Extended to May 15, 2024 **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

<u>A 1</u>	or the	a 2022 calendar year, or tax year beginning 00L 1, 2022 and	ں enaing	UN 30, 202	<u> </u>
<b>B</b> (	Check if pplicable	GREEN ENERGI CONSUMERS		D Employer ident	ification number
	Addre:	S ALLIANCE, INC			
	Name chang	Doing business as		04-2791	314
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone num	ber
	Final return	284 Amory Street		617-524	-3950
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,325,013.
	Ameno			H(a) Is this a group	return
	Application	F Name and address of principal officer: Law Letter Cittle Clett		for subordinat	
	pendir		130	H(b) Are all subordinate	
<u> </u>	ax-exe	empt status: $X$ 501(c)(3) $\Box$ 501(c) ( ) (insert no.) $\Box$ 4947(a)(1) c	or 527	1	a list. See instructions
	Nebsit			H(c) Group exemp	
KF	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1982	M State of legal domicile; MA
	art I	Summary	•		<u> </u>
	1	Briefly describe the organization's mission or most significant activities: PROMO	NOITC	OF ENERGY	
JCe		AFFORTABILITY AND ENVIRONMENTAL SUSTAINAB			RGY
na.	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net a	assets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)			3   14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 14
وي پي		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5 27
iţie	I .	Total number of volunteers (estimate if necessary)			6 0
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			'a 0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			rb 0.
				Prior Year	Current Year
ø)	8	Contributions and grants (Part VIII, line 1h)		783,311	. 959,033.
Revenue	9	Program service revenue (Part VIII, line 2g)		7,845,586	. 10,356,800.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		469	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,877	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,625,489	. 11,294,413.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,320,197	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.
ę e	b	Total fundraising expenses (Part IX, column (D), line 25) 46,85	51.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,181,119	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,501,316	
	19	Revenue less expenses. Subtract line 18 from line 12		124,173	
Net Assets or			Ве	ginning of Current Yea	
sets	20	Total assets (Part X, line 16)		5,258,503	
t As	21	Total liabilities (Part X, line 26)		3,340,652	
캺	22	Net assets or fund balances. Subtract line 21 from line 20		1,917,851	. 2,037,483.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			my knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Cignature of officer		 Date	
Sig		Signature of officer		Date	
Her	е	Lawrence Chretien, Executive Director Type or print name and title			
			Tr	Date Check	PTIN
D . ' .		Print/Type preparer's name  Trans the property of the property	'	if	<u> Ш</u>
Paid		Jonathan Vitale		self-em	
	arer	Firm's name Raffol and Company, Inc.		Firm's EIN	47-1096596
use	Only	Firm's address 105 Chestnut Street Suite 11 Needham, MA 02492		Dhama m. 7	81-444-4926
N / -	, +b = 'F	•		I Phone no. 7	
ivia	, me it	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	990 (2022) ALLIANCE, INC 04-2791314 Page 2
Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	PROMOTION OF ENERGY AFFORTABILITY AND ENVIRONMENTAL SUSTAINABILITY.
	GREEN ENERGY CONSUMERS EASES THE BURDEN OF HIGH ENERGY COSTS THROUGH
	DISCOUNT HEATING OIL, EDUCATION ON ENERGY EFFICIENCY, PUBLIC ADVOCACY,
	AND AN "OIL BANK" FOR HOUSEHOLDS IN NEED. THE ORGANIZATION ALSO
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$9,594,436 • including grants of \$) (Revenue \$)
	GREEN POWER: THIS PROGRAM ENABLES CONSUMERS TO CHOOSE ELECTRICITY FROM
	RENEWABLE RESOURCES AND HELPS COMMUNITIES SUPPORT AFFORDABLE, LOCAL
	RENEWABLE ENERGY PROJECTS. OUR BIGGEST PROGRAM IN THIS AREA IS "GREEN
	MUNICIPAL AGGREGATION".
	MUNICIPAL AGGREGATION .
	000 101
4b	(Code:) (Expenses \$
	DISCOUNT HEATING OIL: GREEN ENERGY CONSUMERS USES THE PURCHASING POWER
	OF CONSUMERS TO NEGOTIATE BETTER HEATING OIL PRICES AND ENERGY
	EFFICIENCY SERVICES WITH PARTICIPATING DEALERS.
4c	(Code: ) (Expenses \$ 354,674. including grants of \$ ) (Revenue \$ )
	COMMUNITY PROGRAMS: GREEN ENERGY CONSUMERS IS ACTIVE IN LOCAL, STATE,
	AND REGIONAL DISCUSSIONS ABOUT ENERGY ISSUES, ADVOCATING FOR AFFORDABLE
	AND SUSTAINABLE SOLUTIONS. IN ADDITION, THE ORGANIZATION ALSO PROMOTES
	ENERGY EFFICIENCY AS A NECESSARY STEP TO ACHIEVE A CLEAN ENERGY FUTURE.
	DONATIONS CONTRIBUTED TO GREEN ENERGY CONSUMERS' "OIL BANK" PROVIDE
	FREE HEATING OIL DELIVERIES TO LOW-INCOME HOUSEHOLDS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 10,242,241.

