Form **990**

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.

Depa	artment o	f the Treasury nue Service Go to www.irs.gov/Form990 for instructions and the la	•	Open to Public Inspection
			g JUN 30, 2022	
В	Check if applicable	C Name of organization GREEN ENERGY CONSUMERS	D Employer identification	ation number
	Addres	S ALLIANCE, INC		
	Name change	Doing business as	04-279131	. 4
L	Initial	Number and street (or P.O. box if mail is not delivered to street address)	· · · · · · · · · · · · · · · · · · ·	
	Final return/ termin		617-524-3	
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	8,632,215.
F	return	UAMAICA PLAIN, MA UZISU	H(a) Is this a group ret	
L	tion pendin	F name and address of principal officer: Law Leff Cliffecteri	for subordinates?	
	Fav. av.	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$ or	H(b) Are all subordinates inc	
		te: NWW.GREENENERGYCONSUMERS.ORG	H(c) Group exemption	st. See instructions
			Year of formation: 1982 M	
	art I	Summary	Tour or formation, = = = = III	otato or rogar dormono, ====
	1	Briefly describe the organization's mission or most significant activities: PROMOTIC	ON OF ENERGY	
Activities & Governance		AFFORTABILITY AND ENVIRONMENTAL SUSTAINABILI		SY .
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	more than 25% of its net asse	ets.
ove	3		3	14
ত জ	4	Number of independent voting members of the governing body (Part VI, line 1b)		14
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		23
Ĭ	6	Total number of volunteers (estimate if necessary)		0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	l D	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	321,290.	Current Year 783,311.
	9		5,785,723.	7,845,586.
Ver	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,664.	469.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22122	-3,877.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,391,572.	8,625,489.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	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.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 59,559.		
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,958,860.	7,181,119.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,344,067.	8,501,316.
	19	Revenue less expenses. Subtract line 18 from line 12	47,505.	124,173.
ts or		Tabel accords (Dark V. Para 40)	Beginning of Current Year 4,616,563.	End of Year 5,258,503.
Asse	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	2,851,164.	3,340,652.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	1,765,399.	1,917,851.
	art II	Signature Block	27,0070001	2/32//0020
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my l	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
Sig	n	Signature of officer	Date	
Her	·e	Lawrence Chretien, Executive Director		
		Type or print name and title	Doto Laure	
		Print/Type preparer's name Preparer's signature	Date Check if	PTIN
Paid		Jonathan Vitale	self-employed	•
	Only	Firm's name Raffol and Company, Inc. Firm's address 105 Chestnut Street Suite 11	Firm's EIN ▶ 4	17-1096596
სამ	Only	Needham, MA 02492	Dhone no 791	-444-4926
		INCCATION, PIA VATJA	I FIIOHE HO. / O I	

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? See instructions

Form **990** (2021)

X Yes No

Pai	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
	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 \$7,180,120. 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".
4b	(Code:) (Expenses \$ 377,006 • including grants of \$) (Revenue \$)
	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 \$313,319. 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 ► 7,870,445.
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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		Х
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,	۰		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	- IZu		
D		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-2	Х
	Did the appropriation projection of the construction of the Helical Obstace	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		 ^
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	4 41:		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> X</u>
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>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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 "Yes." complete Schedule I. Parts I and II	21		Х
				_

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GREEN ENERGY CONSUMERS 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		X
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			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		_
C		24c		
لم ما	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	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?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Chester Constitute Contrating a respective of free to any life in the fact v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29		162	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	10	X	
	Garming/ withings to prize without:	1c	22	

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Form 990 (2021) ALLIANCE, INC

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

	Continued)								
0-	Enter the growth are of annular constraint on Forms W.O. Transported of Ways and Toy Claterrants	ı	1 1		Yes	No			
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	23						
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		1	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instruction			20					
За	Did the approximation have provided by since areas income of \$4,000 areas admired the years.			3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		Х			
b	If "Yes," enter the name of the foreign country		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		_X_			
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor?	7a		_X_			
				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			37			
	to file Form 8282?	1	1	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization during the year pay promiums directly or indirectly on a personal benefit contract?								
† ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual preparty, did the organization file.		00 00 10 00 110 00	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h					
h g	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
sponsoring organization have excess business holdings at any time during the year?									
9 Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?									
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		_			
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	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	امد ا	I						
_	organization is licensed to issue qualified health plans	13b 13c							
	Enter the amount of reserves on hand			1/10		X			
				14a 14b					
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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.									
16	ne?	16		X					
	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "Yes," complete Form 4720, Schedule O.	•							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	-		17					
	If "Yes." complete Form 6069.								

