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175 g 371

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	LOL IL	ne 2008 calendar year, or tax year beginning and ending		
	Check i	Planso C Name of organization	D Employer identifi	cation number
г	Addr	oss tabel of agreet market have on that thereous contain and one		,
7	X Chan		20-5	961645
ř	initia	Number and street (or P.O. box if mail is not delivered to street address) Room/su		
Ē	Term	m. Specific 20 INTUENCTIV PD		234-7048
Ē	Amer	nded tions City and All Company and All (4	G Grass receipts \$	34,667.
Ē	Appl	CAMBRIDGE, MA 02138	H(a) Is this a group re	
	pend	F Name and address of principal officer	for affiliates?	Yes X No
_			H(b) Are all affiliates inc	luded? Yes No
1		cempt status; [X] 501(c) (3) ◀ (insert no.)	If "No," attach a	list. (see instructions)
		ite: WWW.CLEANENERGYCOUNCIL.ORG/FOUNDATION	H(c) Group exemptio	
		A	ar of formation: 2007 A	A State of legal domicile: MA
<u> P</u>	art I			
ن	1	Briefly describe the organization's mission or most significant activities:		
Activities & Governance			ora, c	
Zie.	2	Check this box if the organization discontinued its operations or disposed of me		5. -
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		
45	4 5	Total number of employees (Part V, line 2a)		
iii	6	Total number of volunteers (estimate if necessary)		
Č.	73	Total gross unrelated business revenue from Part VIII, line 12, column (C)		0.
ď		Net unrelated business taxable income from Form 990-T, line 34	7b	
	 ~	THE CHINGRAP SOURCES LEADER HOSTING TO THE THE COURT OF T	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	200,204.	34,66%.
	9	Program service revenue (Part VIII, line 2g)		
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	163.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200,367.	34,667.
5	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
~	14	Benefits paid to or for members (Part IX, column (A), lines 1-3) Salaries, other componentian, employee benefits (Part IX, column (A), line 4)	· · · · · · · · · · · · · · · · · · ·	
ങ്	15		144,086.	
⊗ §	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
DEC 28 38 Expenses	þ	Total funoralsing expenses (Part IX, Column (D), line 25)		430
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses, Add lines 13-17 (must equal Part IX, column (A) line 25)	61,890.	408.
	18	Total expenses, Add lines 13-17 (must equal Part IX, column (A)-1176 25)	R. 1205,976.	408.
	19	Total expenses, Add lines 13-17 (must equal Part IX, column (A) line 25). Revenue less expenses. Subtract line 18 from line 125 TONEHAW,	<5,609.	
	20	Total assets (Part X, line 16)	Beginning of Year 16,058.	End of Year 28,650.
₫	ร์เ	Total liabilities (Part X, line 26)	21,667.	20,030.
	2 1	Net assets or fund balances Subtract line 21 from line 20	<5,609.	> 28,650.
		Signature Block , 1	<u> </u>	2010301
	~	Under penalities of carbert injective that have examined this return, including accompanying schedules and statement and complete. Designating property (pure than officer) is based on all information of which preparer has any knowledge.	s, and to the bost of my knowledg	e and belief, it is true, correct,
		and complete, Department of the property of the complete is passed on all millormation of which preparer has any knowled	j o.	
Sig	ın	NIII OVERT	8.7.09	
He		Signature of bricer	Date	
		Nicholas d'Arbeloff Executive Director	·	
		Type or print name and title		
Pai	d		Check if Prepare	r's identifying number tructions)
_ `	o parer's	signature F-9-01 e	inployed 🕨 💹	
	Only	Firm's name (or JAMES & GEORGE, P.C.	EIN -	
	•	scir-employed), address, and POCHON MA 02116		,
4.4		ZIP+4 BOSTON, MA 02116	Phone no. P 6	17-482-0272
		RS discuss this return with the preparer shown above? (see instructions)		Yes No
8320	101 12-1	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate in	STUCTIONS,	Form 990 (2008)