Form **990** (2022)

## GREEN ENERGY CONSUMERS ALLIANCE, INC

Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	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	<u> </u>	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	<u> </u>	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	and the second s	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Ves " complete Schedule I, Parts I, and II	21		X

## GREEN ENERGY CONSUMERS ALLIANCE, INC

Form 990 (2022) ALLIANCE, INC
Part IV Checklist of Required Schedules (continued)

			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		Х
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	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		х
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		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
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? <i>If "Yes," complete</i>	<u> </u>		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OL		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 554		<u></u>
	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?	000		
33	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	"		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
00		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			ΩΩΩ	(2022)

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Form **990** (2022)

Form 990 (2022) ALLIANCE, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	o o o o o o o o o o o o o o o o o o o				Yes	No			
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			162	NO			
Za	filed for the calendar year ending with or within the year covered by this return	2a	27						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	•		2b	х				
3a	5111	·		3a		Х			
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule 6			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other at								
	financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account.	•		4a		X			
b	If "Yes," enter the name of the foreign country	,							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBA	R).						
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	tion?		5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	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	ns or gifts							
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided	to the payor?	7a		X			
b				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required							
	to file Form 8282?			7c		_X_			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7 <del>f</del> 7g					
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		n 1098-C'?	7h					
8	,								
•	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining days advised funds								
9 Sponsoring organizations maintaining donor advised funds.									
a b	Did the agree of a constitution and a self-tribution to a discount discount of the constitution of the con			9a 9b					
10	Section 501(c)(7) organizations. Enter:			90					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	100							
	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							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.					37			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income? .		16		<u> </u>			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.			Го	990	(0000)			
232005	12-13-22			LOUI		(2022)			

Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to into ea, ea, or rob solon, decorbed the chearington, proceeded, or analysis on contention of			77
<u>C</u>	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			ı
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			.,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GREEN ENERGY CONSUMERS ALLIANCE - 617-524-3950			
	284 AMORY STREET, JAMAICA PLAIN, MA 02130			

#### Form 990 (2022) 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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.