ALLIANCE, INC

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			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 1b 14							
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		Х				
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	Х					
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13							
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	X					
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?							
	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	X					
	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		X				
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						
	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)	availat	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	tinano	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 CREEN ENERGY CONCINERS ALLIANCE - 617-524-3950							
	GREEN ENERGY CONSUMERS ALLIANCE - 617-524-3950 284 AMORY STREET, JAMAICA PLAIN , MA 02130							
	AUT AMONI DINDDI, UAMALCA FUAIN , MA VAIDV							

132006 12-09-21

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)		any related organization compensated (B) (C)						(D)	(E)	(F)		
Name and title	Average		Position					Reportable	Reportable	Estimated		
riamo ana tito	hours per		not cl					compensation	compensation	amount of		
	week		officer and a director/trustee)					from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or dir	92			ated		organization	(W-2/1099-MISC/	from the		
	related	ıstee	truste		es.	bens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual trı	tional) ploy	t com		1099-NEC)		and related organizations		
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations		
(1) LAWRENCE CHRETIEN	40.00	1	_		_	1 0						
EXECUTIVE DIRECTOR				Х				130,008.	0.	23,740.		
(2) DAVID JACOBSON	2.00											
CLERK		Х		Х				0.	0.	0.		
(3) SUE ANDERBOIS	2.00											
ASSISTANT CLERK		Х		Х				0.	0.	0.		
(4) YUKI YAMAMOTO	2.00	1							_	_		
TREASURER		Х		Х				0.	0.	0.		
(5) LAURA BROOKS	2.00	l										
VICE PRESIDENT		Х		Х				0.	0.	0.		
(6) DEBRA PERRY	2.00	l										
PRESIDENT		Х		Х				0.	0.	0.		
(7) RICHARD RUDOLPH	2.00								•	•		
DIRECTOR	2 00	Х						0.	0.	0.		
(8) BRUCE BIEWALD	2.00	. ,							0	0		
DIRECTOR (9) DEBORAH DONOVAN	2.00	Х						0.	0.	0.		
DIRECTOR	2.00	х						0.	0.	0.		
(10) ROBERT SHATTEN	2.00	^						0.	0.	0.		
DIRECTOR	2.00	Х						0.	0.	0.		
(11) TOM REID	2.00	25						0.	0.	<u> </u>		
DIRECTOR	2.00	x						0.	0.	0.		
(12) KURT TEICHERT	2.00							•				
DIRECTOR		x						0.	0.	0.		
(13) EMILY KOO	2.00								<u> </u>			
DIRECTOR		Х						0.	0.	0.		
(14) SANDI BAGLEY	2.00											
DIRECTOR		Х						0.	0.	0.		
(15) JEAN-PIERE MITTAZ	2.00											
DIRECTOR		Х						0.	0.	0.		
		1										
		<u> </u>				_						
		1										
										5 000 (2224		

-orn	GREEN ENI 1 990 (2021) ALLIANCE		ISU	ME	RS	i				04-2	791	314	Р	age 8
Pa	rt VII Section A. Officers, Directors, Trus		oloy	ees,	and	d Hig	ghes	t C	ompensated Employee					
	(A) Name and title	(B) Average hours per week	box	not cl	Posi heck i	more rson i	than o s both or/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	on	am	(F) timate ount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	is SC/	comp fro orga and		ation ne tion ted
	Subtotal Total from continuation sheets to Part VI								130,008.		0.			40. 0.
	Total (add lines 1b and 1c)							<u> </u>	130,008.		0.	23	3,7	40.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			2
_	5										ı		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s.	•		еу е	mpi	oye	e, or	nıg	nest compensated empl	oyee on		3		Х
4	For any individual listed on line 1a, is the su			mpe	nsa	tion	and	oth	ner compensation from the	ne organization				
	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	-				-		elate	ed organization or indivic	lual for services		5		Х
Sec	ction B. Independent Contractors	piete Scriedule	; J 10	JI SL	ICIT L	Jers	OII .							
1	Complete this table for your five highest co										oensat	ion fro	m	
	the organization. Report compensation for (A)	ine calendar ye	ai c	iluii	ig w	шт	JI VVI		(B)	cai.		(C	:)	
	Name and business	address	NC	ONE	3			_	Description of s	ervices	C	omper		n
								_						
								_						
								- 1						

