# ' Form 990

Department of the Treasury

Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

19   Revenue less expenses. Subtract line 18 from line 12.   473304.   96815	B		applicable	C Name of organiza		RTHEAST SU					maing	D Employer		number
Name change    Name change    Private including change		Address (	change						10					
Printal return		Name ch	ange	25/27/2015/5/COST (ACC)			ered to stre	et address)	Room/s	suite				
Final international   Final Representations   Foreign province/state/dounty   Foreign postal code   Foreign	=		. 3		STREET	SUITE 8		late.	710 cod	do.	-	E leiepnone /	number	
Foreign position   Foreign province/state/county   Foreign position	=			THE PARTY OF THE P	MA 0130	t		iane:	211-000	ut.		413-774-6	5051	
Application pending   F Name and address of principal officer: FLORENCE MACGREGOR   20 FEDERAL STR GREENFIELD   MA 01301   H(s) Are all subordinates included?   Ves   No   No   No   No   No   No   No   N	∐!	Final return	n/lerminated	Principle of the Control of the Cont			ce/state/or	ounty	Foreign	posta	code			
Tax-exempt status:	W.	Amended	return t						ALCO A	10000		G Gross recei	pts \$	1345279.
Tax-exempt status:		Application	on pending	F Name and addres	s of principal of	officer FLOREN	ICE MA	CGREGO	R		H(a) is t	his a group return for	subordinates?	Yes X No
Tax-exempt status.	_										0.0000000000000000000000000000000000000			printer and the second
Witebatte:	1	Tax-exer	District Control			100000000000000000000000000000000000000	_	-	or [	527	100000000000000000000000000000000000000			
Part   Summary   L Year of formation   1975   M State of legal domicile   MA	-		-	223 45 (45/45)	1 // /	7 7 (100		10000000	1.00	1	H(e) Ge	oup exemption or	umber >	
Briefly describe the organization's mission or most significant activities: CONNECT_CITIZENS_PROFESSIONALS_BUSINESSES_AND_ORGANIZATIONS_IN_THE_NORTHEAST_SERVING_TO_DISCOVER_AND_DEMONSTRATE_THE_RESPONSIBLE_PROPOCTION_AND_USE_OF_ENERGY.   AND_DEMONSTRATE_THE_RESPONSIBLE_PROPOCTION_AND_USE_OF_ENERGY.   AND_DEMONSTRATE_THE_RESPONSIBLE_PROPOCTION_AND_USE_OF_ENERGY.   AND_DEMONSTRATE_THE_RESPONSIBLE_PROPOCTION_AND_USE_OF_ENERGY.   AND_DEMONSTRATE_THE_RESPONSIBLE_PROPOCTION_AND_USE_OF_ENERGY.   AND_DEMONSTRATE_THE_RESPONSIBLE_PROPOCTION_AND_USE_OF_ENERGY.   AND_DEMONSTRATE_THE RESPONSIBLE_PROPOCTION_AND_USE_OF_ENERGY.   AND_DEMONSTRATE_THE RESPONSIBLE PROPOCTION_AND_USE_OF_ENERGY.   AND_DEMONSTRATE_THE RESPONSIBLE PROPOCTION_AND_USE_OF_ENGLINES.   AND_DEMONSTRATE_THE RESPONSIBLE PROPOCTION_AND_USE_OF_ENGLINES.   AND_DEMONSTRATE_THE RESPONSIBLE PROPOCTION_AND_USE_OF_ENGLINES.   AND_DEMONSTRATE_THE RESPONSIBLE PROPOCTION_AND_USE_OF_ENGLINES.   AND_DEM	-	Day San San San		X Corporation	Trust	Association	Othe			L Yes			The second second	legal domicile: MA
1 Sriefly describe the organization's mission or most significant activities: CONNECT CITIZENS, PROPESSIONALS   RUSINESSES AND ORGANIZATIONS IN THE NORTHEAST SEEKING TO DISCOVER   AND DENOMSTRATE THE RESPONSIBLE PROPUCTION AND USE OF ENERGY.	_					- Marian Caraca				1			1	
BUSINESSES AND ORGANIZATIONS IN THE NORTHEAST SERKING TO DISCOVER AND DRMONSTRATE. THE RESPONSIBLE PRODUCTION AND USE OF ENERGY.  2 Check this box				CONTRACTOR OF THE PERSON NAMED IN	nization's n	nission or mos	st signific	ant activit	ies:	CON	NECT	CITIZENS.	PROFE	SSIONALS
AND DEMONSTRATE. THE RESPONSIBLE PRODUCTION AND USE OF ENERGY.  2 Check this box ➤ I the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voloning members of the governing body (Part VI, line 1a).  4 Number of independent voting members of the governing body (Part VI, line 1b).  5 Total number of individuals employed in calendar year 2021 (Part V, line 2a).  6 Total number of volunteers (estimate if necessary)  7 Total unrelated business revenue from Part VIII, column (C), line 12.  5 Net unrelated business revenue from Form 990-T, Part I, line 11.  7 Total unrelated business taxable income from Form 990-T, Part I, line 11.  7 Total unrelated business revenue from Form 990-T, Part I, line 11.  8 Contributions and grants (Part VIII, line 2g).  9 Program service revenue (Part VIII, line 2g).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 4-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Total fundraising expenses (Part IX, column (A), lines 25).  17 Other expenses (Part IX, column (A), lines 1-3).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25).  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  10 Total isolitities (Part X, line 16).  10 Total assets (Part X, line 16).  11 Total isolitities (Part X, line 28).  12 Total assets (Part X, line 16).  13 Signature Block  14 Print Address. Subtract line 21 from line 20.  14 September of more than and subtract line 21 from line 20.  15 Signature Block  16 Print (Part X, line 28).  17 Total assets or fund balances. Subtract line 21 from line 20.  18 September of more than any singulation of which pre	8		The second second											***************************************
4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of individuals employed in callendar year 2021 (Part V, line 2a). 5 Total number of volunteers (estimate if necessary). 6 Total number of volunteers (estimate if necessary). 7 Total unrelated business revenue from Part VIII, column (C), line 12. 7 Total unrelated business revenue from Part VIII, column (C), line 12. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 12. 7 Total unrelated business taxable income from Form 990-T, Part I, line 12. 7 Total unrelated business taxable	E .													
4 Number of independent voting members of the governing body (Part VI, line 1b)   4   13	Te.	2											of ite not a	eente
4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of individuals employed in callendar year 2021 (Part V, line 2a). 5 Total number of volunteers (estimate if necessary). 6 Total number of volunteers (estimate if necessary). 7 Total unrelated business revenue from Part VIII, column (C), line 12. 7 Total unrelated business revenue from Part VIII, column (C), line 12. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total unrelated business taxable income from Form 990-T, Part I, line 12. 7 Total unrelated business taxable income from Form 990-T, Part I, line 12. 7 Total unrelated business taxable	30	1775												
B		1											-	
B	8	100												
B	=	100											-	10
B	=	1 1220	Total nu	moer of voluntee	rs (estimat	e if necessary	17.	0 1 4	1 .		1 50	10000		
8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), line 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), line 4). 16 Professional fundraising fees (Part IX, column (A), line 1-10). 16 Total expenses (Part IX, column (A), line 11e. 17 Other expenses (Part IX, column (A), line 11e. 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 16). 22 Total assets (Part X, line 26). 23 Total liabilities (Part X, line 26). 24 Column (A) line 20. 25 Signature Block  Part II Signature Block  Part II Signature Block  Part II Signature Block  PrintType preparer canner  Preparer Use Only  Part II PrintType preparers name  Part II PrintStall Proper no. 413-529-1863	4	1 1000												
