization's program s	ervice accomplishments for each of its th	ree largest program services, as measured	ру
the total	expenses, and revenue, if an	c)(4) organizations are required to report y, for each program service reported.	the amount of grants and allocations to othe	rs,
4a (Code:) (Evnences \$	800,347 including grants of	C (A)	
Buildi	ing/Renewables-	Promotion of alternathrough conferences	tive uses of	······································
• • • • • • • • • • • • • • • • • • • •				
	***************************************	•••••••••••••••••••••••••••••••••••••••		***************************************

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* 14144444	************************			

Member member	Services-Prov	132,410 including grants of ide energy realed se	\$) (Revenue \$ rvices and support to	the

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			\$) (Revenue \$)
	gram services. (Describe in Sc		\$) (Revenue \$)

Checklist of Required Schedules

			Yes	No
.1	Complete Cabadida A			
2	complete Schedule A	1	X	
3	omminute to complete deficación de contendado a contendad	2	X	ļ
٠	and any of summation of grade at all cot of their cot political campaign activities of perials of or in opposition to			ŀ
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
7	to the figure at the organization engage in lobbying activities, or have a section 501(n)			1
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	<u> </u>	X
Ť	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Voo" complete Cahadula D. David			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
_	complete Schedule D. Port III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8	-	X
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
	debt negotiation services? If "Yes," complete Schedule D, Part IV		.,	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	X	-
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	4.0	٠,	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	
	VII, VIII, IX, or X as applicable.			
а			*****	
	complete Calculula D. David III	44.	v	
b	***************************************	11a	X	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	111		v
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		A
	reported in Part X, line 16? If "Yes." complete Schedule D. Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-22
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	176		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete	 		
	Schedule D, Parts XI and XII Was the organization included in concelled a lade and act will all 6	12a	x	
b	The digatization included in consolidated, independent audited financial statements for the tax year? If "Yes " and if			-
	the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is ontional	12b		X
13	is the digarization a scrippi descriped in section 1/u(b)(1)(A)(ii)? If "Yes." complete Schedule F	13		X
14a	bid the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		-	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		- 1	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	bid the digarization report a total or more than \$15,000 of expenses for professional fundraising services on			
ıΩ	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
8	Part VIII lines to and 0-0 triver if an \$15,000 total of fundraising event gross income and contributions on			
9	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> .
3	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			
na 10a	Did the organization operate one or more bospital facilities? If "Vee." complete Outside It II.	19		<u>X</u>
h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 202, did the organization attach a copy of its guidited from sixtle to the control of the c	20a		<u>X</u>
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	

Form 990 (2013) NORTHEAST SUSTAINABLE ENERGY

Part IV: Checklist of Required Schedules (continued)

3000 B000	Onecknat of Required Ochedules (continued)		Vac	N.
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	·		
	on Part IV, column (A), line 22 If "Vec." complete Schedule I, Parts I, and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	·	1	
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	. 20		 **
47 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ŀ
	through 24d and complete Schodule K. If "No." as to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	21
O.	Did the organization invest any proceeds or tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	. 240	+	-
С	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		
d		. 240		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	250		x
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a	1	1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			İ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	05%		x
00	If "Yes," complete Schedule L, Part I	25b	-	 ^
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			\
	disqualified persons? If so, complete Schedule L, Part II	. 26	 	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			٠,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			٠,,
	Schedule L, Part IV	. 28b	ļ 	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١
	conservation contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			l
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

	Check if Schedule O contains a response or note to any line in this Part	V	<u> </u>			[
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 1a	10		Υe	s N
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_ 110				
	reportable gaming (gambling) winnings to prize winners?			1c		***
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · · · · · · · ·				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	urns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a	~~~~	3
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	authori	ty		7	\top
	over, a financial account in a foreign country (such as a bank account, securities account, or other fi	nancial				Ì
	account)?			4a		2
b	If "Yes," enter the name of the foreign country: ▶					
_	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	I Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		*******	5a		3
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
C	if Yes to line 5a or 5b, did the organization file Form 8886-T?			1		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he				
h	organization solicit any contributions that were not tax deductible as charitable contributions?		********	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution and express statement that such contributions are transfer and the st	ons or				
7	gifts were not tax deductible?			6b	1	
a	Organizations that may receive deductible contributions under section 170(c).					
"	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor?	goods				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	7a	₩.	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7b	-	—
Ť	remided to Ele European			ļ		
d	If "Yes," indicate the number of Forms 8282 filed during the year			7c		********
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	7d				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	ontract?	,	7e	-	┿┈
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	act. 		7f	 	+-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	illi oosi	as required?	7g	 	+
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	auon me	a Form 1098-C	? <u>7h</u>		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?					
J	Sponsoring organizations maintaining donor advised funds.			£000000000		
а	Did the organization make any taxable distributions under section 4966?			9a	*******	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	• • • • • • • • • • • • • • • • • • • •		9b	 	╫
U	Section 50 (c)(7) organizations. Enter:		*************			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a	.0000000000	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	-				
	s the organization licensed to issue qualified health plans in more than one state?			13a		
. !	Note. See the instructions for additional information the organization must report on Schedule O.					
b i	Enter the amount of reserves the organization is required to maintain by the states in which	_				
1	he organization is licensed to issue qualified health plans	13b				
G I	Enter the amount of reserves on hand	13c				
la [Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
<u>b 1</u>	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		ĺ