Name and title	Check this box if neither the organization		orga T	niza			nper	sate			<b>(E)</b>
Name and the   Notes per   N	(A)	(B)	(C) Position				(D)	(E)	(F)		
Week   Officer and a director/housewood   Inches   Officer and a	Name and title	1		not c	heck	more	than o		1		
Observation		'								l '	
Carrelle   Carrelle			ctor								
Carrello		hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
Carrelle   Carrelle		<b>I</b>	stee o	ruste			eusa			1099-NEC)	-
Carrelle   Carrelle			ıal tru	onal t		ploye	l com		1099-NEC)		
Carrelle   Carrelle			ndividu	stituti	fficer	ey em	ighest	ormer			organizations
X	(1) LAWRENCE CHRETIEN		=	=	0		工业	4			
CLERK	EXECUTIVE DIRECTOR				Х				135,776.	0.	22,459.
(3) KURT TEICHERT	(2) DAVID JACOBSON	2.00									•
X	CLERK		Х		Х				0.	0.	0.
(4) JULIA YUKI YAMAMOTO	(3) KURT TEICHERT	2.00									
TREASURER	ASSISTANT CLERK		Х		Х				0.	0.	0.
S   LAURA BROOKS   2.00   X   X   X   X   X   X   X   X   X	(4) JULIA YUKI YAMAMOTO	2.00									
VICE PRESIDENT	TREASURER		Х		X				0.	0.	0.
(6) RICHARD RUDOLPH	(5) LAURA BROOKS	2.00	1								
DIRECTOR	VICE PRESIDENT		Х		X				0.	0.	0.
Column		2.00	1								_
DIRECTOR			Х						0.	0.	0.
RESTOR   SASISTANT TREASURER   SASISTANT T	, , ,	2.00	l								_
DORED PRESIDENT   X			X						0.	0.	0.
Solution		2.00	l								•
DIRECTOR   X			X		X				0.	0.	0.
Column		2.00								•	•
DIRECTOR   X		2 00	X						0.	0.	0.
Column		2.00	₹.							0	0
DIRECTOR   X		2.00	A						0.	0.	0.
Column		2.00	×						0.	0.	0.
ASSISTANT TREASURER  (13) JENA GAINES  DIRECTOR  X  X  X  X  0.  0.  0.  0.  0.  0.  0.		2.00							•	•	•
DIRECTOR   X   D.   O.   O.   O.   O.   O.   O.   O.		2.00	x		x				0.	0.	0.
DIRECTOR		2.00	† <u></u>		<u></u>					•	
(14) MARY WAMBUI DIRECTOR  X  0. 0. 0.			x						0.	0.	0.
DIRECTOR X 0. 0. 0.	(14) MARY WAMBUI	2.00	T -								
	DIRECTOR		Х						0.	0.	0.
	-										
											<b>5 000</b> (0000)

Form 990 (2022)

	990 (2022) ALLIANCE									04-25	791:	314	Pag	ge <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	1	oloy	ees,			ghes	t C		, ,				
	<b>(A)</b> Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more son is	than of s both or/trus	an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related	n	Est am	( <b>F)</b> imated ount of other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	the organization (W-2/1099-MISC/ 1099-NEC)  the organization (W-2/1099-MISC/ 1099-NEC)					s	comp fro orga and	ensation the nization related	on d
16	Cubtatal								135,776.		0.	22	,45	9
С	Subtotal  Total from continuation sheets to Part VI  Total (add lines 1b and 1c)	I, Section A						 	0. 135,776.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	<del></del>		Yes	2 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i> For any individual listed on line 1a, is the su	uch individual										3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? <i>If</i> "Yes, accrue compen	" co sati	<i>mple</i> on fr	ete S rom a	Sche any	edule unre	J f	or such individual ed organization or individ	dual for services		4	Х	X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e <i>J f</i> e	or st	ıch r	oers	on .					5		Λ_
1	Complete this table for your five highest conthe organization. Report compensation for the	•	•						the organization's tax y	•	ensat			
	(A) Name and business	address	NO	ONE	€				(B) Description of s	ervices	С	( <b>C</b> ) ompen		
2	Total number of independent contractors (ir \$100,000 of compensation from the organization)	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than		Form 9	<b>90</b> (2)	022)

Page 9

## GREEN ENERGY CONSUMERS ALLIANCE, INC

Form 990 (2022) ALLIANC
Part VIII Statement of Revenue

		Check if Cabadula C contains a reconomic	ar noto to ony lin	o in this Dort \/III			
		Check if Schedule O contains a response of	or note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Toveride		business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns <b>1a</b>					
ran	b	Membership dues 1b					
Ω,E	С	Fundraising events 1c					
ifts Ir A	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	6	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants, and					
uti		similar amounts not included above <b>1f</b>	959,033.				
ä₽	_		202,000.				
ont	9	Noncash contributions included in lines 1a-1f		959,033.			
<u>о</u> в	n	Total. Add lines 1a-1f		939,033.			
			Business Code				
ce	2 a		221000	8,919,610.	8,919,610.		
rvi e	b	Green Power Service Fees	221000	872,343.	872,343.		
Series	С	Bulk Buying Service Fees	221000	425,616.	425,616.		
am	d	Membership Fees	221000	126,120.	126,120.		
Program Service Revenue	е	Consulting Fees	221000	13,088.	13,088.		
Pro	f	All other program service revenue	900099	23.			23.
		Total. Add lines 2a-2f		10,356,800.			
	3	Investment income (including dividends, intere					
	_	other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	·					
	5	Royalties(i) Real	(ii) Personal				
	_		(ii) i ersoriai				
		Gross rents 6a					
		Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
ne		and sales expenses					
Revenue	С	Gain or (loss) 7c					
3ev		Net gain or (loss)					
erl		Gross income from fundraising events (not					
Oth	_	including \$ of					
•		contributions reported on line 1c). See					
		Part IV, line 18 8a	9,180.				
	L		30,600.				
				21 420			21 420
		` ′		-21,420.			-21,420.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Snc	11 a						
nec	b						
Miscellaneous Revenue	C						
Sce	ن د						
Ξ	a	All other revenue					
		Total. Add lines 11a-11d  Total revenue. See instructions		11,294,413.	10356777.	0.	-21,397.