Form **990** (2021)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2021) ALLIANO
Part VIII | Statement of Revenue ALLIANCE, INC

· u	1 L VI		Cabadula O				or note to only lin	as in this Dort VIII			
		Check if 8	Scriedule O (contair	is a respo	nse	or note to any iir	ne in this Part VIII	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenuè excluded
									function revenue	business revenue	from tax under sections 512 - 514
	_				141						360110113 3 12 - 3 14
ints	1 6	Federated ca	_					-			
Gra		• Membership						-			
ts, ((Fundraising e						-			
Gif ilar	(d Related organ									
ns,	•	e Government									
er S	1	All other contril					E02 211				
di A		similar amount	s not included	above			783,311.				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contribut				<u> </u>		T00 011			
<u>a</u> <u>ö</u>		1 Total. Add lin	es 1a-1f				.	783,311.			
					_		Business Code	5 0 5 0 5 1 0	5 0 5 0 5 1 0		
မွ	2 8	Contrac						6,370,513.	6,370,513.		
ēŽ	ŀ	Green P					221000	902,475.			
Scon	(Bulk Bu			ice F	<u>e</u>	221000	429,008.			
ran Sev	(Members					221000	130,447.			
Program Service Revenue	•	• <u>Consult</u>					221000	11,703.	11,703.		
ሏ	1	f All other prog	ram service	revenu	ie			1,440.	1,440.		
		Total. Add lin	es 2a-2f					7,845,586.			
	3	Investment in	•	-							
		other similar a	amounts)					469.			469.
	4	Income from	investment c	of tax-e	xempt bo	nd p	roceeds				
	5	Royalties		·							
				L	(i) Rea		(ii) Personal				
	6 a	Gross rents		6a							
	ŀ	Less: rental e	xpenses	6b							
	(Rental income	e or (loss)	6c							
	(d Net rental inc	ome or (loss)	$\overline{}$							
	7 a	Gross amount f	from sales of	L	(i) Securit	ies	(ii) Other				
		assets other that	an inventory	7a							
	ŀ	Less: cost or o	other basis								
ne		and sales exper	nses	7b							
Revenue	(Gain or (loss)		7c							
	(d Net gain or (lo	oss)								
her	8 8	Gross income f	rom fundraisir	ng even	ts (not						
₽		including \$ _			of						
		contributions	reported on	line 1	c). See						
		Part IV, line 1				8a	2,849.				
	ŀ	Less: direct e	xpenses			8b	6,726.				
	(Net income o	r (loss) from	fundra	ising ever	nt <u>s</u>		-3,877.			-3,877.
	9 a	Gross income	e from gamin	g activ	rities. See						
		Part IV, line 1	9			9a					
	ŀ	Less: direct e	xpenses			9b					
	(Net income o	r (loss) from	gamin	g activitie	s	<u></u>				
	10 a	a Gross sales o	f inventory, I	ess ret	turns						
		and allowance	es			10a					
	ŀ	Less: cost of	goods sold			10b					
		Net income o	r (loss) from	sales c	of invento	ry					
_v							Business Code				
Miscellaneous Revenue	11 a	a									
scellaneo Revenue	ŀ	o									
Sell	(=									
Misc	(d All other reve	nue								
	•	Total. Add lin	es 11a-11d								
	12	Total revenue.	See instruction	ons				8,625,489.	7,845,586.	0.	-3,408.