b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	**********	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	1000000000	00000000
Sec	ction C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed MA			
10	Cooling 040.4 marsh			

- 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)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Gina Sieber 50 Miles Street Greenfield

MA 01301

413-774-6051

Fdrm 990 (2013)	NORTHEAST	SUSTAINABLE	ENERGY

23-7437161

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's 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 organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, uni	Pos check ess pe nd a c	erson lirecto	than or is both a or/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Andrew Padian										
Board Vice Chair	0.00	x		x				o	o	
(2) James Petersen				-			\dashv			0
	0.00	x						0	0	0
(3) Marie McMahon Me	ehan									
	0.00	x						o	0	0
(4) Christina Halfpe							ı		-	
Director	0.00	x						О	o	0
(5) Catriona Cooke	0.00									***************************************
Board Chair	0.00	x		x				o	o	0
(6) Phil Kaplan										0
	0.00	x						0	0	0
(7) John Jacobson	~									
	0.00	x						o	o	0
(8) Kate Goldstein				1	ı		-			
	0.00	х						o	o	
(9)Michael Bruss	-100						7			
Board Secretary	0.00	x		x				o	0	0
(10) Paul Eldrenkamp									***	
Board Treasurer	0.00	х		Ţ						•
(11)Rick Renner	0.00	^		X			+	0	0	0
	0.00								_	_
DAA	0.00	Х					\perp	0	0	0

(A) Name and title	(B) Average hours per week (list any hours for	(c) bc	io not ox, unidicer a	Pos check ess pe ind a d	(C) sition more erson	than o	one i an ee)	(b) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	refated organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)										7.1
(13)										
(14)	-									
									,	
(15)										
(16)							-			··
(17)										
	· · · · · · · · · · · · · · · · · · ·									
(18)			\dashv		\dashv	\dashv	\dashv			
(19)			\dashv			-				
1b Sub-total			[\vdash			
 Total from continuation sheet 	ets to Part VII, S	ectio	on A	• • • • •		,)	•			
d Total (add lines 1b and 1c) Total number of individuals (inc	cluding but not lis	nitor	t to t	hoco	licte)	>	Number received many the set	1400,000	
reportable compensation from	the organization	> (0	11056	1150	eu ar,	Jove,) who received more than t	5100,000 in	
3 Did the organization list any fo employee on line 1a? If "Yes,"	complete Sched	ule J	for s	such	indi	vidua	ıĺ	-		Yes No
For any individual listed on line organization and related organ individual	izations greater t	han	\$150	,000)? If	"Yes	," co	mplete Schedule J for sucl	า	4 X
5 Did any person listed on line 1a for services rendered to the org	ganization? If "Ye	ue co s," c	omp	ensa lete	tion Sch	trom edule	any J fo	unrelated organization or i or such person	ndividual 	5 X
Section B. Independent Contractor Complete this table for your five	S									
compensation from the organiz	ation. Report coi	mper	nsatio	on fo	or the	cale	enda	r year ending with or withir	n the organization's tax yea	
Name and b	(A) usiness address					-		Descriptio	B) n of services	(C) Compensation
					-					
						- -				
						_				
	~4									
Total number of independent co	ontractors (includ	ina h	nut pr	ot lin	nited	to th	nose	listed above) who		
received more than \$100,000 o	f compensation f	rom	the c	orgar	nizat	on 🏲	.	HOLOG GDOVE) WIN	0	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or (C) Unrelated business (D) Revenue excluded from tax exempt function under sections 512-514 revenue Grants 1a Federated campaigns 1a b Membership dues 65,975 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifls, grants, and similar amounts not included above 133,536 1f g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f..... 199,511 Revenue Busn. Code 2a Conference registrations 506,473 506,473 b Booth rentals @ events 208,930 208,930 Program Service C Conference sponsorships 208,750 208,750 d Advertising space 47,034 47,034 f All other program service revenue g Total. Add lines 2a-2f. 971,187 3 Investment income (including dividends, interest, and other similar amounts) 1,279 1,279 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a BUILDING RENT 43,995 43,995 b PRODUCT SALES 19,252 19,252 C MISCELLANEOUS 16,644 16,644 d All other revenue e Total. Add lines 11a-11d 79,891 1,251,868 1,052,357

