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Form **99**

Return of Organization Exempt

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

Open to Public Inspection

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2009 calendar year, or tax year beginning 2009, and ending 20 B Check if applicable D Employer identification number C Name of organization SUSTAINABLE ENERGY UTILITY, Please use IRS 26-3963904 Doing Business As label or print o Number and street (or P O box if mail is not delivered to street address) E Telephone number type 109 S. STATE STREET (302) 577-8744 Specific City or town, state or country, and ZIP + 4 Terminated Instruc Amended return DOVER, DE 19901 G Gross receipts \$ 9,487,878. return Application pending F Name and address of principal officer HARRIS B. MCDOWELL III H(a) is this a group return for S. STATE STREET DOVER, DE 19901 H(b) Are all affiliates included? Yes 501(c) (3) **◀** (insert no) Tax-exempt status 4947(a)(1) or If "No " attach a list (see instructions) Website ► WWW ENERGIZEDELAWARE.ORG H(c) Group exemption number L Year of formation 2008 M State of legal domicile X Corporation Trust DE Form of organization Other > Association Part I Summary Briefly describe the organization's mission or most significant activities TO SERVE THE SUSTAINABLE ENERGY NEEDS OF ALL DELAWARE ENERGY CONSUMERS Activities & Governance USING ALL FUELS 2 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 Total number of employees (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 11 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 Current Year Contributions and grants (Part VIII, line 1h) 9,487,878. Program service revenue (Part VIII, line 2g) Revenue 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) TPR LixANCH 11 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,487,878. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses, Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,966,584. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,966,584. Revenue less expenses Subtract line 18 from line 12 7,521,294. Beginning of Year **End of Year** Total assets (Part X, line 16) 7,804,647. 21 Total liabilities (Part X, fine 26) 283,353. Net assets or fund balances Subtract line 21 from line 20 7,521,294. Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete pectaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here EX DIR INTHOM Type or print name and titl Check if Preparer's identifying number Preparer's Paid (see instructions) P00172206 signature employed ▶ Preparer's Firm's name (or yours f self-employed), address, and ZIP + 4 LLP EIN 13-5381590 Use Only 270 PRESIDENTIAL DRIVE WILMINGTON, DE 19807 Phone no 302-656-5500 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes Νo

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

(Expenses \$

4e Total program service expenses ▶ 1,409,713.

) (Revenue \$

including grants of \$

Form 990 (2009)

Fari	Checklist of Required Schedules		V	
٤.	In the experience described in section $501(a)/2$), or $4047(a)/4$), (other than a private foundation)? If "Voc."	Г	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		v	
_	Is the organization required to complete Schedule B, Schedule of Contributors?	1 2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<u> </u>	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u>-</u>		
7	Schedule C, Part II	4	Ì	X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-	-	
3	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>	-	
·	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		li	
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes, "complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	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			
•	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			
•	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			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12		_X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>X</u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
4 E	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-		
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_ <u>X</u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			v
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
• •	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	4-	}	v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	<u>X</u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u>X</u>
	If "Yes," complete Schedule G, Part III	40		Y
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		<u>X</u>
				43

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1		
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			1
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	i		ŀ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes, "complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L.			
	Part IV	28c	ĺ	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			-
	Part I	31		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		Х
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, Parts II,			
	III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	!	Х
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		Х
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 in Schedule O for Part VI, lines 11 and		$\neg \uparrow$	
	19? Note. All Form 990 filers are required to complete Schedule O	38		Х
			990 (

Form	990 (2009) • 26-3963904		:	Page 5
Par		-		
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0		444-7	
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)			
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		L
4 a	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
þ	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X .
С	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		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			.,
	organization solicit any contributions that were not tax deductible?	6a		X
Þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ch		
7	gifts were not tax deductible?	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
4	and services provided to the payor?	7a		X
b	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		Х
d	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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	Ì		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ļ		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			~ ~
	organization, have excess business holdings at any time during the year?	8		_X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	ŀ		İ
	Initiation fees and capital contributions included on Part VIII, line 12			İ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	- 1		
11	Section 501(c)(12) organizations. Enter		Į	
	Gross income from members or shareholders	1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
40 -	amounts due or received from them)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
<u>D</u> _	in 163, enter the amount of tax-exempt interest received of accided during the year 120			

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 in Schedule O See instructions

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	1		
b	Enter the number of voting members that are independent	1		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	_		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
_	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
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?		Х	
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 in Schedule O	9a		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code)			
, ,,,,,,			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
••	form?	11	х	}
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	 ''		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120	-:-	
	rise to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
C	describe in Schedule O how this is done	120	x	
13		12c	<u>,</u> ,	X
	Does the organization have a written whistleblower policy?		Х	
14	Does the organization have a written document retention and destruction policy?	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by	1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
a	The organization's CEO, Executive Director, or top management official	15a		
D	Other officers or key employees of the organization	15b		
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	-		
<u>C4</u>	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onl	y)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ►ANTHONY J. DEPRIMA 109 S. STATE STREET DOVER, DE 19901			
	302-577-8744			