	990 (2008)	NEW ENGLAND CLEA	N ENERGY FOUNDATION	20-59	<u> 51645</u>	Page 2			
		of Program Service Accomp	isnments (see Instructions)						
1		organization's mission:				,			
			FOUNDATION'S MISSION			*.*			
	ENTITY OF THE NEW ENGLAND CLEAN ENERGY COUNCIL, IS TO ACCELER ENGLAND'S CLEAN ENERGY ECONOMY TO GLOBAL LEADERSHIP THROUGH								
				IP THROUGH					
		L AND ENRICHMENT PRO		lod on					
2			vices during the year which were not list		Yes	তে			
	the prior Form 990 o	ese new services on Schedule O.			res) ۱۷۵ لیمیا			
3			changes in how it conducts, any progra	m sanicas?	Yes	TY No.			
3	_	ese changes on Schedule O.	changes at now it conducts, any progra		163	١٩٥٠ ليكت			
4		——————————————————————————————————————	organization's three largest program se	ervices by expenses					
•	·	• •	947(a)(1) trusts are required to report th	• •					
		the total expenses, and revenue, if an		o amount or grains and					
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)			
									
									
				·	•				
					-	·			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)			
			· · · · · · · · · · · · · · · · · · ·						
									
									
		· · · · · · · · · · · · · · · · · · ·			·				
					·				
				· · · · · · · · · · · · · · · · · · ·					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$					
70	(0000.	/ (Expenses 4	including grains of \$) (i lavarius a		,			
				·					
				·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·					
			·						
4-1	Other present and in	no (Decaribo in Sahadula O.)							
	(Expenses \$	es. (Describe in Schedule O.) including grants of \$) (Revenue \$	•					
	,	TO TO THE PROPERTY OF THE PROP	TUBABILITA D						
	Total program service	e expenses 🕨 \$	(Must equal Part IX, Line 25, o	column (BL)					

any tax-exempt bonds?

Ca	1990 (2008) NEW ENGLAND CLEAN ENERGY FOUNDATION 20-5961	615		age 3
	n 990 (2008) NEW ENGLAND CLEAN ENERGY FOUNDATION 20-5961 rt IV Checklist of Required Schedules	.043		aye o
Га	TO THE CHIECKIIST OF NEQUIFER SCHEDULES		Vaa	T 112 '
_	the state of the s	$\overline{}$	Yeş	No (
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	,	х	}
	If "Yes," complete Schedule A	2	X	-
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		_ <u>~</u> _	1
3		3		x
_	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
4 5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	-		1
3	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		(
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			<u> </u>
U	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,	-8-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		_	
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
-	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	_X_	L
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity		1	
	located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	i l	ļ	
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_		<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	∤	<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 // "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? // "Yes," complete Schedule I, Parts I and // Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? // "Yes," complete Schedule J	22		<u> </u>
23 24a		23	-+	
448	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.		- 1	
	If "No", go to question 25	24a	ı	х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	- +	
~	are and another and any bisesses of the events agree asserte a temberal being accopyrate.			

Form 990 (2008)

Х

X

X

24c

24d

25a

25b

26

Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

disqualified person during the year? If "Yes," complete Schedule L, Part I

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified

Form 990 (2008)

orm	990 (2008) NEW ENGLAND CLEAN ENERGY FOUNDATION 20-5963	645	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			1
			Yes	No '
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		
	U.S. Information Returns. Enter -0- if not applicable)		1
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable			:
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			!
_	(gambling) winnings to prize winners?	1c		X.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			(
	filed for the calendar year ending with or within the year covered by this return2a			(
b	if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		!
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X_
b	If "Yes," enter the name of the foreign country:			
~	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
•	Tax Shelter Transaction?	5c_		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
	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).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	78	1	<u>x</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		_X_
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	}	X
f		71		<u>X</u> _
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have	1		
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter: N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: N/A			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	}		
-	amounts due or received from them.)	l		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			

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18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for	
	public inspection. Indicate how you make these available. Check all that apply.	