Part IX | Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must com	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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,	120 000	FC 010	62 124	11 064
	trustees, and key employees	130,008.	56,810.	62,134.	11,064.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	024 446	CEO (10	262 404	10 242
7	Other salaries and wages	934,446.	658,619.	263,484.	12,343.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	168,627.	113,865.	51,025.	2 727
9	Other employee benefits	87,116.	58,551.	26,648.	3,737. 1,917.
10	Payroll taxes	01,110.	30,331.	20,040.	1,311
11	Fees for services (nonemployees):				
a	Management				
b	•				
q	• • • • • • • • • • • • • • • • • • • •				
d e					
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	138,563.	58,479.	65,953.	14,131.
12	Advertising and promotion	60,964.	58,466.	2,011.	487.
13	Office expenses	56,792.	28,102.	21,898.	6,792.
14	Information technology	42,877.	39,902.	2,775.	200.
15	Royalties	,	ļ	,	
16	Occupancy	96,681.	64,013.	30,477.	2,191.
17	Travel	824.	234.	590.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,120.	1,750.	2,370.	
20	Interest	626.	590.	36.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	130,294.	110,238.	15,165.	4,891.
23	Insurance	27,317.	18,360.	8,356.	601.
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	6,419,984.	6,419,984.		
b	Grant expense	47,964.	47,964.		
С	Copying, printing, mail	41,005.	37,423.	2,809.	773.
d	Commissions and broker'	32,932.	32,932.		
е	All other expenses	80,176.	64,163.	15,581.	432.
25	Total functional expenses. Add lines 1 through 24e	8,501,316.	7,870,445.	571,312.	59,559.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2021)
Part X Balance Sheet

art	^	Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,452,898.	1	683,416
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			201,636.	3	332,470
		Accounts receivable, net	1,422,562.	4	2,558,170		
		Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial o	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			
μ	7	Notes and loans receivable, net	166,073.	7	194,352		
Assets	8	Inventories for sale or use				8	
As	9				694,094.	9	832,308
1	10a	Land, buildings, and equipment: cost or othe	r	Ι			
		basis. Complete Part VI of Schedule D	10a	131,375.			
	b	Less: accumulated depreciation	10b	91,924.	31,454.	10c	39,451
1	11	Investments - publicly traded securities			11		
1	12	Investments - other securities. See Part IV, lir		12			
1	13	Investments - program-related. See Part IV, lii		13			
1	14	Intangible assets	419,023.	14	357,712		
1	15	Other assets. See Part IV, line 11		228,823.	15	260,624	
1	16	Total assets. Add lines 1 through 15 (must e			4,616,563.	16	5,258,503
1	17	Accounts payable and accrued expenses	2,621,878.	17	3,252,133		
1	18	Grants payable		18			
1	19	Deferred revenue		227,963.	19	88,496	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Comple				21	
, 2	22	Loans and other payables to any current or fo	ormer offic				
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of t				22	
2 ڈ	23	Secured mortgages and notes payable to uni	elated thi	Г		23	
2	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D			1,323.	25	23
2	26	Total liabilities. Add lines 17 through 25			2,851,164.	26	3,340,652
		Organizations that follow FASB ASC 958, o	heck her	e ▶ X			
g		and complete lines 27, 28, 32, and 33.		L			
<u> </u>	27	Net assets without donor restrictions	1,242,323.	27	1,199,231		
2 2	28	Net assets with donor restrictions	523,076.	28	718,620		
₽		Organizations that do not follow FASB ASG					
2		and complete lines 29 through 33.		L			
5 2	29	Capital stock or trust principal, or current fun	ds			29	
ğ 3	30	Paid-in or capital surplus, or land, building, or				30	
ž 3	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,765,399.	32	1,917,851
	33	Total liabilities and net assets/fund balances			4,616,563.	33	5,258,503

Pa	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	8,62		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,50		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>4,1</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,76	<u>5,3</u>	<u>99.</u>
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	2	8,2	79 .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,91	7,8	<u>51.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

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.

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► 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

Name of the organization **Employer identification number** GREEN ENERGY CONSUMERS ALLIANCE 04-2791314 INC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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. 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 n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	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.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(4) = 0	(2) 20:0	(0) = 0 + 0	(4) = 3 = 3	(0) = 0 = 1	(1) 1014
	Gross income from interest.						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th	-					
	organization, check this box and stor	-		· · · · · · · · · · · · · · · · · · ·			ightharpoonup
Sec	tion C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020		•			15	%
	33 1/3% support test - 2021. If the o					ore, check this box	and
	stop here. The organization qualifies	-					. —
b	33 1/3% support test - 2020. If the c		-				
	and stop here. The organization qual						\
17a	10% -facts-and-circumstances test	•	• •				
	and if the organization meets the facts						
	meets the facts-and-circumstances te			=			▶ □
b	10% -facts-and-circumstances test	•					
	more, and if the organization meets the						
	organization meets the facts-and-circu		•		• •		ightharpoonup
18	Private foundation. If the organizatio						
	.				_	_	