8 Contributions and grants (Part VIII, line 1h) 618897. 732090 9 Program service revenue (Part VIII, line 1p) 766459. 586834 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 39113. 2449 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17595. 23906 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1442064. 1345279 13 Grants and similar amounts paid (Part IX, column (A), lines 1—3) 14 Benefits paid to or for members (Part IX, column (A), lines 1—3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5—10). 634646. 629997 16a Professional fundraising expenses (Part IX, column (A), line 1e) 5 Total fundraising expenses (Part IX, column (A), line 1e) 5 Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25) 968760. 1248464 18 Total expenses. Subtract line 18 from line 12. 9688760. 1248464 19 Revenue less expenses. Subtract line 18 from line 12. 9688760. 1248464 20 Total assets (Part X, line 16) 612552. 687165 21 Total liabilities (Part X, line 26) 7688710. 421778 21 Signature Block 22 Net assets or fund balances. Subtract line 21 from line 20 345710. 421778 23 Signature Block 24 PrintType preparers name Preparer (other han officer) is based on all information of which preparer has any knowledge and belief, it is true. correct, and complete. Deplaration of preparer (other han officer) is based on all information of which preparer has any knowledge PrintType preparers name Person CPA  Part II PrintSin Poly PrintSin Poly 120512863 260842. 265387 20 Total signature Block 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265882 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 265387 260842. 266842. 265387 260842. 266842. 265387 260842. 266842. 266842. 266842	_	D	Net unre	elated business to	axable inco	me from Forr	n 990-1,	Part I, line	8 11				7b	
9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d). 39113. 2449 10 Investment income (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e). 17595. 23906 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 1442064. 1345279 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 634646. 629997 16a Professional fundraising fees (Part IX, column (A), line 4). 17 Other expenses (Part IX, column (A), line 11e). 18 Total fundraising expenses (Part IX, column (A), line 15). 18 Revenue less expenses. Subtract line 18 from line 12. 18 Revenue less expenses. Subtract line 18 from line 12. 19 Revenue less expenses. Subtract line 18 from line 12. 19 Seginning of Current Vear End of Vear 21 Total liabilities (Part X, line 26). 266842. 265387 21 Total liabilities (Part X, line 26). 266842. 265387 22 Net assets or fund balances. Subtract line 21 from line 20 345710. 421778 23 Signature Block 24 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 gavelier. Deparation of preparer (other than officer) is based on all information of which preparer has any knowledge. 19 Signature of officer 19 Print 19 Signature of officer 19 Print 19 Print 20 Print 19 Print 20 Print			Cantilla	diana and accuse	/Dark 1/00	Enn dbl								
12 Total revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Professional fundraising fees (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (A), line 11e).  18 Total expenses (Part IX, column (A), line 11e).  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  10 Total liabilities (Part X, line 16).  10 Total liabilities (Part X, line 26).  10 Net assets or fund balances. Subtract line 21 from line 20.  10 Total liabilities (Part X, line 26).  10 Net assets or fund balances. Subtract line 21 from line 20.  11 Total liabilities (Part X, line 26).  12 Signature Block  13 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 cawpiete. Deplaration of preparer (other than officer) is based on all information of which preparer as any knowledge.  12 Signature Plore Part III Prim's name ■ PERNICE F LORD CPA  12 Firm's name ■ PERNICE F LORD CPA  13 Firm's saddress ▶ 251 NORTHAMPTON STRE EASTHAMPTON MA 01027 Phone no. 413-529-1863	3	1000	Contribu	itions and grants	(Part VIII,	line in)					-			
12 Total revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Professional fundraising fees (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (A), line 11e).  18 Total expenses (Part IX, column (A), line 11e).  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  10 Total liabilities (Part X, line 16).  10 Total liabilities (Part X, line 26).  10 Net assets or fund balances. Subtract line 21 from line 20.  10 Total liabilities (Part X, line 26).  10 Net assets or fund balances. Subtract line 21 from line 20.  11 Total liabilities (Part X, line 26).  12 Signature Block  13 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 cawpiete. Deplaration of preparer (other than officer) is based on all information of which preparer as any knowledge.  12 Signature Plore Part III Prim's name ■ PERNICE F LORD CPA  12 Firm's name ■ PERNICE F LORD CPA  13 Firm's saddress ▶ 251 NORTHAMPTON STRE EASTHAMPTON MA 01027 Phone no. 413-529-1863	ě	188	Program	service revenue	e (Part VIII,	line 2g)				+				
12 Total revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Professional fundraising fees (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (A), line 11e).  18 Total expenses (Part IX, column (A), line 11e).  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  10 Total liabilities (Part X, line 16).  10 Total liabilities (Part X, line 26).  10 Net assets or fund balances. Subtract line 21 from line 20.  10 Total liabilities (Part X, line 26).  10 Net assets or fund balances. Subtract line 21 from line 20.  11 Total liabilities (Part X, line 26).  12 Signature Block  13 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 cawpiete. Deplaration of preparer (other than officer) is based on all information of which preparer as any knowledge.  12 Signature Plore Part III Prim's name ■ PERNICE F LORD CPA  12 Firm's name ■ PERNICE F LORD CPA  13 Firm's saddress ▶ 251 NORTHAMPTON STRE EASTHAMPTON MA 01027 Phone no. 413-529-1863	Rev													
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)   634646   629997   16a   Professional fundraising fees (Part IX, column (A), line 11e)   17   Total fundraising expenses (Part IX, column (D), line 25)   47536   17   Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   334114   618467   18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   968760   1248464   96815   18   Provenue less expenses. Subtract line 18 from line 12   473304   96815   18   Provenue less expenses. Subtract line 18 from line 12   473304   96815   18   Provenue less expenses. Subtract line 21 from line 20   266842   265387   266842   266842   265387   266842   265387   266842   265387   266842   266842   265387   266842		1 2220												
Benefits paid to or for members (Part IX, column (A), line 4).  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10).  634646. 629997  16a Professional fundraising fees (Part IX, column (A), line 11e).  b Total fundraising expenses (Part IX, column (D), line 25)   7 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e).  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  11 Total assets (Part X, line 16).  12 Total liabilities (Part X, line 26).  13 At 3304.  14 At 3304.  15 Beginning of current Year  16 End of Year  17 End of Year  18 Beginning of current Year  18 End of Year  19 End of Year  10 End of Part III  10 End of Part III  11 Signature Block  11 Index 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. Deplaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  12 Signature of officer  13 Signature of officer  14 Signature of officer  15 Signature of officer  16 Signature of officer  17 Total liabilities (Part X, line 26).  18 Executive Director  19 John Signature of officer  19 Print Signature of officer  10 John Signature of officer  11 John Signature of officer  12 John Signature of officer  13 John Signature of officer  14 John Signature of officer  15 John Signature of officer  16 John Signature of officer  17 John Signature of officer  18 John Signature of officer  29 John Signature of officer  20 John Signature of officer  20 John Signature of officer  20 John Signature of officer  21	-	_									-	14420	64.	1345279