Form 990 (2013)

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 Do not include amounts reported on lines 6b. (A) Total expenses (B) Program service expenses (C) Management and (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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)(B) Other salaries and wages 458,433 321,002 129,790 7,641 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 30,030 118 29,912 Payroll taxes 10 51,803 40,203 10,696 904 Fees for services (non-employees): Management 165 Legal 165 Accounting 8,008 C 8,008 Lobbying Professional fundraising services. See Part IV, line 17 e Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 71,570 72,077 -808 301 Advertising and promotion 5,080 12 5,080 13 Office expenses 45,547 44,662 161 724 Information technology 14 15 Royalties Occupancy 37,002 16 37,002 Travel 17 22,826 19,414 2,845 567 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 118,537 19 115.348 2,386 803 20 Interest 141 141 Payments to affiliates Depreciation, depletion, and amortization 22 23,729 23,729 Insurance 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.) EQUIPMENT RENTAL 73,318 70,977 2,341 LOGISTICS 51,672 h 51,672 COMPUTER CONSULTANTS 47,953 44,531 2,965 457 DUES & FEES 38,450 33,113 4,615 722 e All other expenses 132,642 114,560 16,868 1,214 1,216,906 25 Total functional expenses. Add lines 1 through 24e 932,757 270,816 13,333 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ | if following SOP 98-2 (ASC 958-720).

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 25,392 94,453 Savings and temporary cash investments 2 463,040 335,993 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 41,250 67,980 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 12,682 75,059 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 403,563 b Less: accumulated depreciation 10b 240,117 <u>132,631</u> 163,446 10c Investments—publicly traded securities 11 36,887 52,793 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 711,882 789,724 116,027 Accounts payable and accrued expenses 17 40,043 17 Grants payable 120,617 18 84,018 Deferred revenue 19 132,897 19 128,691 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 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 7,701 Total liabilities. Add lines 17 through 25 293,557 336,437 Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright $|\overline{\mathbf{X}}|$ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 348,325 383,287 Temporarily restricted net assets Permanently restricted net assets 70,000 70,000 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 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 418,325 453,287 33 Total liabilities and net assets/fund balances 711,882 789,724 34

Form 990 (2013)

on	n 990 (2013) NORTHEAST SUSTAINABLE ENERGY 23-7437161		F	age 12
P	art XI Reconciliation of Net Assets			ugo .
	Check if Schedule O contains a response or note to any line in this Part XI			
1	i otal revenue (must equal Part VIII, column (A), line 12)	11	1,251	.868
2	Total expenses (mast equal Fart IX, column (A), line 25)	2	1,216	
3	revenue less expenses, Subtract line 2 from line 1	3		,962
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		, 325
5	Net unrealized gains (losses) on investments	5		,
6	Donated services and use of facilities Investment expenses	6	***	
7	arreducing exporteds	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	- 111	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
Stan	33, column (B))	10	453,	. 287
Ρ.	Itt XII Financial Statements and Reporting			<u>, = 0 .</u>
	Check if Schedule O contains a response or note to any line in this Part XII			
		***********	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	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?		2b	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:			
	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			*********
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in	• • • • • • • • • • • • • • • • • • • •	20	
	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?		3a	ŀ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • • • • • • • • • • • • • • • • • • •	Ja	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	
	The state of the s		Form 99 (n (2042)
			rum aai	∪ (2013) ∪

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

NORTHEAST SUSTAINABLE ENERGY Employer identifications.