Own website ____ Another's website X Upon request

20 UNIVERSITY RD., SUITE 450, CAMBRIDGE

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public,

State the name, physical address, and telephone number of the person who possesses the books and records of the organization; TRISH FIELDS - 617-234-7048

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated	
	hours	(check all that apply				oly)	compensation	compensation	amount of		
	per week	bachwand trustee or director	lastdabonal trestee	Officer	Key employee	Highest compensated employee	romer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
BRUCE ANDERSON											
DIRECTOR	2.00	X	_	<u> </u>	_	_		0.	0.	0.	
HEMANT TANEJA					ľ	İ		.		_	
PRESIDENT & DIRECTOR	2.00	X	├_			ļ	<u> </u>	0.	0.	0.	
OONALD BRADSHAW			ļ		ŀ	ł			_		
DIRECTOR	2.00	X	ļ			<u> </u>	_	0.	0.	0.	
ROBERT PRATT	0.00				Ì			ا م		•	
DIRECTOR MITCH TYSON	2.00	X		-		-		0.	0.	0.	
TREASURER, CLERK&DIRECTOR	2.00	, v					ĺ	0.	0.	0.	
VICHOLAS D'ARBELOFF	2.00	Α.	 		 -	_	一				
EXECUTIVE DIRECTOR	2.00			X			ŀ	0.1	0.	0.	
				_							
				J							

832007 12-18-08

Form 990										20-5	9616	545 F	Page 8
Part V	Section A. Officers, Directors, Tr	ustees, Key E	mpl	oye	2 5 , 2	and i	High	es	t Compensated Employ	(ees (continued)			<u> </u>
	(A) Name and title	(B) Average	(C) Position (check all that apply)			1		(D) Reportable	(E) Reportable		(F) Estimat		
		hours per week	director	ec assar products	k all	Γ	Highest compensated to the tablest compensated t	Ť	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	s	amount other compens from the organization	r (ation ; he ition ; ited (
		<u> </u>										····	
			_	ļ		-	<u> </u>				_		
	<u> </u>	<u> </u>	_	_	-		-	-					
				-	-	_	ļ			······································			
			-	 -	<u> </u>	-							
<u>.</u>					_								
1b Tot					L				0.		0.	-	0.
2 Tot	al number of Individuals (including those appensation from the organization	in 1a) who red	:eive	ed m	nore	thai		00,0			<u> </u>	Yes	0 No
	the organization list any former officer, 1a? If "Yes," complete Schedule J for s										_	3	x
4 For	any individual listed on line 1a, is the su related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oti	her compensation from t	he organization	1	4	X
the	any person listed on line 1a receive or a organization? If "Yes," complete Sched	•			rom	any	unre	elat	ed organization for servi	ces rendered to		5	x
1 Cor	B. Independent Contractors upplete this table for your five highest co- organization.	mpensated ind	epe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	pensat	ion from	
	(A) Name and business	address							(B) Description of s	ervices	Col	(C) mpensatio	n
								_				- · · · · · · · <u>-</u>	
							-	+				·····	
	·							\dashv					
		<u></u>		—		•		+					
	al number of independent contractors (in	ncluding those	in 1) wh	o re	ceiv	ed n	nore	e than \$100,000 in comp	pensation			
			_			•					Fo	orm 990 (2	(800)

		(2006) NEW ENGLAND CLEAN EN	ERGI FOUNDA	TTOM	20-5961	045 Page 3
Pa	rt V	III Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gills, grants, and				; ; ;
d other		similar amounts not included above	-			
3		Total, Add lines 1a-1f	34,667.			
-		Business Coo				
ا م	2 :		100			
Program Service Revenue			 			
38						
ES		<u> </u>				
		d				
ğ		·	- 			
٦		All other program service revenue	+			· · · · · · · · · · · · · · · · · · ·
		Total. Add lines 2a-21	<u>'</u>			
ı	3	Investment income (including dividends, interest, and	1			
- 1		other similar amounts)	` 			·
]	4	Income from investment of tax exempt bond proceeds	` 			
	5	Royalties	<u>'- </u>			
-		(i) Real (ii) Personal				
- 1	6 a	** ************************************	[1		
- 1		Less: rental expenses	_	1		
	•	Rental income or (loss)	_	Ĭ	ļ	
- 1	•	Net rental income or (loss)				······
	7 a	Gross amount from sales of (i) Securities (ii) Other	_	l		
ı		assets other than inventory			ł	
-	Ŀ	Less: cost or other basis				
		and sales expenses	_}			
	c	Gain or (loss)		Ì		
		Net gain or (loss)]		į	
	8 a	Gross income from fundraising events (not				
evenue		including \$ of				
		contributions reported on line 1c). See	1		1	
Other R		Part IV, line 18a				
훒	ь	Less: direct expenses b		i		
0		Net income or (loss) from fundraising events	7		1	
		Gross income from gaming activities. See				
- 1	J 0	Part IV, line 19 a	1	1	1	
		Less: direct expenses b	1	ľ		
		Net income or (loss) from gaming activities	-	ł		
- 1		Gross sales of inventory, less returns				
	iv a			1	İ	
1		and allowances a	-	i		
		Less: cost of goods sold b		ļ		
-		Net income or (loss) from sales of inventory				
}		Miscellaneous Revenue Business Code	ēļ		ļ	
	11 a		1	-		
	þ	·	 			
	С					
	d	All other revenue	<u> </u>			
	6	Total. Add lines 11a-11d				
	12	Total Revenue. Add lines th. 2g. 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 1 to	34,667.	0.	0.	0.
B32009	100	_ 				Corm QQD (2000)