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10).  16a Professional fundraising fees (Part IX, column (A), line 11e).  b Total fundraising expenses (Part IX, column (D), line 25) \$\infty\$ 47536.  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e).  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  21 Net assets or fund balances. Subtract line 21 from line 20.  22 Net assets or fund balances. Subtract line 21 from line 20.  23 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. Deplaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  20 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. Deplaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  21 Signature Block  22 Signature Block  23 Signature Block  24 Signature Block  25 Signature Block  26 Signature Block  27 Signature Block  28 Signature Block  29 Signature Block  20 Signature Block  20 Signature Block  20 Signature Block  21 Signature Block  22 Signature Block  23 Signature Block  24 Signature Block  25 Signature Block  26 Signature Block  27 Signature Block  28 Signature Block  29 Signature Block  20 Signature Block  20 Signature Block  20 Signature Block  21 Signature Block  22 Signature Block  23 Signature Block  24 Signature Block  25 Signature Block  26 Signature Block  27 Signature Block  28 Signature Block  29 Signature Block  20 Signature Block  20 Signature Block  20 Signature Block  21 Signature Block  21 Sign											-	_		
16a Professional fundraising fees (Part IX, column (A), line 11e)	725		Calarias	other companies	mbers (Pa	in ix, column	(A), line	4)		7	_		-	
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Signature Block  Under penalties of perjun, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Paid  Preparer  Use Only  Prim's game   BERNICE F LORD CPA  Firm's same   BERNICE F L	8	0.00	Drafansi	outer compensation	on, employe	e benefits (Par	I IX, COIL	mn (A), iine	28 5-10)	1+	-	6346	46.	629997
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Signature Block  Under penalties of perjun, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Paid  Preparer  Use Only  Prim's game   BERNICE F LORD CPA  Firm's same   BERNICE F L	e	1000000	Professi	onal fundraising	tees (Part	IX, column (A	), line 11							
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Signature Block  Under penalties of perjun, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Paid  Preparer  Use Only  Prim's game   BERNICE F LORD CPA  Firm's same   BERNICE F L	×	10000000							17536	1	200	-		
19 Revenue less expenses. Subtract line 18 from line 12. 473304. 96815  20 Total assets (Part X, line 16). 612552. 687165  21 Total liabilities (Part X, line 26). 266842. 265387  22 Net assets or fund balances. Subtract line 21 from line 20 345710. 421778  Part II 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 officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Print/Type preparer's name  Preparer  Use Only  Prim's enwe ▶ BERNICE F LORD CPA  Firm's EIN ▶ 04-3487117  Firm's address ▶ 251 NORTHAMPTON STRE EASTHAMPTON MA 01027 Phone no. 413-529-1863	-		Other ex	penses (Part IX,	column (A	), lines 11a-1	10, 111-	24e)		Ŧ	-	3341	14.	618467
Beginning of Current Year   End of Year		10000						ımn (A), li	ne 25)		-			1248464
Total assets (Part X, line 16)	2.5	13	nevenu	e less expenses.	Subtract li	ne to from lin	12.			1 1		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		
21 Total liabilities (Part X, line 26). 266842. 265387  22 Net assets or fund balances, Subtract line 21 from line 20 345710. 421778  Part II 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. Deplaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Print/Type or print name and title  Print/Type preparer's name  Print/Type prepa	ens d	20	Total ac	sets (Part V. line	16)						Beginn	THE RESERVE OF THE PERSON NAMED IN		
Part II 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 officer) is based on all information of which preparer has any knowledge.  Sign Here  Piont II 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 officer) is based on all information of which preparer has any knowledge.  Sign Here  PLORENCE MACGREGOR  EXECUTIVE DIRECTOR  Print/Type preparer's name  Print/Type preparer's nam	Ass	N. CONTRACTOR	Total lia	nilitiae /Part X lin	0 28	CH NICHEST	+ + + +		40/A 400	+				
Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type or print name and title  Print/Type preparer's name  Preparer  BERNICE F LORD CPA  Firm's name BERNICE F LORD CPA  Firm's address > 251 NORTHAMPTON STRE EASTHAMPTON  MA 01027 Phone no. 413-529-1863	11	0.000	Net nes	ets or friend halan	noe Sulutre	ect line 21 from	n line 20		1 -	1 1				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Piont Type or print name and title  Print/Type preparer's name  Preparer  Use Only  Date  Check If  Print EIN > 04-3487117  Firm's name > BERNICE F LORD CPA  Firm's name > BERNICE F LORD CPA  Firm's saddress > 251 NORTHAMPTON STRE EASTHAMPTON MA 01027 Phone no. 413-529-1863	Pa				oca, odotre	NOT THE ET HOS	ii iii ie Zu		19874114	-		3421	10.1	421778
Sign Here  Sign					examined this	s return including	accompan	wing schedul	es and st	tabama	nts and t	o the heat of my	-nouledne	
Sign Here    Signature of officer   Signature of officer   Signature of officer   Date	and I	belief, it i	is true, corre	ct, and complete. Deg	plaration of pre	parer (other than	officer) is t	pased on all i	nformatio	on of wit	high prepa	arer has any knoy	viedae.	
Here    Signature of officer   Date													_	
FLORENCE MACGREGOR Type or print name and title  Print/Type preparer's name  Preparer Use Only  Firm's name  Firm's name  Firm's address  251 NORTHAMPTON STRE EASTHAMPTON  PERCUTIVE DIRECTOR  Check   If Street	200					1								
Type or print name and title  Paid  Preparer  Use Only  Print/Type preparer's name  Preparer  BERNICE F LORD CPA  BERNICE F LORD CPA  Firm's name  BERNICE F LORD CPA  Firm's name  BERNICE F LORD CPA  Firm's name  BERNICE F LORD CPA  Firm's EIN  06/26/2023  Firm's EIN  04-3487117  Firm's address  251 NORTHAMPTON STRE EASTHAMPTON  MA 01027 Phone no. 413-529-1863	Hei	re		FLORENCE MA	CGREGOR					EXE	CUTIV		D.	
Preparer Use Only  BERNICE F LORD CPA  BERNICE F LORD CPA  BERNICE F LORD CPA  Firm's name ► BERNICE F LORD CPA  Firm's name ► BERNICE F LORD CPA  Firm's each employed poo512863  Firm's each employed poo512863										Ditte	00111	Daniel	710	
Paid         Preparer         BERNICE F LORD CPA         LORD CPA         LORD CPA         Check	3117		Print			Ppepil	rens signa	ture	1	1	Date	0	1000	PTIN
Use Only  Firm's name ▶ BERNICE F LORD CPA  Firm's EIN ▶ 04-3487117  Firm's address ▶ 251 NORTHAMPTON STRE EASTHAMPTON MA 01027 Phone no. 413-529-1863		270	-	W700 0	Verse		1.	1	4	1 -				Dally and the
Finm's address ▶ 251 NORTHAMPTON STRE EASTHAMPTON MA 01027 Phone no. 413-529-1863	Pre	parer	C. C. C.	CONTRACTOR OF THE PARTY OF THE			AMUG	0,0	1	ACF	0.6/	26/2023 sel	1-employed	P00512863
	Use	e Only										Firm's EIN > 0	4-34871	117
May the IRS discuss this return with the preparer shown above? See instructions										MA (	1027	Phone no. 4	13-529-	1863
	May	the IF	RS discus	s this return with	the prepar	rer shown abo	ve? See	instruction	ons .	100	100		A Alex	X Yes No