OMB No. 1545-0047

Employer identification number

2013

Open to Public Inspection

Name of the organization NORTHEAST SUSTAINABLE

ASSOCIATION INC 23-7437161

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

5000000	art I	Reason for Public Char	ity Status (All organizatior	is must	complet	e this	oart.) S	ee in:	structic	ins.			
			ause it is: (For lines 1 through 1					•					
1	A chur	ch, convention of churches, or	association of churches describe	ed in secti	on 170(b)	(1)(A)(i)							
2			(1)(A)(ii). (Attach Schedule E.)										
3	A hosp	ital or a cooperative hospital s	ervice organization described in s	section 17	70(b)(1)(A)(iii).							
4	A medi	cal research organization oper	ated in conjunction with a hospita	al describe	ed in secti	on 170	b)(1)(A)	(iii). Er	iter the h	iospital'	's name	∋,	
	city, an	d state:								-			
5	An orga	anization operated for the bene	efit of a college or university owner	ed or oper	ated by a	governn	nental u	nit desc	ribed in				
		n 170(b)(1)(A)(iv). (Complete F											
6	A feder	al, state, or local government o	or governmental unit described in	section	170(b)(1)(A)(v).							
7	An orga	anization that normally receives	s a substantial part of its support	from a go	vernment	al unit o	r from th	e dene	ral public	n			
	describ	ed in section 170(b)(1)(A)(vi).	(Complete Part II.)					90.10	rai pasii	•			
8			on 170(b)(1)(A)(vi). (Complete Pa	art II.)									
9	X An orga	nization that normally receives	s: (1) more than 33 1/3% of its su	pport fron	n contribut	tions. m	embersł	nio fees	and are	220			
	receipts	from activities related to its ex	xempt functions—subject to certa	in except	ions, and	(2) no m	ore than	1.33.1/3	% of its	,00			
	support	from gross investment income	e and unrelated business taxable	income (I	ess sectio	ın 511 fa	x) from	husine	59.00 59.00				
	acquire	d by the organization after Jun	e 30, 1975. See <mark>section 509(a)</mark> (2). (Comp	lete Part I	11.3		D GOI TO	0000				
10	An orga	inization organized and operate	ed exclusively to test for public sa	afetv. See	section 5	, 509(a)(4	١.						
11	An orga	nization organized and operate	ed exclusively for the benefit of, t	o perform	the functi	ons of. (,. or to can	rv out fi	ne				
	purpose	es of one or more publicly supp	orted organizations described in	section 5	09(a)(1) o	section	509(a)(2). See	section	1			
	509(a)(3	3). Check the box that describe	es the type of supporting organiza	ation and	complete l	ines 11e	e through	h 11h		•			
		Type I b Type II	c Type III–Function			d			lon-funct	rionally	integra	tod	
е	By chec	king this box, I certify that the	organization is not controlled dire				nore dis	oualifie	d nersor	ie ie	intogra	lou	
	other th	an foundation managers and o	ther than one or more publicly su	pported o	rganizatio	ns desc	ribed in	section	509(a)(1)			
		on 509(a)(2).	, ,	• •	•				σσσίανί	''			
f	If the or	ganization received a written d	etermination from the IRS that it	is a Type	I. Type II.	or Type	III supp	ortina					
		ation, check this box			, ,, ,	,,,		w					
g	Since A	ugust 17, 2006, has the organi	zation accepted any gift or contri	bution fro	m anv of t	he	• • • • • • •						. L
		g persons?			,								
	(i) A p	erson who directly or indirectly	controls, either alone or togethe	r with pers	sons desc	ribed in	(ii) and				٦	Yes	No
	(iii)	below, the governing body of t	he supported organization?				(,				11g(l)	103	
	(ii) A fa	amily member of a person desc									11g(ii)		\vdash
			n described in (i) as (ii) about 0								11g(iii)		
_h			it the supported organization(s).							• • • • •	[118(11)]		Щ.
(1)	Name of support		(iii) Type of organization	(iv) Is the	organization	(v) Did	you notify	(vi)	Is the		Amount of		
	organization		(described on lines 1-9		listed in your	the orga	nization in	organiza	tion in col.	(411) /	suppo		aly
			above or IRC section (see instructions))	governing	g document?		of your port?		ized in the .S.?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
(A)		· · · · · · · · · · · · · · · · · · ·		1			<u> </u>	1					
]									
(B)						-					**-		
							1		i i				
(C)		***							 				
(D)	~-				_			1	 				
. ,													
(E)		***************************************		1	<u> </u>	<u></u>							
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<u>To</u> tal													