#### 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 respon				(P)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	135,776.	59,334.	64,901.	11,541
6	Compensation not included above to disqualified	•	,	,	•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	968,634.	702,452.	259,677.	6,505
8	Pension plan accruals and contributions (include	•	·	•	•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	196,215.	11,498.	184,717.	
10	Payroll taxes	97,407.	863.	96,544.	
11	Fees for services (nonemployees):				
а	Management				
b					
С					
d					
е					
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	194,844.	114,955.	66,467.	13,422
12	Advertising and promotion	59,826.		5,967.	1,031
13	Office expenses	24,768.		18,808.	752
14	Information technology	32,988.	11,605.	14,384.	6,999
15	Royalties				
16	Occupancy	100,021.		100,021.	
17	Travel	5,836.	3,470.	2,366.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,756.	2,865.	3,891.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	141,694.	119,808.	16,435.	5,451
23	Insurance	44,909.		44,909.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Renewable Energy Certif	8,889,047.	8,889,047.		
b	<u> </u>	91,177.	91,177.		
c	Data Managara	45,396.	45,396.		
d	<u> </u>	41,998.	41,998.		
е	All other expenses	121,905.	89,737.	31,018.	1,150
25	Total functional expenses. Add lines 1 through 24e	11,199,197.	10,242,241.	910,105.	46,851
26	<b>Joint costs</b> . 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)				

Form **990** (2022)

Form 990 (2022)
Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			683,416.	1	1,427,147
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		332,470.	3	388,506	
	4	Accounts receivable, net			2,558,170.	4	4,669,381
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial (	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	100 000
ţ	7	Notes and loans receivable, net			194,352.	7	133,369
Assets	8	Inventories for sale or use				8	15.000
⋖	9				832,308.	9	17,292
	10a	Land, buildings, and equipment: cost or othe		120 000			
		basis. Complete Part VI of Schedule D			20 451		21 500
	b	Less: accumulated depreciation	39,451.	10c	31,509		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin	257 712	13	222 724		
	14	Intangible assets	357,712.	14	233,734		
	15	Other assets. See Part IV, line 11			260,624.	15	403,792
	16	Total assets. Add lines 1 through 15 (must e			5,258,503. 3,252,133.	16	7,304,730 5,025,139
	17	Accounts payable and accrued expenses			3,232,133.	17	3,023,139
	18 19	Grants payable	88,496.	18 19	82,838		
	20	Deferred revenue		00,400.	20	02,030	
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Comple		- ( O - I I - I - D		21	
	22	Loans and other payables to any current or for				21	
Liabilities		trustee, key employee, creator or founder, su					
<u>i</u>		controlled entity or family member of any of t		· ·		22	
E	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lii					
		(0		·	23.	25	159,270
	26	Total liabilities. Add lines 17 through 25			3,340,652.	26	5,267,247
		Organizations that follow FASB ASC 958, o	heck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			1,199,231.	27	1,231,329 806,154
Ba	28	Net assets with donor restrictions			718,620.	28	806,154
pur		Organizations that do not follow FASB ASC	C 958, ch	eck here			
편		and complete lines 29 through 33.					
0 8	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	l income,	or other funds		31	
Š	32	Total net assets or fund balances			1,917,851.	32	2,037,483
	33	Total liabilities and net assets/fund balances			5,258,503.	33	7,304,730

Form	1990 (2022) ALLIANCE, INC	04-	<u>-27913</u>	14	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,	294	1,41	<u>13.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,			
3	Revenue less expenses. Subtract line 2 from line 1	3		95	5,23	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	917	7,85	51.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		24	1,41	16.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,	037	7,48	83.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				X
			_		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	: О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	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?		L	2b	Х	
	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 X 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?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					

Uniform Guidance, 2 C.F.R. Part 200, Subpart F? **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

Form 990 (2022)

#### **SCHEDULE A**

(Form 990)

Total

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.