) (Revenue \$

including grants of \$

786034.

(Expenses \$

Total program service expenses

Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		100	100
	complete Schedule A	1	Х	-
	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	2		X
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	777		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			-
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	25	W.	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			18
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	110	-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
0	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		10000		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	133		
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	C SUAS		10
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		-
	domestic government on Part IX column (A) line 12 If "Ves " complete Schedule I. Parts I and II	24		1

Par	t IV Checklist of Required Schedules (continued)			Town 1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		
440	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
208	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L.		100	110
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			100
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	20-		
29	"Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Α.
	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 Schédule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	100000		100
	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, Part II, III, or IV. and Part V, line 1	24		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	334		-
	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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	25-0-17		1
	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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. +	4.5	
-			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		1	
	reportable gaming (gambling) winnings to prize winners?	10	×	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 10	1000	0,0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	100		100
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 on Schedule O	3b	0.00	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	12000		1000
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	135	10.3	R33
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	-	-
7	Organizations that may receive deductible contributions under section 170(c).	100	103	100
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-	-	-
	and services provided to the payor?	7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		
	required to file Form 8282?	7c		-
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.	-	-
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
	sponsoring organization have excess business holdings at any time during the year?	8	-	X
9	Sponsoring organizations maintaining donor advised funds.	0-		-
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	X
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		A
10	Section 501(c)(7) organizations. Enter:			10
a	Initiation fees and capital contributions included on Part VIII, line 12	1000		100
ь		100		10.0
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	ю		100
a		100	100	100
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	100	100	100
420	against amounts due or received from them.)	12a	_	-
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		100
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			153
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
a	Note: See the instructions for additional information the organization must report on Schedule O.	138	100	1
ь	Enter the amount of reserves the organization is required to maintain by the states in which	100	100	100
-	the organization is licensed to issue qualified health plans	100	100	100
c	Enter the amount of reserves on hand	199	100	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	+	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year	15		X
		10	1000	^
	If "Yes," see the instructions and file Form 4720, Schedule N.		1000	1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	100	100	1
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	1200		20
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		X
	If "Yes," complete Form 6069.	1	1	182