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

	ction A. Public Support indar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(a) 2011	(4) 2040	T (-) 0049	1 40-4
	www. year (er need) year sogning my	(a) 2009	(6) 2010	(c) 2011	(d) 2012	(e) 2013	(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 lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				, , , , , , , , , , , , , , , , , , ,		(1) 1 0 101
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.					12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
<u></u>	organization, check this box and stop her	9 <u></u>		<u></u>	· · · · · · · · · · · · · · · · · · ·		<u></u> ,
	tion C. Computation of Public Su	ipport Percent	age		•		
14	Public support percentage for 2013 (line 6	, column (f) divided	by line 11, colum	n (f))	**************	14	%
15	Public support percentage from 2012 Sche	edule A, Part II, line	9 14			15	%
16a	33 1/3% support test—2013. If the organi	zation did not chec	k the box on line	13, and line 14 is 3	33 1/3% or more, c	heck this	
	box and stop here. The organization quali						▶ 🗍
b	33 1/3% support test—2012. If the organic	zation did not ched	k a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	ore	
17a	check this box and stop here . The organiz	auon quannes as a	i publiciy supporte	d organization			▶ ∐
11 u	10%-facts-and-circumstances test—201 10% or more, and if the organization meet	s the "facts-and-cir	on did not check a cumstances" teet	box on line 13, 16	ia, or 16b, and line	14 is	
	Part IV how the organization meets the "fa-	cts-and-circumstar	ocanistantocs (est,	onicon mis box and	o stop nere. ⊏xpia		
	Annual Control of the						. .
b	10%-facts-and-circumstances test—201	2 If the organization	n did not check a	boy on line 12, 16			▶ □
	15 is 10% or more, and if the organization	meets the "facts-ar	ni dia noi check a nd-circumetencee'	tost chock this be	a, 166, or 17a, and	iline	
	Explain in Part IV how the organization me	ets the "facts-and-r	rireumstaneee" to	toot, uneuk this Di	ox and stop nere.	aliak.	
					•	•	. □
18	Private foundation. If the organization did	not check a hox or	n line 13 160 161	17a or 17h cho	ak this have and ==-		
-	instructions	not orioted a pox of	iriiile so, 10a, 101	, 17a, 01 17B, CNE	CK this dox and set)	▶ □
	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.)

Sec	tion A. Public Support	quality andor th	o tooto notou b	olovi, ploabe co	mpioto i dicii.	<i>'</i>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	251,522	302,183	119,708	136,310	199,511	1,009,234
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						_
3	Gross receipts from activities that are not an unrelated trade or business under section 513	990,728	814,289	784,938	876,822	1,051,078	4,517,855
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	1,242,250	1,116,472	904,646	1,013,132	1,250,589	5,527,089
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.)						5,527,089
	tion B. Total Support					() =====	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	1,242,250	1,116,472	904,646	1,013,132	1,250,589	5,527,089
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,785	18,697	2,196	24,421	1,279	62,378
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			,			A
С	Add lines 10a and 10b	15,785	18,697	2,196	24,421	1,279	62,378
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		de tre terrorio di dicioni				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,258,035	1,135,169	906,842	1,037,553	1,251,868	5,589,467
14	First five years. If the Form 990 is for the	=		•			. □
500	organization, check this box and stop her tion C. Computation of Public Su						<u> </u>
15	Public support percentage for 2013 (line 8			(f)\		15	98.88%
16	Public support percentage from 2012 Sch	, column (1 <i>)</i> divided adula A. Part III. lind	. 15, COIUIIII . 15	(10)		16	78.63%
	tion D. Computation of Investme						78.6370
<u> </u>	Investment income percentage for 2013 (I			column (f))		17	1 %
18	Investment income percentage from 2012		1 11 47			امدا	2 %
19a	33 1/3% support tests—2013. If the orga		1			· · · · · · · · · · · · · · · · · · ·	
	17 is not more than 33 1/3%, check this be	ox and stop here. T	he organization qu	ualifies as a publicly	supported organ	ization	 ▶ 🗓
b	33 1/3% support tests—2012. If the orga						▶ □
20	line 18 is not more than 33 1/3%, check the	•	•				₹
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 1	eb, check this box	and see instructio	ns	P

Schedule A'(Fe	orm 990 or 990-EZ)	2013 N	ORTHEAST	SUSTAINABLE	ENERGY	23-7437161	Page 4
Part IV	Supplemental	Inform	ation. Provide	the explanations r	equired by Part II	. line 10: Part II. line 17a or 17b: ar	nd
	Part III, line 12.	Also co	omplete this pa	rt for any additiona	l information. (Se	e instructions).	
	•••••			*************************	***************************************		
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	,				***************************************	·····	
					******************		* · · · · · · · · · · · · · · · · · · ·
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

NORTHEAST SUSTAINABLE ENERGY

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

2013

ASSOCIATION I	· · · · · · · · · · · · · · · · · · ·	23-7437161
Organization type (check on	e):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization is c Note. Only a section 501(c)(7) instructions.	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See
General Rule		
For an organization fili property) from any one	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mone contributor. Complete Parts I and II.	ey or
Special Rules		
under sections 509(a)(organization filing Form 990 or 990-EZ that met the 33½ % support test of the regulation of the regulation and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contributor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.	ons ution of
during the year, total co	e, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribut contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, lites, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	or, erary,
during the year, contrib not total to more than \$ year for an exclusively applies to this organiza	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions for use exclusively for religious, charitable, etc., purposes, but these contributions \$1,000. If this box is checked, enter here the total contributions that were received during religious, charitable, etc., purpose. Do not complete any of the parts unless the General tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000.	s did g the I Rule D or
Caution. An organization that is 990-EZ, or 990-PF), but it mus	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Fo t answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or	orm 990, 190-EZ or on its