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

OMB No. 1545-0047

Open to Public Inspection

GREEN ENERGY CONSUMERS **Employer identification number** Name of the organization ALLIANCE 04-2791314 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 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 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 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 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). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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) 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 functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

## ALLIANCE, INC

Part II 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
16a	<b>33 1/3</b> % <b>support test - 2022.</b> If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the	-			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				*	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-		•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schodulo A	(Form 990) 2022

#### Schedule A (Form 990) 2022

ALLIANCE, INC

## 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.)

Sac	qualify under the tests listed bettion A. Public Support	elow, please comp	lete Part II.)				
	•		(1) 00/0	( ) 2222	( )) 000 (	(),,,,,,,,	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	279,695.	582,297.	321,290.	783,311.	959,033.	2925626.
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	3853610.	5039650.	5769339.		10335357.	
3	Gross receipts from activities that are not an unrelated trade or bus-			001 005			001 005
	iness under section 513			281,895.			281,895.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	4133305.	5621947.	6372524.	8623580.	11294390.	36045746.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	115,000.	95,000.	50,000.			260,000.
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						0.
С	Add lines 7a and 7b	115,000.	95,000.	50,000.			260,000.
	Public support. (Subtract line 7c from line 6.)	-		-			35785746.
Sec	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	4133305.	5621947.	6372524.	8623580.	11294390.	36045746.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,934.	22,204.	20,048.	1,909.	23.	69,118.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	24,934.	22,204.	20,048.	1,909.	23.	69,118.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	4158239.	5644151.	6392572.	8625489.	11294413.	36114864.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, 1	ourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,
	check this box and <b>stop here</b>			•		. , . ,	· —
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	99.09 %
	Public support percentage from 2021					16	98.24 %
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	.19 %
	Investment income percentage from					18	.33 %
	33 1/3% support tests - 2022. If the						
.54	more than 33 1/3%, check this box ar						v
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
				•			(Form 000) 2022

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Schedule A (Form 990) 2022

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
ule A (For	m 990)	2022

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	GREEN ENERGY CONSUMERS			
Sche	dule A (Form 990) 2022 ALLIANCE, INC 04	1-279131	4 Pa	age <b>5</b>
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			I
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	ctions).		
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	lean instruction	no)	
2	Activities Test. Answer lines 2a and 2b below.	(SEE IIISHUCHOF	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	1.10
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
D				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement.	20		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.** 

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." describe in **Part VI** the role played by the organization in this regard.

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Schedule A (Form 990) 2022

Part V Type III Non

Ра	T V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
-	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
<del>.</del>	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3 and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019

Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

Scriedule A	(Form 990) 2022 ADDIANCE, THE
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	

# Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
	115,000.	95,000.	50,000.	0.	0.
Total to Schedule A, Part III, Line 7a	115,000.	95,000.	50,000.		

# Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2022** 

Name of the organization

GREEN ENERGY CONSUMERS ALLIANCE, INC

**Employer identification number** 

Organization type (check one):					
Filers of:		Section:			
Form 990	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> 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			
Note: Or	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	~	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$			
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).			

Name of organization
GREEN ENERGY CONSUMERS
ALLIANCE, INC

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Barr Foundation  Two Atlantic Avenue  Boston, MA 02110	\$	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	Energy Foundation  301 Battery Street, 5th Floor  San Francisco, CA 94111	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Rhode Island Foundation One Union Station Providence, RI 02903	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Anonymous  284 Amory Street  Jamaica Plain, MA 02130	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Anonymous  284 Amory Street  Jamaica Plain, MA 02130	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Jampart Charitable Trust  75 Arlington Street, Suite 710  Boston, MA 02116	\$\$	Person X Payroll

Schedule B (Form 990) (2022) Page

Name of organization
GREEN ENERGY CONSUMERS
ALLIANCE, INC

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional	i space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Barr Foundation - New England Wind Fund Two Atlantic Avenue Boston, MA 02110	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Environmental League of MA  15 Court Square, Suite 1000  Boston, MA 02108	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Everhope  321 South Main Street, Suite 550  Providence, RI 02903	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Anonymous  15 Court Square, Suite 1000  Jamaica Plain, MA 02130	\$6,000.	Person X Payroll
(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.)