Part VI

NORTHEAST SUSTAINABLE ENERGY A 23-7437161

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			Luci	Lan
	Enter the number of voting members of the governing body at the end of the tax year	1a	13	Yes	No
1a	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	18	13		
	committee, explain on Schedule O.			100	195
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	13		100
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat any other officer, director, trustee, or key employee?	tionship with	2		X
3	Did the organization delegate control over management duties customarily performed by or un				1
	supervision of officers, directors, trustees, or key employees to a management company or oth		. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990		. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization		. 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 elections or more members of the governing body?		. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem stockholders, or persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:				
a	The governing body?		- Becommen	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 at the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the			)	1.44
-				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of su				
33	affiliates, and branches to ensure their operations are consistent with the organization's exemp		10b	-	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990.	the state of the s	11a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		129	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could			X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy describe on Schedule O how this was done.	? If "Yes,"		×	
13	Did the organization have a written whistleblower policy?		- Internative	_	
14	Did the organization have a written document retention and destruction policy?		-	X	
15	Did the process for determining compensation of the following persons include a review and a independent persons, comparability data, and contemporaneous substantiation of the delibera	pproval by			
a	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization		15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar an with a taxable entity during the year?		40.	100	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e		16a	1000	_
	participation in joint venture arrangements under applicable federal tax law, and take steps to s		1 100	133	
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ MA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that	at apply.		1(c)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing docume and financial statements available to the public during the tax year.	explain on Sche ents, conflict of		y,	
20	State the name, address, and telephone number of the person who possesses the organization				
	GINA SIEBER	413-77	7.4-6051		

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LOIC CHAPPOZ PRESIDENT	4	х		x				0	0	0
(2) K STEPHENSON TREASURER	4	х		×				0	0	0
(3) J ANDERSON SECRETARY	4	x		×				0	0	0
(4) ARLEN LI VICE CHAIR	4	x		x				0	0	0
(5) E GLYNN DIRECTOR	4	×						0	0	0
(6) RACHEL WHITE	4	×						0	0	0
(7) ANDREA MANCINO DIRECTOR	4	x						0	0	0
(8) LAUREN MOSS DIRECTOR	4	×						0	0	0
(9) MATT ROOT DIRECTOR	4	×						0	0	0
(10) D SANCHEZ DIRECTOR	4	×						0	0	0
(11) A SAPENTER DIRECTOR	4	×						0	0	0
(12) B SOUTHWORTH DIRECTOR	4	×						0	0	0
(13) A WEBSTER DIRECTOR	4	x						0	0	0

	(A) Name and title	(B) (do not check more that box, unless person is b officer and a director/fin per week Q R R Q S S							(D) Reportable compensation from the	(E) Reportable compensation from related	Estima o com	(F) ited amount fother pensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	organ	om the ization and organizations
(15)												
(16)					1							
(17)										J. 1976-5		
(18)				Г								
(19)												
(20)												
(21)												
(22)												
(23)												
(24)				-	-			-				-
(25)				-	+	H		$\vdash$				
1b c	Subtotal	Section A										
d 2	Total (add lines 1b and 1c)	limited to those	listed	da b	ove	) wi	ho red	celv	red more than \$	100,000 of		
	reportable compensation from the organizatio	n Þ			-							Yes No
3	Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche	rector, trustee,	key e	mpl	oye	e, o	r high	hes	t compensated		3	×
4	For any individual listed on line 1a, is the sum the organization and related organizations gro	of reportable of eater than \$150	ompe ,000?	ensa	tion	an	d oth	er c	compensation fr	om	4	×
5	Did any person listed on line 1a receive or ac	crue compensal	ion fr	rom	any	un	relate	ed c	organization or it	ndividual	5	X
Sec	for services rendered to the organization? If '	res, complete	Surre	raur	8.0	IOI :	SUCII	hei	aur		1 3	10
1	Complete this table for your five highest comp compensation from the organization. Report	pensated indepensation (	ender	nt co	ontra	acto	ors tha	at re	eceived more th	an \$100,000 of	n's tax	vear
	(A) Name and business ad		21 1110	- 440	-			T	(B) Description of s		(C Comper	)
								I				
								F				
_	Total number of independent contractors (incl		1000			11//	-	1				