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

NORTHEAST SUSTAINABLE ENERGY

Employer identification number 23-7437161

-110111	TIPLIOI DOUTINE BUILDING		, ,43,1101
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	National Grid Foundation 175 East Old county Road Hicksville NY 11801	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BARR FOUNDATION LEWIS WHARF, THE PILOT HOUSE Boston MA 02110	\$ 9,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to 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

Open to Public Inspection

Employer identification number

N	NORTHEAST SUSTAINABLE ENERGY		anipoyor administration manipol
<u> 2</u>	ASSOCIATION INC		23-7437161
P	art I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to		Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(b) Fortes and other accounts
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised	
·	funds are the organization's property, subject to the organization's exc		□ Vaa □ Na
6	Did the organization inform all grantees, donors, and donor advisors in		Yes No
·	only for charitable purposes and not for the benefit of the donor or dor		
		ior advisor, or for any other purpose	Yes No
P	art II Conservation Easements.		Yes No
(00)#00:	Complete if the organization answered "Yes" to I	Form 990. Part IV. line 7.	
1			
•	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	nortant land area
	Protection of natural habitat	Preservation of a certified historically in	
	Preservation of open space	1 Toscivation of a defined historic	2 Structure
2		envation contribution in the form of a conce	nuation
_	easement on the last day of the tax year.	orvation contribution in the form of a conse	Held at the End of the Tax Year
а		•	
b			
	Number of conservation easements on a certified historic structure inc	Nuded in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17.		- 20
"	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	vinguished or terminated by the organizate	
•	to a constant to the constant	Aunguistied, of terminated by the organizat	ion during the
4	Number of states where property subject to conservation easement is	located •	
5	Does the organization have a written policy regarding the periodic mor		
Ŭ	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	ging conservation assuments during the ve	165 NO
Ť	• • • • • • • • • • • • • • • • • • •	ong conservation easements during the ye	s al
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation excements during the year	
•	> \$	conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170/b)/4)/D)	
Ť	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	pents in its revenue and evnence statemen	t and
•	balance sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements.	organization o midnoidi otatomonio midi di	500(1200 (1)0
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other 5	Similar Assets
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue statement and b	palance sheet
	works of art, historical treasures, or other similar assets held for public		
	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), to		nce sheet
	works of art, historical treasures, or other similar assets held for public		
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial cain. pro	vide the
	following amounts required to be reported under SFAS 116 (ASC 958)		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		• \$
or E	Sananyork Bodystian Ast Notice and the Instructions for Form 200		0.1.1.5.77

	edule D'(Form 990) 2013 NORTHEA				23-7437161	Page
 ₽	art III — Organizations Maintaini	ng Collections of	Art, Historical	Treasures, o	r Other Similar As	sets (continued)
3		ssion, and other records	s, check any of the f	ollowing that are	a significant use of its	
ε	Public exhibition	d 🗍 I	Loan or exchange p	rograms		
k	Scholarly research					
c					*********************	
4	Provide a description of the organization's	collections and explain	how they further the	e organization's	exempt purpose in Part	
_	XIII.					
5	During the year, did the organization solici	t or receive donations o	of art, historical treas	ures, or other si	milar	
5000000	assets to be sold to raise funds rather than	n to be maintained as p	art of the organizatio	on's collection?.		
	art IV Escrow and Custodial A					1
	Complete if the organizati 990, Part X, line 21.	on answered "Yes"	to Form 990, Pa	art IV, line 9,	or reported an amo	unt on Form
1a	Is the organization an agent, trustee, custo	dian or other intermedi	ary for contributions	or other assets	not	
			•			Yes X No
b	If "Yes," explain the arrangement in Part X	III and complete the foll	lowing table:	• • • • • • • • • • • • • • • • • • • •		
		·	Ü			Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year	********************		• • • • • • • • • • • • • • • • • • • •	1u	
f	Ending halance				1e	
2a	Ending balance	Form 000 Best V Bass	040		<u>1f</u>	
h	Did the organization include an amount on	Chash base #45	ZT:			Yes 🗶 No
<u></u>	If "Yes," explain the arrangement in Part X art V Endowment Funds.	II. Check here if the ex	pianation has been p	provided in Part	XIII	
20008008		on oncurered "Vee"	to Forms 000 D-			
	Complete if the organization					
4-	Destruction of the state of the	(a) Current year	(b) Prior year	(c) Two years	back (d) Three years t	back (e) Four years back
18	Beginning of year balance			ļ		
	Contributions					
C	Net investment earnings, gains, and				i	
	losses					
d	Grants or scholarships		.			
е	Other expenditures for facilities and				<u>""</u>	
	programs			-		
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cu	rrent vear end balance	(line 1g. column (a))	held as:		
а	Board designated or quasi-endowment ▶	%	(ig, coluini (a))	, 11014 45.		
	Permanent andowment	· · · · · · · · · · · · · · · · · · ·				
	Temporarily restricted and summent	%				
_	The percentages in lines 2a, 2b, and 2c she					
3a	Are there endowment funds not in the poss		on that are hald and	- destatatatatat	o.	
•	organization by:	ession of the organizati	on that are nero and	auministereo fo	rtne	[14]
						Yes No
	(i) unrelated organizations	***************************************				3a(i) X
	(ii) related organizations					3a/ii\ X
D	If "Yes" to 3a(ii), are the related organization	ns listed as required on	Schedule R?			3b
<u>4</u>	Describe in Part XIII the intended uses of the		ment funds.	 		
	rt VI Land, Buildings, and Equ					
	Complete if the organizatio				<u>. See Form 990, Pa</u>	art X, line 10.
	Description of property	(a) Cost or other bas	, ,		(c) Accumulated	(d) Book value
-		(investment)	(oth	er)	depreciation	_,
1a	Land					
b	Buildings		1	78,015	83,062	94,953
C	Leasehold improvements					
đ	Equipment	.	1.	34,055	130,526	3,529
е	Other	.		91,493	26,529	64,964
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X	(, column (B), line 10)(c).)	>	163,446