Name of organization
GREEN ENERGY CONSUMERS
ALLIANCE, INC

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		   \$	
53 11-15-	20		Schedule B (Form 990) (20

Name of organization **Employer identification number** GREEN ENERGY CONSUMERS ALLIANCE, INC 04 - 2791314Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** GREEN ENERGY CONSUMERS 04-2791314 ALLIANCE, INC Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \_\_\_\_\_\_\$ \_\_\_\_ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

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	ALLIANCE,	INC	- F04/-\/0\  fil-		2791314 Page 2	
Part II-A Complete if the org section 501(h)).	anization is ex	empt under section	1 501(c)(3) and file	a Form 5768 (ei	ection under	
A Check if the filing organiza expenses, and share	e of excess lobbying	• . ,		group member's nam	ne, address, EIN,	
Limi	ts on Lobbying Ex	and "limited control" properties  oenditures  ounts paid or incurred.		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a Total lobbying expenditures to influ	uence public opinio	n (grassroots lobbying)				
<b>b</b> Total lobbying expenditures to influ						
c Total lobbying expenditures (add li						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure		- I\				
f _Lobbying nontaxable amount. Ente	er the amount from	the following table in bot	h columns.			
If the amount on line 1e, column (a) o	If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:					
Not over \$500,000						
Over \$500,000 but not over \$1,000	0,000 \$100	,000 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	00,000 \$175	,000 plus 10% of the exc	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000	Over \$17,000,000 \$1,000,000.					
g Grassroots nontaxable amount (en	•					
h Subtract line 1g from line 1a. If zer	o or less, enter -0-					
i Subtract line 1f from line 1c. If zero	or less, enter -0-					
j If there is an amount other than ze reporting section 4911 tax for this		or line 1i, did the organiza			Yes No	
(Some organizations the	nat made a sectior	Averaging Period Under 1 501(h) election do not arate instructions for li	have to complete all o	f the five columns b	elow.	
	Lobbying Ex	penditures During 4-Yea	ar Averaging Period		_	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total	
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
<b>d</b> Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots labbuing expanditures						

Schedule C (Form 990) 2022

ALLIANCE, INC

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b	))
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			2.4
	Media advertisements?	X	77		34.
	Mailings to members, legislators, or the public?	Х	X		375.
	Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?	_ A	Х		3/3.
	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?	Х	21	7	,003.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			,510.
	Other activities?		Х		,
j	Total. Add lines 1c through 1i			11	,922.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-\		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(	o), or sec	tion	
	501(c)(6).			Vac	No.
	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		• •		3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p		4		
5	expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions		4		
Par			3		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,	,		
Par	rt II-B, Line 1, Lobbying Activities:				
DIS	SCUSS LEGISLATION WITH ALLIES, EXECUTIVE BRANCH OFFI	CIALS	AND		
<u>LEC</u>	FISLATORS				
7 D	NIM I ECTULAMION AND DOLLOW DECADDING ODEENHOUGE CAG	DEDITO	TOM .	ENTED CV	
HD(	OUT LEGISLATION AND POLICY REGARDING GREENHOUSE GAS	KEDOCI	LION,	<u>сиске х</u>	
मसम	FICIENCY, TRANSPORTATION ELECTRIFICATION, AND UTILIT	יץ אר	TIREME	ит Оғ	
<u> </u>	1011MCI, INMIDIONIMITON LIBERINIFICATION, AND UTILII	1 1100	, O 1 ( 11 11 11 11 11 11 11 11 11 11 11 11	.,1 01	
ENE	ERGY SUPPLY.				
			Cohodu	le C (Form	000/ 0000