The State of the S		
Part VIII	Statement of Reveni	ue

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under
-	4-	Federated campaigns		1	a	Designation of the last of the	100000	The second second	sections 512-51
율	1a b	Membership dues		0.000	b	THE REAL PROPERTY.	43000		1500-0
and Other Similar Amounts	c	Fundraising events		_	c	100 E 100 E 100 E	THE SECTION AND ADDRESS OF THE PARTY OF THE	THE WAY	
F	d	Related organizations			d	-	3270		100
94	e	Government grants (contri		_	e 119573	- CO.	THE PERSON	200	H-3300)
Ē		All other contributions, gifts		Control of the second	112010	- BEEFERS	September 1	Tellar Burt	1000
S		similar amounts not includ			612517				100
	a	Noncash contributions incl		_	022023		13000	SHEET THE	FE S
9		lines 1a-1f		1	g S	A STATE OF THE PARTY OF THE PAR	THE NEED TO A		10000
9	h					732090.	329		-0.0000
+		191011 7100 11100 10	1211	The state of	Business Code				
1	2a	CONFERENCES			541900	240979.	240979.		
		SPONSORSHIPS			541900	345855.	345855.		
리	c								
S	d								
Revenue	6								
	f	All other program service	revenue						
1	g	Total. Add lines 2a-2f	0000	6.700	An executed	586834.			
Т	3	Investment income (includ	ing divid	lends, inte	rest, and		- Charles		
1		other similar amounts)				2449.	2449.		
1	4	Income from investment of	f tax-exe	mpt bond	proceeds I				
1	5	Royalties	-						
1	3515	22011001001	-	(i) Real	(ii) Personal	100000000	78000		Market Street
П	6a	Gross rents	6a	2020.		TOTAL STREET	STATISTICS		13.500
	b	Less: rental expenses .	6b			100000000	10000	- 20	125 -20
1	C	Rental income or (loss)	6c	2020.					100000000000000000000000000000000000000
1	d	Net rental income or (loss		(i) Securities		2020.	2020.		
1	7a	Gross amount from	1	(i) Secritives	i (ii) Other	100000000000000000000000000000000000000	The state of the	8,112	
1		sales of assets	4.			10000000	1 0 0 0 0 0	1231 - 1535	
	-	other than inventory	7a			1963016	100 E 33	Bucklin .	ATT WATER
	p	Less: cost or other basis	74			100000000		100000000000000000000000000000000000000	
		and sales expenses	7b 7c			10000000		16523915	
	d	Gain or (loss)		Circura and the					
	8a			-		CONTRACTOR OF THE PARTY OF THE	TO COLUMN	Harris and the same of	-
		events (not including \$	ioning	must be		E3000000	100000000000000000000000000000000000000		
		of contributions reported o	n line 1	3).		1000000		100	
- 1		See Part IV, line 18			la	1000000	1998	- BB-14	
-	b	Less: direct expenses		8	b	MARKET BELLEVILLE			
-	c	Net income or (loss) from	fundrais	ing events		2			
	9a	Gross income from gamin			al Parties	The second	The same		
		See Part IV, line 19			a	THE RESIDENCE OF THE PARTY OF T	The sales of	10000	0 11 11
	b	Less: direct expenses			b			ALE SEC	Harris .
	c	Net income or (loss) from	gaming	activities .		2			
	10a	Gross sales of inventory, le				TOWNS SOLS	The second	3503	TO THE
		returns and allowances .			0a	20000000	3 4 - 1	THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	AD EST
		Less; cost of goods sold .			0Ь	The state of the s			10000
	C	Net income or (loss) from	sales of	inventory					
					Business Code				
ne	200	ADMIN FEES			900009	13636.	13636.		
eu	b	REIMBURSEMENTS			900009	8250.	8250.		
Revenue	C	***************************************							
-	d	All other revenue							
	-	Lotal And lines 11s-11d				21886.		No. of the last of	4-3-1-3-1

### 23-7437161 Page 10

L GLT IV	Statement of Functional Expenses	
- Hand	TOTAL TRANSPORT OF THE PARTY OF	A 10 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

	and include amounts concernd on lines 6h 7h				1974
8b,	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				25. W 89.
2	individuals. See Part IV, line 22				All lands
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	1 2 2 7			
	individuals. See Part IV, lines 15 and 16			THE RESERVE OF THE PERSON NAMED IN	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	3 10 10 10 10			
7	Other salaries and wages	518050.	300469.	196859.	20722.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	56789.	32938.	21580.	2271.
10	Payroll taxes	55158.	31991.	20960.	2207.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	0000			
d	Accounting	8883.		8883.	
0	Lobbying		Contract of the last of the la	Annual Control of the	
f	Investment management fees	733.		733.	
g	Other, (If line 11g amount exceeds 10% of line 25, column	1.22+		133.	
9	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	4074.	2363.	1548.	163.
13	Office expenses	16364.	9492.	6219.	653.
14	Information technology				
15	Royalties				
16	Occupancy	57540.	33373.	21865.	2302
17	Travel	144663.	83904.	54972.	5787
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2112			
22	Depreciation, depletion, and amortization	2116.	1228.	804.	B4.
24	Other expenses. Itemize expenses not covered	9464.	5489.	3596.	379.
	above. (List miscellaneous expenses on line 24e. If	THE REAL PROPERTY.	193953	Contract of the last	
	line 24e amount exceeds 10% of line 25, column			THE STATE OF	
	(A), amount, list line 24e expenses on Schedule O.)	B 10 2 12 12 1	Control of the last of the las	And Street	
a	CONSULTANTS	277956.	161214.	105623.	11119.
b	CREDIT CARD FEES	26189.	15190.	9952.	1047
c	DUES AND FEES	19330.	11637.	6891.	802.
d	PROGRAM EXPENSES	51155.	51155.		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	1248464.	740443.	460485.	47536.
26	Joint costs. Complete this line only if the				100
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here  if				

			(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		372087.	1	333399.
2	Savings and temporary cash investments	+ + + + + + + + + + +	50386.	2	50461
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		63887.	4	156209
5	Loans and other receivables from any current				
1000	trustee, key employee, creator or founder, sub	stantial contributor, or 35%		200	
	controlled entity or family member of any of the		5		
6	Loans and other receivables from other disqual	OF THE PARTY OF TH			
	under section 4958(f)(1)), and persons describe		6		
7	Notes and loans receivable, net		7		
8	Inventories for sale or use		8		
9	Prepaid expenses and deferred charges		12125.	9	42286
10					
1000		10a 265573.			
1	b Less: accumulated depreciation	10b 252594.	4964.	10c	12979
11	Investments—publicly traded securities	The state of the s	109103.	11	91831
12	Investments-other securities. See Part IV, lin			12	
13	Investments-program-related. See Part IV, lir		13		
14	Intangible assets		14		
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must eq		612552.	16	687165
17	Accounts payable and accrued expenses		83545.	17	109219
18			18	******	
19	Deferred revenue	63724.	19	156168	
20	Tax-exempt bond liabilities		20		
21	Escrow or custodial account liability. Complete		21		
1000		THE RESIDENCE TO A STREET	-		
	trustee, key employee, creator or founder, sub		140		
5	controlled entity or family member of any of the		22		
22	Secured mortgages and notes payable to unre		23		
24	Unsecured notes and loans payable to unrelat	119573.	24		
25	Other liabilities (including federal income tax, p	119373.	24		
20	parties, and other liabilities not included on line				
	Part X of Schedule D			25	
20		000040	25	265207	
26	Total liabilities. Add lines 17 through 25	CONTROL PROPERTY.	266842.	26	265387
8	Organizations that follow FASB ASC 958, c	heck her X		PER	
	and complete lines 27, 28, 32, and 33.			and i	San
27	Net assets without donor restrictions	300861.	27	326929	
28	Net assets with donor restrictions	44849.	28	94849	
27 28 29 30 31 32	Organizations that do not follow FASB ASC and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds		29		
30	Paid-in or capital surplus, or land, building, or			30	
31	Retained earnings, endowment, accumulated			31	
32	Total net assets or fund balances		345710.	32	421778
33	Total liabilities and net assets/fund balances .		612552.		687165
100	The state of the s		0.2.6.0.0.6.1	-00	Form 990 (2021)