(a) Description of security or category	(b) Book value	ne 11b. See Form 990, Part X, line 12.
(including name of security)	(b) book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives	,	South of the or your market value
Closely-held equity interests		
Other		
. (A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
<u>(H)</u>		
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
art VIII Investments—Program Related.		
Complete if the organization answered "Yes" to F	orm 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
}		
)		
)		
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	 	
art IX Other Assets.		
Complete if the organization answered "Yes" to Fo	orm 990, Part IV, Iir	
(a) Description		(b) Book value

<u></u>	-	
al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
art X Other Liabilities.	*************************	
Complete if the organization answered "Yes" to Fo	orm 990. Part IV. lin	e 11e or 11f. See Form 990. Part X
line 25.		in the second of
	(b) Book value	
(a) Description of liability		
(a) Description of liability Federal income taxes		
the state of the s	6,900)
Federal income taxes	6,900 801	
Federal income taxes LINE OF CREDIT		
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	edule D (Form 990) 2013 NORTHEAST SUSTAINABLE ENERGY		23-7437161	Page 4
P	irt XI Reconciliation of Revenue per Audited Financial Staten	nents With Re	venue per Return.	
	Complete if the organization answered "Yes" to Form 990. F	Part IV. line 12	a	
1	Total revenue, gains, and other support per audited financial statements		1	1,251,868
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<u>, , , , , , , , , , , , , , , , , , , </u>
a	The same of the sa	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
u	Otter (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line ze from line 1		3	1,251,868
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	A July 100 A 1 A 1			
5			4c	
***********	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,251,868
***************************************	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, F	nents with E	xpenses per Return.	
1	Total average and leaves and leaves and the second			1 016 006
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,216,906
	Donated services and use of facilities	ا ءء ا		
b	Prior year adjustments	2a 2b		
C	Prior year adjustments Other losses	2c 2c		
	Other (Describe in Part XIII.)	. 20		
е	Add lines 2a through 2d	. <u> Zu </u>	-	
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •	2e 3	1,216,906
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,210,900
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c	1.216.906
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information	• • • • • • • • • • • • • • • • • • • •	5	1,216,906
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines 1b and 2b	; Part V, line 4: Part X, line	1,216,906
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	V, lines 1b and 2b	; Part V, line 4: Part X, line	1,216,906
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TOTAL Supplemental Information The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines 1b and 2b	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional info	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TOTAL Supplemental Information The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional info	; Part V, line 4; Part X, line ormation.	
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5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional info	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional info	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	
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5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	
5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	
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5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	
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5 Pa Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b any additional inf	; Part V, line 4; Part X, line ormation.	