Part IX Statement of Functional Expenses

Section 501(c	(3) and 501(c)(4)	organizations must	complete all columns.
---------------	-------------------	--------------------	-----------------------

	All other organizations must comp include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1 Gra	ints and other assistance to governments and	_ :			
org	anizations in the U.S. See Part IV, line 21			<u> </u>	
2 Gra	ants and other assistance to individuals in				
the	U.S. See Part IV, line 22				ļ. <u></u>
3 Gra	ants and other assistance to governments,				
org	panizations, and individuals outside the U.S.				
Sec	e Part IV, lines 15 and 16				
	nefits paid to or for members) . - 		
5 Co	mpensation of current officers, directors,			:	
trus	stees, and key employees	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
6 Cor	npensation not included above, to disqualified				
per	sons (as defined under section 4958(f)(1)) and				
t) G1	sons described in section 4958(c)(3)(B)				
7 Oth	ner salaries and wages				
8 Pen	nsion plan contributions (include section 401(k)				
and	l section 403(b) employer contributions)		· · · · · · · · · · · · · · · · · · ·		
	ner employee benefits				
	yroll taxes				
	es for services (non-employees):				
a Ma	nagement				
b Leg	gal				
c Acc	counting				
	bying				
	fessional fundraising services. See Part IV, line 17 📙		· . — . — . — . — . — . — . — . —		
f inve	estment management fees				
g Oth	ner	398.		398.	
2 Adv	vertising and promotion		····		····
3 Offi	ce expenses	10.		10.	•
4 Info	ormation technology				
5 Roy	valties				
6 Occ	cupancy				···
7 Tra	vel				.
8 Pay	ments of travel or entertainment expenses				
	any federal, state, or local public officials				
9 Cor	nferences, conventions, and meetings				
-	erest	·			
	ments to affiliates				
2 Dep	preciation, depletion, and amortization				
	urance				
abov inise expe	er expenses. Itemize expenses not covered ve. (Expenses grouped together and labeled cellaneous may not exceed 5% of total enses shown on line 25 below.)				
					
	·				
e					
	other expenses	100		400	
	at functional expenses. Add lines 1 through 24f	408.	0.	408.	0
	at Costs. Check here if following			İ	
	98-2. Complete this line only if the organization			1	
	orted in column (B) joint costs from a combined			ļ	
educ	cational campaign and fundralsing solicitation				