Form 990 (2021)

Part	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	. 1.		X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3452	279.		
2	Total expenses (must equal Part IX, column (A), line 25)	1	2484	464.		
3	Revenue less expenses. Subtract line 2 from line 1		968	815.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments		-20	747.		
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments			_		
9	Other changes in net assets or fund balances (explain on Schedule O)	_		_		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		421	170		
Part			457	//8.		
rait	Check if Schedule O contains a response or note to any line in this Part XII					
_	Officer if concede o contains a response of note to any line in this Part XII	5 (17)	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 on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X		
	Separate basis Consolidated basis Both consolidated and separate basis	100		173		
b	Were the organization's financial statements audited by an independent accountant?	2b	×			
	X Separate basis Consolidated basis Both consolidated and separate basis	100		333		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	100		199		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х			
	If the organization changed either its oversight process or selection process during the tax year, explain on 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		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 on Schedule O and describe any steps taken to undergo such audits	3b				
		Eorm	990	(2021)		

### SCHEDULE A (Form 990)

Department of the Treasury

# 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 23-7437161 NORTHEAST SUSTAINABLE ENERGY ASSOC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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 I, Type II, Type III

(i) Name of supported organization (iii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vI) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

functionally integrated, or Type III non-functionally integrated supporting organization.

Total

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

(E)

BCA

Enter the number of supported organizations

Provide the following information about the supported organization(s).

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

ear (or fiscal year beginning in)  prants, contributions, and membership fees ad. (Do not include any "unusual grants.") receipts from admissions, merchandise services performed, or facilities ed in any activity that is related to the ration's tax-exempt purpose receipts from activities that are not an ed trade or business under section 513.  evenues levied for the ization's benefit and either paid to bended on its behalf alue of services or facilities hed by a governmental unit to the ization without charge.  Add lines 1 through 5.  ints included on lines 1, 2, and 3	(a) 2017 383230.	(b) 2018 385877.	(c) 2019 383984.	(d) 2020 618897.	(e) 2021 732090.	(f) Total 2504078.	
ed. (Do not include any "unusual grants.") receipts from admissions, merchandise services performed, or facilities ed in any activity that is related to the ration's tax-exempt purpose. receipts from activities that are not an ed trade or business under section 513. revenues levied for the ization's benefit and either paid to pended on its behalf alue of services or facilities hed by a governmental unit to the ization without charge.  Add lines 1 through 5. ints included on lines 1, 2, and 3	383230.	385877.	383984.	618897.	732090.	2504078.	
services performed, or facilities ed in any activity that is related to the ration's tax-exempt purpose. receipts from activities that are not an ed trade or business under section 513. reenues levied for the ization's benefit and either paid to pended on its behalf alue of services or facilities hed by a governmental unit to the ization without charge.  Add lines 1 through 5. ints included on lines 1, 2, and 3							
receipts from activities that are not an ed trade or business under section 513							
ization's benefit and either paid to bended on its behalf							
hed by a governmental unit to the ization without charge			4				
nts included on lines 1, 2, and 3							
	383230.	385877.	383984.	618897.	732090.	2504078.	
ed from disqualified persons							
ts included on lines 2 and 3 d from other than disqualified							
s that exceed the greater of \$5,000 of the amount on line 13 for the year							
nes 7a and 7b							
c support (Subtract line 7c from						2504078.	
B. Total Support						- must see	
			(c) 2019	(d) 2020	(e) 2021	(f) Total	
nts from line 6	383230.	385877.	383984.	618897.	732090.	2504078.	
income from interest, dividends,							
	24900.	36271.	5704.	2204.	4469.	73548.	
red after June 30, 1975							
	24900.	36271.	5704.	2204.	4469.	73548.	
ies not included on line 10b, whether			2105				
income. Do not include gain or rom the sale of capital assets							
support. (Add lines 9, 10c, 11,	408130.	422148.	389688.	621101.	736559.	2577626.	
5 years. If the Form 990 is for the orga	nization's first, se	econd, third, fourth	, or fifth tax year a	s a section 501(c)	(3)		
		PER					
The second secon		-	(6)	CONTROL OF THE PARTY OF THE PAR	15	97.15%	
						95.72%	
					I SULL	4.4.4.4.6	
			, column (f))	F-1 - F-1	17	2.85%	
						4.28%	
ment income percentage from 2020 Sc	AND RESIDENCE OF THE PARTY OF T		the state of the s	B	10	* * * * 7	
	ear (or fiscal year beginning in)  Ints from line 6 Income from interest, dividends, Ints received on securities loans, rents, Iss, and income from similar sources Interest dividends, Ints received on securities loans, rents, Iss, and income from similar sources Interest dividends, Ints received on securities loans, rents, Iss, and income from similar sources Interest dividends Interest div	ear (or fiscal year beginning in)  Ints from line 6 Income from interest, dividends, ints received on securities loans, rents, as, and income from similar sources ated business taxable income (less in 511 taxes) from businesses red after June 30, 1975 These 10a and 10b Income from unrelated business alies not included on line 10b, whether is the business is regularly carried on income. Do not include gain or from the sale of capital assets ain in Part VI.)  Support. (Add lines 9, 10c, 11, 2.)  Syears. If the Form 990 is for the organization's first, se ization, check this box and stop here  C. Computation of Public Support Percental support percentage for 2021 (line 8, column (f), divided to support percentage from 2020 Schedule A, Part III, line D. Computation of Investment Income Percentage from 2021 (line 10c, column (f),	ear (or fiscal year beginning in)  Into from line 6  Into me from interest, dividends, into received on securities loans, rents, is, and income from similar sources  ated business taxable income (less in 511 taxes) from businesses red after June 30, 1975  Interest 10a and 10b  Income from unrelated business ises not included on line 10b, whether it the business is regularly carried on income. Do not include gain or rom the sale of capital assets ain in Part VI.)  Support. (Add lines 9, 10c, 11, 2.)  5 years. If the Form 990 is for the organization's first, second, third, fourth ization, check this box and stop here.  C. Computation of Public Support Percentage is support percentage from 2020 Schedule A. Part III, line 15.  D. Computation of Investment Income Percentage them to income percentage for 2021 (line 10c, column (f), divided by line 13 to 13).	ear (or fiscal year beginning in) Ints from line 6 Income from interest, dividends, into received on securities loans, rents, is, and income from similar sources Interest of taxes in 511 taxes) from businesses red after June 30, 1975 Interest 10a and 10b Income from unrelated business Idea in come from unrelated business Idea in part VI.) Income Do not include gain or rom the sale of capital assets Idea in part VI.) Income Computation of Public Support Percentage Incomputation of Public Support Percentage Incomputation of Investment Income Percentage Incomputation of	ear (or fiscal year beginning in)  (a) 2017 (b) 2018 (c) 2019 (d) 2020  Ints from line 6  383230 385877 383984 618897  383230 38230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385877 383984 618897  383230 385271 5704 5704 5704 5704 5704 5704 5704 5704	ear (or fiscal year beginning in) Ints from line 6. Income from interest, dividends, ints received on securities loans, rents, is, and income from similar sources and discome from similar sources and of the same of the sam	