Schedule A (Form 990) 2021

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 be Section A. Public Support	elow, please comp	lete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	276,010.	279,695.	582,297.	321,290.	783,311.	2242603.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3698192.	3853610.	5039650.	5769339.	7840269.	26201060.
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513				281,895.		281,895.
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3974202.	4133305.	5621947.	6372524.	8623580.	28725558.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	150,000.	115,000.	95,000.	50,000.		410,000.
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	,	·	·	·		0.
amount on line 13 for the year	150 000	115,000.	95,000.	50,000.		410,000.
c Add lines 7a and 7b	130,000.	113,000.	23,000.	30,000.		28315558.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						20313330.
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	3974202.	4133305.	5621947.	6372524.	8623580	28725558.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26,811.		22,204.		1,909.	95,906.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	,	·	·	·	•	,
c Add lines 10a and 10b	26,811.	24,934.	22,204.	20,048.	1,909.	95,906.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	, ,	, -	,	, , ,	,	,
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.)	4001013.	4158239.	5644151.	6392572.	8625489.	28821464.
14 First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
check this box and stop here			<u></u>		<u></u>	>
Section C. Computation of Publi	ic Support Per	centage				
15 Public support percentage for 2021 (I	line 8, column (f), d	ivided by line 13, c	olumn (f))		15	98.24 %
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	96.07 %
Section D. Computation of Inves	stment Income	Percentage				
17 Investment income percentage for 20	021 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.33 %
18 Investment income percentage from					18	1.00 %
19a 33 1/3% support tests - 2021. If the	•					,
more than 33 1/3%, check this box at	nd stop here. The	organization qualit	ies as a publicly s	upported organizat	tion	▶ X
b 33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, che	•			•	•	
20 Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see inst		/(Form 000) 2021

132023 01-04-22

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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		
3a		
3b		
3c		
00		
4a		
4b		
4c		
10		
5a		
F 1.		
5b 5c		
30		
6		
7		
7		
8		
9a		
6:		
9b		
9c		
30		
10a		
10b		

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	GREEN ENERGY CONSUMERS			
Sche	edule A (Form 990) 2021 ALLIANCE, INC 04	<u>4-279131</u>	.4 P	age 5
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		
	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		-	
	71		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or	163	INO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic			
	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 suppor			
	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				
	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			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			
			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 Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
		ections)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru The organization satisfied the Activities Test. Complete line 2 below.	cuons).		
a	· · · · · · · · · · · · · · · · · · ·			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	(see instruction	1 -	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			

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

these activities but for the organization's involvement.

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.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

3b | Schedule A (Form 990) 2021

2b

За

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 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 6 Multiply line 5 by 0.035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

instructions).

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

emergency temporary reduction (see 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 2021 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 **a** From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 ALLIANCE, INC U4-2/91314 Page 8
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.)
	(Gee instructions.)

SCHEDULE C (Form 990)

, om ooo,

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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 ALLIANCE. 04 - 2791314Part 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). 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 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 filing organization's contributions received and 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) 2021

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132041 11-03-21

Schedule C	(Form	aan)	2021
Scriedule C	(FOIIII	990)	2U2 I

Part II-A Complete if the org	anizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).						
A Check 🕨 🔲 if the filing organiza	tion belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar	re of exces	s lobbying e	expenditures).			
3 Check ▶ if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		_
		oying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence pub	ic opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influ	uence a leg	islative boo	ly (direct lobbying)			
c Total lobbying expenditures (add li	-		• • • • • • • • • • • • • • • • • • • •			
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) o			bying nontaxable ame			
Not over \$500,000	. (5) 10.		the amount on line 1e.	54111101		
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exce	ess over \$500 000		
Over \$1,000,000 but not over \$1,5	,		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,	·		00 plus 5% of the exces			
Over \$17,000,000	000,000	\$1,000,	•	33 Ονεί ψ1,300,000.		
Over \$17,000,000		Ψ1,000,	500.			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero		-10				
j If there is an amount other than ze			line 1i did the organiza			
reporting section 4911 tax for this			11, did the organize			Yes No
reporting education for trans-	your		eraging Period Under			
(Some organizations t	nat made				of the five columns b	elow.
, ,			ate instructions for lin			
	Lobi	ying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
(or nacar year beginning in)						
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						