_	n 990 rt X	(2008) NEW ENGLAND CLEAN ENERGY FOUNDA	ATION	20~5	5961645 Page 11
L		paramoe circo.	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,783.	1	6,652.
	2	Savings and temporary cash investments		2	
	3	Piedges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			(
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	•		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	{	Part II of Schedule L		6	
23	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis 10a 12,275.		1	
	Ь	Less: accumulated depreciation. Complete		1 1	
	ļ	Part VI of Schedule D	12,275.	10c	12,275.
	11	Investments · publicly traded securities	· · · · · · · · · · · · · · · · · · ·	11	
	12	Investments · other securities See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	9,723.
	16	Total assets, Add lines 1 through 15 (must equal line 34)	<u>16,058.</u>	16	28,650.
	17	Accounts payable and accrued expenses		17	
8	18	Grants payable		18	
	19	Deferred revenue	21,667.	19	
	20	Tax-exempt bond liabilities		_20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
iabilities.	22	Payables to current and former officers, directors, trustees, key employees,			
<u>.</u>		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	01 667	25	
	26	Total liabilities, Add lines 17 through 25	21,667.	26	0.
		Organizations that follow SFAS 117, check here		1	
Sacr	07	lines 27 through 29, and lines 33 and 34.	<5,609.		20 (50
	27	Unrestricted net assets	<3,609.		28,650.
90	28 29	Temporarily restricted net assets Permanently restricted net assets		28	
Net Assets or Fund Bala	25	Permanently restricted net assets Organizations that do not follow SFAS 117, check here		29	
F.		complete lines 30 through 34.	ł		
ध	30	Capital stock or trust principal, or current funds	\	30	
sse	31	Paid-in or capital surplus. or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	<5,609.		28,650.
	34	Total liabilities and net assets/fund balances	16,058.	34	28,650.
Par		Financial Statements and Reporting	2010301	<u> </u>	20/0301
			······································		Yes No
1	Acco	unting method used to prepare the Form 990: Cash X Accrual	Other		
2a		the organization's financial statements compiled or reviewed by an independent ac	= =:		2a X
ь		the organization's financial statements audited by an independent accountant?			
_		s* to lines 2a or 2b, does the organization have a committee that assumes responsi			·····
•		w, or compliation of its financial statements and selection of an independent accoun			2c
3a	Asa	result of a federal award, was the organization required to undergo an audit or audit	s as set forth in the Single	e Audit	
		nd OMB Circular A-133?			За Х
_ b	If "Ye	s," did the organization undergo the required audit or audits?			3b
	12.18.				Form 990 (2000)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1845-0047

Open to Public

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Inspection

Employer identification number Name of the organization 20-5961645 NEW ENGLAND CLEAN ENERGY FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). O A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), (Attach Schedule H.) 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.) 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.) 9 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 the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c ____ Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (iii) Type of (vi) Is the rganization in col.) organized in the U.S.? (v) Is the organization (v) Did you notify the (i) Name of supported (iii) EIN (vii) Amount of organization n col. (I) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for (Organization	s Described i	n Sections 17	0(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
(Complete only if you checked						•
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	· · · · · · · · · · · · · · · · · · ·					1,1
membership fees received. (Do not		1		İ	1	
include any "unusual grants.")					1	
2 Tax revenues levied for the organ-						
ization's benefit and either paid to		ŀ	1	•		
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to			İ		1	
the organization without charge		1				
4 Total. Add lines 1 · 3						
5 The portion of total contributions						
by each person (other than a				1		
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the		ł		1		
amount shown on line 11,			Í		1	
column (f)			1			
6 Public Support, Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						,
dividends, payments received on				ļ		
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital				1]	
assets (Explain in Part IV.)				<u> </u>		
11 Total support, Add lines 7 through 10						
2 Gross receipts from related activities, e	tc. (see instructi	ons)			12	•
3 First five years. If the Form 990 is for the	ne organization's				n 501(c)(3)	
organization, check this box and stop h			 			▶□
ection C. Computation of Public						
4 Public support percentage for 2008 (line	e 6, column (1) d	ivided by line 11, o	column (f))		14	96
5 Public support percentage from 2007 S	ichedule A, Part	IV-A, line 26f	•••••		15	%
6a 33 1/3% support test - 2008. If the org						
stop here. The organization qualifies as	a publicly supp	orted organization	١		*************************	▶□
b 33 1/3% support test - 2007. If the org	anization did no	t check a box on i	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
and stop here. The organization qualifie						
7a 10% -facts-and-circumstances test -	2008. If the org	anization did not o	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
and if the organization meets the "facts	and-circumstan	ces" test, check ti	his box and stop h	i <mark>ere.</mark> Explain in Par	t IV how the organi	zation
meets the "facts and circumstances" te	st. The organiza	tion qualifies as a	publicly supported	d organization	-	▶□
b 10% -facts-and-circumstances test -						
more, and if the organization meets the	"facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part IV how the	
organization meets the "facts-and-circuit	nstances" test.	The organization o	qualifies as a public	cly supported orga	nization	▶□
8 Private foundation. If the organization	did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	▶ □
					dule A (Form 990	or 990-EZ) 2008