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

GREEN ENERGY CONSUMERS

ALLIANCE, INC

**Employer identification number** 04 - 2791314

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised failus	(b) i unus and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking of Violations, and officially con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III Organizations Maintaining Col	lections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	Continu	ued)
3	Using the organization's acquisition, accession,								(OOTTERNIC	<i>.</i>
•	collection items (check all that apply):		o, oo				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	e			mango progre					
c	Preservation for future generations	J								
4	Provide a description of the organization's colle	ctions and explain	how th	ev further th	ne organizatio	n's exem	nt nurnos	e in Part	XIII	
5	During the year, did the organization solicit or re	· ·		•	-			oo iiii ait	7.III.	
·	to be sold to raise funds rather than to be maint								Yes	☐ No
Par	t IV Escrow and Custodial Arrange									110
	reported an amount on Form 990, Part X		)	organizatio	ir anoworda	100 0111	01111 000	, , , , , ,		
	Is the organization an agent, trustee, custodian		iary for o	contribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?		•						Yes	No
b	If "Yes," explain the arrangement in Part XIII and									
_	The rest, explain are arrangement in real vinit arr		g .	a					Amount	
c	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Forn								Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch						•		_	
Par										
		(a) Current year		Prior year	(c) Two year			ears back	(e) Four	years back
1a	Beginning of year balance	,				,			. ,	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curren	t vear end balance	e (line 1d	r column (a	)) held as:	ı			ı	
a	Board designated or quasi-endowment	t your one balance	% %	y, 001011111 (a)	,, nora ao.					
b	Permanent endowment	%	_^~							
	Term endowment %									
_	The percentages on lines 2a, 2b, and 2c should	egual 100%.								
За	Are there endowment funds not in the possessi	•	tion tha	t are held ar	nd administer	ed for the	<b>.</b>			
	organization by:								[	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the or									•
Par	t VI Land, Buildings, and Equipmer									
	Complete if the organization answered "	Yes" on Form 990	, Part IV	/, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investn			(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements			4	0,249.		22,65	6.	17	,593.
	Equipment			9	8,558.		84,64	12.		,916.
	Other									
	. Add lines 1a through 1e. (Column (d) must eau	al Form 990 Part	X colun	nn (R) line 1	Oc.)				31	,509.

Schedule D (Form 990) 2022

,	NC	04	-2791314 Page 3
Part VII Investments - Other Securities.	on Form 000 Dort IV line	11h Coo Form 000 Port V line 10	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Wethod of Valuation. Cost of end	-or-year market value
(1) Financial derivatives (2) Closely held equity interests			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 B + 11/4 II	44.1.0. 5	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(In) Deadarates
	Description		(b) Book value
(1) SECURITY DEPOSIT			227,823.
(2) INTEREST RECEIVABLE			16,811.
(3) INVESTMENT IN SUBSIDIARY			1,000.
(4) Right-of-Use Asset			158,158.
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.15)		403,792.
Part X Other Liabilities.	<del>3 10.)</del>		403,732.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability		,	(b) Book value
(1) Federal income taxes			(4)
(2) Lease Liability			159,270.
(3)			=== ,=. 0 0
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		159,270.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

ALLIANCE, INC

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With R	evenue per Ret	turn.	у
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	11,325,013.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	1 1			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	1	30,600.		
е	Add lines 2a through 2d			2e	30,600.
3	Subtract line 2e from line 1			3	11,294,413.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,294,413.
Pal	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per H	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				11 000 505
1	Total expenses and losses per audited financial statements			1	11,229,797.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses	2c	20 600		
d	Other (Describe in Part XIII.)		30,600.		20 600
е	Add lines 2a through 2d			2e	30,600.
3	Subtract line 2e from line 1			3	11,199,197.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,199,197.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			Part 2	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional informa	ation.		
Dar	rt XI, Line 2d - Other Adjustments:				
rai	c x1, line 2d - Other Adjustments.				
F:376	ent reduction of income				30,600.
	iii icaaccion oi income				30,000.
Par	t XII, Line 2d - Other Adjustments:				
	e iii, line la conci najasements.				
Eve	ent expenses				30,600.
					30,000

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Department of the Treasury

GREEN ENERGY CONSUMERS ALLIANCE, INC

 $\begin{array}{c} \text{Employer identification number} \\ 0.4-2.791314 \end{array}$ 