Schedule D'(F	orm 990) 2013	NORTHEAST	SUSTAINABLE	ENERGY	23-7437161	Page 5
Part XIII	Supplemer	ntal Information (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

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 organization NORTHEAST S

NORTHEAST SUSTAINABLE ENERGY

Employer identification number 23-7437161

ADDOCIATION INC	23-7437161
Form 990, Part VI, Line 10b - Policies and Procedure	s Governing Chapters
There are written policies and procedures to lend gu	idance 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,	
Treasurer prior to submission. It is also made availa	
portion of the website for all board members to review	ew if they wish to.
Form 990, Part VI, Line 12c - Enforcement of Conflic	ts Policy
Violations of policy require that the conflicting re	lationship be
terminated or the relationship with NESEA be terminated	ted. Either way, it is
not allowed to continue.	
Form 990, Part VI, Line 15a - Compensation Process form	or 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 Exe	ecutive Director.
Form 990, Part VI, Line 15b - Compensation Process for	or Officers
The compensation paid to all other employees is recom	mended by the
Executive Director to the Finance Committe. The Finan	ce Committee has final
approval and utimately determines the amounts paid.	
Form 990, Part VI, Line 19 - Governing Documents Disc	losure Explanation
They are available upon request.	

Schedule © (Form 990 or 990-EZ) (2013)

Name of the organization	ZACM CHOMATNASS	T BUTTO		Employer identifica	
NORTH	EAST SUSTAINABI	DE ENERGY		23-7437	161
			•••••		
Form 990, Part I	K, Line 24e - (Other Expe	nses		
Description			Amount		
SPEAKER'S FEES					
\$	35,549	\$	0	\$	0
MEETING SPACE				······································	
\$	24,650	\$	0	······	
PRIZES & AWARDS		······································		\$	0
	19 500				· · · · · · · · · · · · · · · · · · ·
\$	18,586	\$	24	\$	0
POSTAGE			·····		
\$		\$	267	\$	789
TELECOMMUNICATION	S	•••••	•	•••••	***************************************
\$	8,830	\$	398	\$	375
SUPPLIES				*******	
\$	2,956	\$	6,224	\$	50
INSURANCE					
\$	1,835	\$	6,445	\$	0
SECURITY				·TT	······
\$	4,700	\$	0	\$	
REPAIRS & MAINTEN		··········· ·························			0
\$	0	\$	4 454	***************************************	
CASUAL LABOR	······································	·····	4,454	\$	0
 \$	3,704	\$	0	\$	0
MISCELLANEOUS		***************************************		•••••	
\$	0	\$	-944	\$	0
	• • • • • • • • • • • • • • • • • • • •	•••••			****************
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Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return

NORTHEAST SUSTAINABLE ENERGY

ASSOCIATION INC

Identifying number 23-7437161

Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 500,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 23,729 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2013 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real MM 39 yrs. S/L property MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 40-year 40 yrs. S/L Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23,729 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

NESEAORG NORTHEAST SUSTAINABLE ENERGY 23-7437161 FYE: 6/30/2014

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	Fund Raising	\$ 301	\$ 301	
vee)	∕lanagement & General	808	8081	
Non-employ	_	\$ 5	\$ 7	
for Service (Program Service	55,831 16,246	72,07	
IX, Line 11g - Other Fees for Service (Non-employee)	Total Expenses	\$ 55,324 \$	\$ 71,570 \$	
Form 990, Part IX, L	Description	Public relations Public relations	Total	

	Fund Raising	S	α	375 375 50		·	\$ 1,214
(A)	Management & General	v.	24	398	6,445	4,454 -944	\$ 16,868
Form 990, Part IX, Line 24e - All Other Expenses	Program Service	\$ 35,549	18,586 13,750	8,830 2,956	1,835 4,700	3,704	\$ 114,560
	Total Expenses	5,4	18,610 14,806	9,603	8,280 4,700	4,454 3,704 -944	\$ 132,642
	Description	SPEAKER'S FEES MEETING SPACE PDIZES CAMABOO	POSTAGE & AWARDS POSTAGE BETT BOOKERS	IELECOMMONICATIONS SUPPLIES INSTERMONE	INSURANCE SECURITY REDAIDS 6 WAINTENAMOR	CASUAL LABOR MISCELLANEOUS	Total

	\$ 65,975 63,890 50,646 10,000 8,000 \$			Amount \$ 208,750 506,473 208,930 47,034 19,252 43,995 16,644 \$ 1,051,078			\$ 1,279 \$ 1,279		
NESEAORG NORTHEAST SUSTAINABLE ENERGY 23-7437161 FYE: 6/30/2014	Schedule A, Part III, Line 1(e)	Membership Dues and Assessments GRANTS DONATIONS National Cuid Foundation	Nacionation Cash Contribution BARR FOUNDATION Cash Contribution Total	Schedule A, Part III, Line 3(e)	Description	Conference sponsorships Conference registrations Booth rentals @ events Advertising space PRODUCT SALES BUILDING RENT MISCELLANEOUS Total	Schedule A, Part III, Line 10a(e)	Description	Office space Total

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