Schedule C (Form 990) 2021

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	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k	p)
	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:		X		
	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	_ A	х		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		
g		Х		4	1,899.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		-
i	Other activities?		X		
j	Total. Add lines 1c through 1i			4	1,899.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
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 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is
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).				
а	Current year		2a		
b	Carryover from last year		2b		
С					
3	A		_		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	ide 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	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
Pai	rt II-B, Line 1, Lobbying Activities:				
DIS	SCUSS LEGISLATION WITH ALLIES, EXECUTIVE BRANCH OFFI	CIALS	AND		
LEC	GISLATORS				
ABO	OUT LEGISLATION AND POLICY REGARDING GREENHOUSE GAS	REDUCT	TION,	ENERGY	7
EF1	FICIENCY, TRANSPORTATION ELECTRIFICATION, AND UTILIT	Y PROC	CUREME	NT OF	
ENI	ERGY SUPPLY.				

Schedule C (Form 990) 2021

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	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	I funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
Day			
Par			urt IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	· —	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality of the toxy year	fied conservation contribution in the form of	Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		•
		vieture included in (e)	
	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired a		
u			
3	listed in the National Register		
3	vear	leased, extinguished, or terminated by the or	rganization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
_	>	3	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easements during the year
	▶ \$,
8	Does each conservation easement reported on line 2(d) above	e 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 conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	· · · · · ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance 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	· · · · · · · · · · · · · · · · · · ·	ain, provide
	the following amounts required to be reported under FASB A	_	.
	Revenue included on Form 990, Part VIII, line 1		. .
		o for Form 000	
∟⊓А	For Paperwork Reduction Act Notice, see the Instructions	סוטו רטוווו ששט.	Schedule D (Form 990) 2021

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

Pa	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	easures, o	r Other	Similar	Assets	(contin	ued)	<u></u>
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following that	make sig	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	ι 🔲 ι	oan or exc	hange progra	am					
b	Scholarly research	e	. 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how the	ey further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang	jements. Compl	ete if the	organizatio	n answered '	"Yes" on I	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	ontribution	s or other ass	sets not ir	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pal	T V Endowment Funds. Complete if										
	-	(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c should be a sh	•									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administer	ed for the	organiza	tion	г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		wment it	ınas.							
ı u	Complete if the organization answered) Part IV	line 11a S	See Form 990	Part X Ii	ine 10				
	· · · · · · · · · · · · · · · · · · ·							٠ .	(d) De el		
	Description of property	(a) Cost or obasis (investr			or other (other)		cumulate reciation	a	(d) Book	valu	e
1a	Land										
b	Buildings										
С	Leasehold improvements				0,249.		16,74				07.
d	Equipment			9	1,126.		75,18	32.	15	5,9	44.
е	Other]									
Tota	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X. colum	n (B). line 1	0c.)				3 9	, 4	51.

Schedule D (Form 990) 2021

ALLIANCE, INC

Part VII Investments - Other Securities.			•
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	l-of-year market value
(1) Financial derivatives			
(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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-ot-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.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	∋ 15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OTHER LIABILITIES			23.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 25.)	>	23.
2. Liability for uncertain tax positions. In Part XIII, provide			

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
3 8,625,489. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 8,508,042.
1 Total expenses and losses per audited financial statements 1 8,508,042.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
a Donated services and use of facilities
b Prior year adjustments
c Other losses
d Other (Describe in Part XIII.)
e Add lines 2a through 2d 2e 6,726.
3 Subtract line 2e from line 1 3 8,501,316.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII.)
c 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 8,501,316. Part XIII Supplemental Information.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
Part XI, Line 2d - Other Adjustments:
Tare Mr, Brite Ba Gener Majabemeneb.
Event reduction of income 6,726.
The reduction of free the state of the state
Part XII, Line 2d - Other Adjustments:
Event expenses 6,726.
27 CHO Chiperises

SCHEDULE J (Form 990)

Department of the Treasury

Part I

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

GREEN ENERGY CONSUMERS

ALLIANCE, INC

Questions Regarding Compensation

Employer identification number

04-2791314

			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		
2	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		
3	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			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		37
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		X
	The organization?	6a		X
D	Any related organization?	6b		lack
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		X
٥	not described on lines 5 and 6? If "Yes," describe in Part III	<i>'</i>		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		X
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-		-22
3	Regulations section 53 (1958.6/c)?	a		

Schedule J (Form 990) 2021

ALLIANCE,

Page 2

04 - 2791314

Schedule J (Form 990) 2021

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) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as defe on prior Form
(1) LAWRENCE CHRETIEN	(i)	130,008.	0	0	• 0	23,740.	153,748.	0
EXECUTIVE DIRECTOR	(ii)	0.	0.	0	• 0	0.	• 0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	⊞							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 AI

Part III Supplemental Information

Schedule J (Form 990) 2021 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 O (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

OMB No. 1545-0047

Inspection

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,

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

THE PUBLIC AT LARGE.