Sch	edule A (Form 990 or 990-EZ) 2008 Nort III Support Schedule for	IEW ENGLAN Organizations	D CLEAN I	ENERGY FOU Section 509(a	JNDATION 1)(2) (Complete only	20-5 If you checked to	961645 Page 3, ;
	ction A. Public Support						()
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and						0
	membership fees received. (Do not	1			ĺ]	;
	include any "unusual grants.")	·				1	15
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						12 13 13 14
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			1	1		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1			
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 · 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					ļ	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
	Public support (Sublisci line 7c from line 6)						
	tion B. Total Support						-
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses			ſ			
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net Income from unrelated business activities not included in 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 IV.)						
	Total support (Add lines 8, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) orga	nization,
	check this box and stop here						> X
<u>Sec</u>	tion C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2008 (li	ine 8, column (1) di	vided by line 13, o	olumn (f))		15	%
	Public support percentage from 2007					16	%
<u>Sec</u>	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	08 (line 10c, colum	in (f) divided by fir	e 13, column (f))		17	%
18	Investment income percentage from 2	2007 Schedule A, F	Part IV·A, line 27h			18	%
	33 1/3% support tests - 2008. If the					3 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	lies as a publicly s	upported organiza	ition ,,,,,	▶□
	33 1/3% support tests - 2007. If the		_			***************************************	, and
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						▶ □
							990 or 990-EZ) 2008

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047 Open to Public

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Inspection Employer identification number

ντων ωντατινής από συν μετώρου φαινίτυν στανι	Employer identification number 20-5961645
NEW ENGLAND CLEAN ENERGY FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	
organizations (Waintaining Donor Advised Politics of Other Similar Lands of Organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if the
(a) Donor advised funds	(b) Funds and other accounts
	(4)
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	funda
	 1
are the organization's property, subject to the organization's exclusive legal control?	***************************************
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be us	
tor charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private	
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or pleasure)	
Protection of natural habitat Preservation of certified I	historic structure
Preservation of open space	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conserv	vation easement on the last day
of the tax year.	
	Held at the End of the Year
a Total number of conservation easements	. <u>2a</u>
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ganization during the taxable
year ▶	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and	
enforcement of the conservation easements it holds?	
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$	
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
and section 170(h)(4)(B)(ii)?	
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense sta	itement, and balance sheet, and
include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, Ilne 8.	
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balan	ce sheet works of art, historical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	service, provide, in Part XIV, the text of
the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance s	theet works of art, historical treasures,
or other similar assets held for public exhibition, education, or research in furtherance of public service, pro	ovide the following amounts relating to
these items:	
(i) Revenues included in Form 990, Part VIII, line 1	> \$
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gai	
	•
the following amounts required to be reported under SFAS 116 relating to these items:	
	> \$
a Revenues included in Form 990, Part VIII, line 1	