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### SCHEDULE D (Form 990)

# Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization 23-7437161 NORTHEAST SUSTAINABLE ENERGY ASSOC Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b c Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: b Assets included in Form 990, Part X

	TONTHUM DOD'T					-	44			
Pari	Organizations Maintaining Collect									
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other n	ecords	, check ar	ny of the follow	ing that	make significa	nt use o	rits	
a	Public exhibition		d 🗌	Loan or	exchange pro-	gram				
ь	Scholarly research		e [	Other						
c	Preservation for future generations		10.00	************						500
4	Provide a description of the organization's of	ollections and e	explain	how they	further the ord	anizatio	n's exempt pur	pose in	Part	
	XIII.	onounono ana c		,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than							☐ Ye	s 🗌	No
Pari	V Escrow and Custodial Arrangeme	ents.								
	Complete if the organization answe 990, Part X, line 21.		orm 9	90, Part	IV, line 9, or r	eported	an amount o	n Forn	n	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?							Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XII	and complete	the foll	lowing tab	le:	-		1000	15117	-
						-	Amount			
C	Beginning balance					10				
d		itions during the year								
e		tributions during the year					_	_		
f						2001000	and the billion	Пи	. [V]	N.
2a	Did the organization include an amount on I							Y6	x X	No
ь	If "Yes," explain the arrangement in Part XII	I. Check here if	the ex	planation	has been prov	ided on	Part XIII			
Part										
_	Complete if the organization answe							1		
		Current year		for year	(c) Two years b		Three years back		our years	
1a		0,000.	20,	000.	20,000		20,000.	1 20	00,00	U.
ь	Contributions							-		-
c	Net investment earnings, gains,									
	and losses		_			-		-		
d	Grants or scholarships		_					-	-	
	Other expenditures for facilities and programs									
	Administrative expenses							2		
g	End of year balance	0,000.	20.	000.	20,000		20,000.	. 20,000.		0.
2	Provide the estimated percentage of the cu						20,0001	-	,,	
a	Board designated or quasi-endowment			- ( 181						
b		00%								
c	Term endowment ► 0.00 %									
3a	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss			tion that a	so hald and a	Iministo	and for the			
36	organization by:	ession of the or	yanıza	non mar a	ne neid and ac	ministe	ed for the		Yes	No
	(i) Unrelated organizations							3a(i)	169	X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiz							3b	1 1	-
4	Describe in Part XIII the intended uses of the					of other	STATES TO SE			
Part	VI Land, Buildings, and Equipment. Complete if the organization answe			100		See For	m 990 Part )	( line 1	10	
	Description of property	(a) Cost or other	100000000000000000000000000000000000000	C SCHOOL STREET, STREE	or other basis		cumulated	CALL SOLUTION	ook valu	
	our gran or property	(investment			other)	1804	reciation	(0) B	JOK VAIL	
1a	Land					F. Carrie	A STATE OF THE PARTY OF THE PAR			
b	Buildings									
c	Leasehold improvements									
d	Equipment			26	5,573.	25	2,594.	1.	2,97	9.
0	Other									
Tota	<ol> <li>Add lines 1a through 1e. (Column (d) must</li> </ol>	equal Form 99	0 Part	X colum	n (R) line 10c	1		1	2.97	10

### SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Tressury
Internal Revenue Service

Name of the organization

NORTHEAST SUSTAINABLE ENERGY ASSOC

Employer Identification number 23-7437161

PART VI, LINE 11 B
ALL BOARD MEMBERS REVIEW AND APPROVE THIS FORM 990 BEFORE
SUBMISSION
PART VI, LINE 12C
ALL BOARD MEMBERS AND KEY EMPLOYEES REVIEW THE CONFLICT OF
INTEREST POLICY AND DISCLOSE CONFLICTS, IF ANY, AT LEAST
ANNUALLY.NO CONFLICTS WERE REPORTED THIS YEAR.
PART VI, LINE 15 A AND 15 B
ALL COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF
DIRECTORS AFTER ANNUAL EVALUATIONS OF ALL EMPLOYEES.
***************************************
***************************************
***************************************
••••••••••••••••••••••••••••••••••
***************************************