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 BEFORE IT IS E-FILED.

ELECTRIC VEHICLES, AND HEAT PUMPS BY MEMBERS OF THE ORGANIZATION AND

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 OF

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021			Page 2
Name of the organization GREEN ENERGY CONSUMERS ALLIANCE, INC		identific 27913	ation number
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'	Γ.	
Form 990, Part XI, line 9, Changes in Net Assets:			
Net gain in Subsidiary		2	28,279.
Form 990, Part XII, line 2c			
No change from prior year.			

SCHEDULE R (Form 990)

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

▶ Attach to Form 990.

Open to Public Inspection

Employer identification number 04-2791314

► Go to www.irs.gov/Form990 for instructions and the latest information. GREEN ENERGY CONSUMERS

INC

ALLIANCE,

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

2021

OMB No. 1545-0047

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(f) Direct controlling entity						nore related tax-exempt	(f) (g) Section 512(b)(13)	Uirect controlling controlled entity?	Yes No						
(e) End-of-year assets						ıse it had one or r	(e)	Public charity status (if section	501(c)(3))						
(d) Total income						'art IV, line 34, becau		exempt Code Puse State							
(c) Legal domicile (state or foreign country)						if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt		Legal domicile (state or foreign country)							
(b) Primary activity							(q)	Primary activity							
(a) Name, address, and EIN (if applicable) of disregarded entity						Part II Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year.	(a)	Name, address, and EIN of related organization							

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

Schedule R (Form 990) 2021

GREEN ENERGY CONSUMERS

ALLIANCE, Schedule R (Form 990) 2021

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. Part III

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(j) (k) General or Percentage managing ownership partner? Yes No		
o Per		
(j) General managii partner		
(i) (j) Code V-UBI General or P. amount in box managing o 20 of Schedule Yes No		
(h) Disproportionate allocations?		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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. Part IV

(a)	(q)	(c)	(p)	(e)	(f)	(6)	(h)	(E)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
Amory Street Energy Ventures, Inc 35-2431128, 284 Amory Street, Jamaica Plain,								
MA 02130	- Energy	MA	N/A	C CORP				×

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Schedule R (Form 990) 2021

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

Net of the state of the second					_
Note: Complete fine 1 if any entity is listed fit faits if, iii, or 17 of this sociedate. 1. During the tay year, did the organization engage in any of the following transactions with one or more related organizations listed in Darts II.N/2	s with one or more rel	i betail additezidenyo bete	p Darts II.IV.2		2
Beceipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity				4	×
	f.			2 4	×
b Gill, grant, or capital contribution to related organization(s)				2	4 :
c Gift, grant, or capital contribution from related organization(s)				ا د	×
				19	×
				4	×
				2	
				ţ	Þ
Lividends from related organization(s)				÷	∢
g Sale of assets to related organization(s)				19	×
Purchase of assets from related organization(s)				÷	×
				:	; Þ
i Exchange of assets with related organization(s)				=	∢ :
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
k Lease of facilities equipment or other assets from related organization(s)				¥	×
Doctormonon of convince or momborabin or fundamina colinitations for	(0)			Ŧ	×
Transmitted of services of inferribership of furbingishing solicitations for reflect of garden	al lization (3)			= ,	1 >
m Performance of services of membership of fundraising solicitations by related organization(s)	ınızation(s)			٤	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n	×
 Sharing of paid employees with related organization(s) 				10	X
s Baimhi reamant naid to related organization(s) for expanses				Ę	×
				2 ,	1 >
q Keimbursement paid by related organization(s) for expenses				5	4
r Other transfer of cash or property to related organization(s)				11	×
s Other transfer of cash or property from related organization(s)				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on when	vho must complete thi	s line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					
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ALLIANCE, INC

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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.

(k) ercentage ownership				
(j) General or P managing partner? Yes No				
Gene D man				
(i) (j) (k) Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No				
(h) Disproportionate allocations? Yes No				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) (er Yes No				
(d) Predominant income prelated, unrelated, excluded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				