		GLAND CLE					_			96164		
Pa	rt III Organizations Maintaining	Collections of	of Art, His	storica	l Treasure	s, or Ot	<u>her S</u>	imil	ar Ass	ets (con	tinue	
3	Using the organization's accession and oth	ner records, checl	k any of the	following	g that are a s	ignificant u	ise of i	ts col	ection it	ems (che	ck all	
	that apply):											
а	Public exhibition		d 🗀		r exchange pi							
b	Scholarly research		е	Other_								
C	Preservation for future generations											
4	Provide a description of the organization's	collections and e	xplain how i	they furti	her the organ	ization's e	xempt	purpo	se in Pa	rt XIV.		
5	During the year, did the organization solicit	or receive donati	ions of art, h	nistorical	freasures, or	other simi	ilar ass	ets			_	
	to be sold to raise funds rather than to be r									Yes		No
Pa	rt IV Trust, Escrow and Custodia reported an amount on Form 990, P		nts. Comp	olete if o	rganization ar	nswered *Y	es" lo	Form	990, Pa	ırt IV, line	9, or	
10	Is the organization an agent, trustee, custo		rmediany for	r contribu	utions or othe	er accete n	ot incl	ıdad				
	on Form 990, Part X?		-						Г	Yes		
h	If "Yes," explain the arrangement in Part XI					••••••••••••				163	٠	
	1 103. Capital tile all all gollicili il 1 all 2	Tana compicion	no rozomnig	(abio.			ſ			Amour	<u>,,</u>	
_	Beginning balance						<u> </u>	10		- Arigai	<u> </u>	
	Additions during the year											
8	Distributions during the year											
1	Ending balance											
2a	Did the organization include an amount on									Yes		No
	If "Yes," explain the arrangement in Part XI		,		********	*************	********	••••••	ـــ ــــ	169	ـــــ	,,,0
	rt V Endowment Funds. Complete		nswered 'Ye	es* to Fo	rm 990. Part	IV line 10						
		(a) Current ye		Prior yea		years back		iree v	ears hack	(e) Fou	r vear	hack
1a	Beginning of year balance		<u> </u>	110. 700		100.0 0.000	197		onto ouon	107100	7,5010	Duon
ь	Contributions						1			† 		
c	Investment earnings or losses						1			 		
d	Grants or scholarships									 		
e	Other expenditures for facilities						+			 		
٠	and programs	†			1							
f	Administrative expenses		_				+					
	End of year balance						+			 		
9 2	Provide the estimated percentage of the ye		nid se:	·			ــــــــــــــــــــــــــــــــــــــ					
2	Board designated or quasi-endowment											
b	Permanent endowment											
_	Term endowment	⁷⁰										
	Are there endowment funds not in the poss	- ' -	anization the	at ara ba	ld and admin	ustarad for	tha ar		etian.			
Ja	by:	easion of the orga	ai #2611011 1/1	at are no	ng and admin	iistereu ior	me ori	gar nza	ation	1	V	
										10.0	Yes	No.
	(i) unrelated organizations		•••••	••••		•••••••		• • • • • • • • • • • • • • • • • • • •	•••••	. (3a(i)		
_	(ii) related organizations	a Hatad on require	nd on Cobo			··· ·····	••••••	•••••	••••••	. 3a(ii)		
, D	Describe in Part XIV the Intended uses of the						•••••••	•••••		3b[<u> </u>
Par	t Vi Investments - Land, Buildin				000 Ped V II	no 10						
	Description of investment	(a) Cost					Dan			(-A) D		
	Description of investment	basis (inve			Sost or other sis (other)	(6)	Deprec	ation	']	(d) Boo	k valu	г
	Land								╅			
12	Land											
		L				_ 						
b	Buildings			l					1			
b c	Leasehold improvements											
c b	Leasehold improvements		275									
b d e	Leasehold improvements	1:		line 101								75. 75.

chedule D (Form 990) 2008 NEW ENGLAN Part VII Investments - Other Securities.	D CLEAN ENE	RGY FOUNDATION	20-59	61645 Pag
(a) Description of security or category	(b) Book value	(c)	Method of valuation:	·····
(including name of security)	(b) Book Value	Cost or	end-of-year market va	alue
nancial derivatives and other financial products				
osely-held equity interests				
her	 	 		
				
	· 			
				
			·····	
			· · · · · · · · · · · · · · · · · · ·	
al. (Col (b) should equal Form 990, Part X, col (B) line 12.)	-			
art VIII Investments - Program Related.	See Form 990, Part X, I	ine 13.		
(a) Description of investment type	(b) Book value	(c)	Method of valuation:	
(a) Description of investment type	(5) 500 10.00	Cost or	end-of-year market va	ilue
			·	
			 	
				
				
				
tal. (Col (b) should equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin	a) Description			(b) Book value
UE FROM NEW ENGLAND CLEAN E		L		9,72
				
				
				· · · · · · · · · · · · · · · · · · ·
				0 70
tal. (Column (b) should equal Form 990, Part X, col (B) art X Other Liabilities. See Form 990, Part 3				9.72
(a) Description of liability	N, IIITH 25.	(b) Amount		
deral income taxes				
	-			
tal. (Column (b) should equal Form 990, Part X, çol (B)	line 25.)			