OMB No. 1545-0047

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		<b>(B)</b> Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LAWRENCE CHRETIEN	(i)	135,776.	0.	0.	0.	22,459.	158,235.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)						<u> </u>	

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GREEN ENERGY CONSUMERS ALLIANCE, INC

**Employer identification number** 04 - 2791314

Form 990, Part I, Line 1, Description of Organization Mission: CONSUMERS EASES THE BURDEN OF HIGH ENERGY COSTS THROUGH DISCOUNT HEATING OIL, EDUCATION ON ENERGY EFFICIENCY, PUBLIC ADVOCACY, AND AN "OIL BANK" FOR HOUSEHOLDS IN NEED. THE ORGANIZATION ALSO PROMOTES THE DEVELOPMENT AND USAGE OF RENEWABLE ENERGY SOURCES BY MEMBERS OF THE ORGANIZATION AND THE PUBLIC AT LARGE. Form 990, Part III, Line 1, Description of Organization Mission:

PROMOTES THE DEVELOPMENT AND USAGE OF RENEWABLE ENERGY SOURCES, ELECTRIC VEHICLES, AND HEAT PUMPS BY MEMBERS OF THE ORGANIZATION AND THE PUBLIC AT LARGE.

Form 990, Part VI, Section B, line 11b:

ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD OF DIRECTORS REVIEWS FINANCIAL STATEMENTS USED AS INPUT TO THE FORM 990. THE FINANCE DIRECTOR AND EXECUTIVE DIRECTOR REVIEW THE FORM 990

Form 990, Part VI, Section B, Line 12c:

BOARD MEMBERS ARE GIVEN A CONFLICT OF INTEREST POLICY AND PROCEDURE DOCUMENT WHEN THEY JOIN THE BOARD. BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY AND REPORT ANY CONFLICTS AS THEY ARISE.

Form 990, Part VI, Section B, Line 15:

COMPENSATION PROCESS FOR TOP OFFICIAL THE REVIEW AND APPROVAL

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

Schedule O (Form 990) 2022

BEFORE IT IS E-FILED.

Schedule O (Form 990) 2022			Page 2
Name of the organization GREEN ENERGY CONSUMERS ALLIANCE, INC	Employer 04-	ation number 314	
COMPENSATION FOR THE EXECUTIVE DIRECTOR IS COMPLETED ANNUA	LLY BY	THE	BOARD
OF DIRECTORS.			
Form 990, Part VI, Section C, Line 19:			
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON	REQUES'	г.	
Form 990, Part XI, line 9, Changes in Net Assets:			
Net gain in Subsidiary		2	24,416.
Form 990, Part XII, Line 2C			
No changes frm prior year.			

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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 GREEN ENERGY C ALLIANCE, INC	ONSUMERS				Employer identif	ication nu 314	ımber
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes	on Form 990, Part IV, line 33	3.				
(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year a		controlling	9
			Part IV Frag 04 h				
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, t	ecause it had one o	or more related tax-exe	empt ————	
(a)  Name, address, and EIN  of related organization	(b) Primary activity			<b>(f)</b> Direct controlling entity	Direct controlling   Section 512(b)		
		Toroigir oddinary)		501(c)(3))		empt  Section 8 controlling	No

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
Amory Street Energy Ventures, Inc 35-2431128, 284 Amory Street, Jamaica Plain, MA 02130	Energy	MA	N/A	C CORP					x

#### Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X					
	Gift, grant, or capital contribution to related organization(s)	1b		X					
	Gift, grant, or capital contribution from related organization(s)	1c		X					
	Loans or loan guarantees to or for related organization(s)	1d		X					
е	Loans or loan guarantees by related organization(s)	1e		X					
f	Dividends from related organization(s)	1f		X					
g	Sale of assets to related organization(s)	1g		X					
	Purchase of assets from related organization(s)	1h		X					
i	Exchange of assets with related organization(s)	1i		X					
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X					
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х					
m	m Performance of services or membership or fundraising solicitations by related organization(s)			X					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X					
0	Sharing of paid employees with related organization(s)	10		X					
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		X					
q	Reimbursement paid by related organization(s) for expenses	1q		X					
r	Other transfer of cash or property to related organization(s)	1r		Х					
s	Other transfer of cash or property from related organization(s)	1s		Х					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000