Sche	dule D (Form 990) 2008 NEW ENGLAND CLEAN ENERGY FOUNDATION	<u> </u>	20-596	1645 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial	Statement	\$	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			()
2	Total expenses (Form 990, Part IX, column (A), line 25)			
	Excess or (deficit) for the year. Subtract line 2 from line 1		***************************************	
3	· · · · ·	····· - -		
4	Net unrealized gains (losses) on investments	····· - · - -		1
5	Donated services and use of facilities			
6	Investment expenses			<u>-</u>
7	Prior period adjustments			
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net). Add lines 4-8	9		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		
Par	t XII Reconciliation of Revenue per Audited Financial Statements With R	evenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements			34,667.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	••••••••		
2				
a	Net unrealized gains on investments		 	
þ	Donated services and use of facilities		 	
C	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		з	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Care (Decorate at the Later)		4c	
	Add lines 4a and 4b			
5	Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statements With E	vnancac r	per Peturn	
Par				400
1	Total expenses and losses per audited financial statements		···	408.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV) 2d		[
	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1		ľ	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
٠,	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)		-	
			- _	
C	Add lines 4a and 4b	••••	,	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	·	5	
Pai	t XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, line	es 15 and 25; Pa	ırt V, line 4; Part
X; Pa	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			
				
				

SCHEDULE O (Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

() Department of the Treasury Internal Revenue Service Form 990 or to provide any additional information. Inspection Employer identification number Name of the organization NEW ENGLAND CLEAN ENERGY FOUNDATION 20-5961645 O 19 FORM 990, PART VI, SECTION A, LINE 10: JAMES A. GEORGE, PROVIDED THE 0 CLIENT WITH A COPY WHICH WAS REVIEWED PRIOR TO FINALS BEING SENT TO THE Ð CLIENT FOR SIGNATURE AND MAILING FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND DRAFT CONFLICT OF INTEREST POLICY CAN BE VIEWED VIA REQUEST. PLEASE CONTACT TRISH FIELDS AT NECEF AT 617-234-7048 OR BY WRITING TO 20 UNIVERSITY ROAD, SUITE 450, CAMBRIDGE, MA 02138.

Form **8868**

(Rev. April 2009)

Department of the Treasury internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you are filling for an Automatic 3-Month Extension, complete only Part I and check this box							
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
	utomatic 3-Month Extension of Time. Only submit original (no copies needed).						
	•	adota	(
Part I only	quired to file Form 990-T and requesting an automatic 6-month extension - check this box and com		> 🗀 i				
to file income tax							
noted below (6 m (not automatic) 3 you must submit	(e-fite). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension that for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or country that fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file and click on e-file for Charities & Nonprofits.	ically i nsolid	f (1) you want the additional ated Form 990.T. Instead.				
	e of Exempt Organization	Emp	loyer identification number				
print	V ENGLAND CLEAN ENERGY FOUNDATION	2	0-5961645				
	ber, street, and room or suite no. If a P.O. box, see instructions.						
raturn, 500	UNIVERSITY RD, NO. 450		· · · · · · · · · · · · · · · · · · ·				
	town or post office, state, and ZIP code. For a foreign address, see instructions. IBRIDGE, MA 02138						
	turn to be filed(file a separate application for each return):						
X Form 990	Form 990-T (corporation)						
Form 990-E							
Form 990-F		370					
	mp Y GV . STEL B G						
The books are	TRISH FIELDS in the care of ▶ 20 UNIVERSITY RD., SUITE 450 - CAMBRIDG	Tr.	MA 02138				
	► $617-234-7048$ FAX No. ► $617-234-7098$						
• If the organiza	tion does not have an office or place of business in the United States, check this box	,	▶ □				
	Group Return, enter the organization's four digit Group Exemption Number (GEN) If this		-				
box ▶ . If	t is for part of the group, check this box > and attach a list with the names and EINs of all	memb	ers the extension will cover.				
•	automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti IST 15 , 2009 , to file the exempt organization return for the organization named a		The extension				
	ganization's return for:						
	andar year 2008 or						
► L tax	year beginning, and ending		- ·				
2 If this tax y	ear is for less than 12 months, check reason: Initial return Final return		Change in accounting period				
	cation is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	g-					
	ble credits. See instructions. cation is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$				
• •	its made, include any prior year overpayment allowed as a credit.	3b	\$				
	ue. Subtract line 3b from line 3a. Include your payment with this form, or, if required,						
	n FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).						
See instruc	tions,	3c	\$ N/A				
Caution. If you a	e going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-1	EO for payment instructions.				
LHA For Priva	cv Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)				