9E1042 5 00

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 Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- 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, compensated employees, and former such persons

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	all Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
			"	ļ		ated				organizations
SENATOR HARRIS B. MCDOWELL III CO-CHAIR	5.00	Х		х						
DR. JOHN BYRNE										
CO-CHAIR	5.00	X		Х						
NNAMDI CHUKWUOCHA										
BOARD MEMBER	5.00	Х								
SHARRON CIRILLO										
BOARD MEMBER	5.00	Х	Ĺ							
RANDALL DAY										
BOARD MEMBER	5.00	Х								
ROGER JONES										
BOARD MEMBER	5.00	Х								
JOE LOPER										
BOARD MEMBER	5.00	Х								
ARTHUR J. PADMORE										
BOARD MEMBER	5.00	Х								
COLIN O'MARA										
SECRETARY	5.00	Х		х						
REPRESENTATIVE PAMELA THORNBURG										
BOARD MEMBER	5.00	Х								
CHARLES WAGNER									· · · · · · · · · · · · · · · · · · ·	
BOARD MEMBER	5.00	Х								
~										

(A)	(B)			•	C)			(D)	(E)	.	_	(F)	
Name and title	Average hours per week	ndividual trustee	nstitutional trustee	Officer	all Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from relat organizati (W-2/1099-N	tion ted ons	am comp fro orga and	itimated nount of other pensation the anization direlate inizatio	f on on d
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		-					<u> </u>						
					 								
									<u></u>				
	<u>-</u>									-			
									<u> </u>	+			
1b Total			l		I		<u> </u>						_
 Total number of individuals (including but not lim reportable compensation from the organization Did the organization list any former office 	<u> </u>	()							ted		Yes	N
employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the	sum of	report	able	e c	omp	ensa	tion	and other comp	ensation fr	om	3		χ
the organization and related organizations individual											4		>
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or accru complete S	ue co Sched	omp ule .	ens J for	atio	n fro ch pei	m rson	any unrelated o	rganization 	for 	5		Σ
Section B. Independent Contractors				1						0400			_
Complete this table for your five highest compensation from the organization	ompensate	ea in	аер	ena	ent —	cont	racı	iors that received	more that	n \$100	J,000 ———	от ———	
(A) Name and business addr	ess							(B) Description of sen	vices	С	(C) ompens		
ATTACHMENT 4								· · · · · · · · · · · · · · · · · · ·		-			
								· · · · · · · · · · · · · · · · · · ·			 _		
2 Total number of independent contractors (in	cluding bu	it not	lım	ııted	to	thos	e li	sted above) who	received				-

Pai	t VIII	Statement of Revenue			26-3963904		
	•			(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	ta b c d e f	Federated campaigns	9,487,878				
ontr	g	Noncash contributions included in lines 1a-1f \$					Tarana mana 1 a
	h	Total Add lines 1a-1f	<u></u> ▶	9,487,878			
nue		В	ısıness Code	e de la company parameter de la company de la company de la company de la company de la company de la company			
Program Service Revenue	2a b c d						
gra	f	All other program service revenue					
_ <u>e</u> _	g	Total Add lines 2a-2f	▶	0			
	3	Investment income (including dividends, interest, an other similar amounts)	▶	0			
	5	Royalties	· · · · · · •	0			
	6a b	Gross Rents	(ii) Personal	The state of the s	PAANA MININGSEMBER 11 ME	and definitions of Assessment E 1990 100 100 100	
	d	Net rental income or (loss)		0			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(II) Other				
	ď	Net gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
₹	С	Net income or (loss) from fundraising events	<u></u> ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances		0			
	b	Less cost of goods sold b Net income or (loss) from sales of inventory		0		w a ddd o'i engae - Conservand o'i	SBOSS Subdomments of Yest
			siness Code				
	11a				#1800##################################		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶	0			
	12	Total Revenue See instructions		9,487,878		,	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	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 governments and organizations in the U.S. See Part IV, line 21	0.			-
2	Grants and other assistance to individuals in	· ·			
-	the U S See Part IV, line 22	. 0.			
3	Grants and other assistance to governments,	1.0			tan r
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
_	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan contributions (include section 401(k)	0.			
9	and section 403(b) employer contributions) Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees)				
	Management	722,166.	512,217.	209,949.	
b	Legal	10,000.	012,42	10,000.	. w
c	Accounting	0.			
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			·- ·
f	Investment management fees	0.			
g	Other	0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties,	0.			
16	Occupancy	0.			
17	Travel	0.	1.4		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.		·····	<u> </u>
21	Payments to affiliates	0.			
22 23	Depreciation, depletion, and amortization	0.			· · · · · · · · · · · · · · · · · · ·
23 24	Insurance Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
a	PROGRAM VENDOR FEES	1,060,952.	724,070.	336,882.	
b	REBATE FEES	173,426.	173,426.	· ·	
c	BANK_FEES[40.		40.	
d					
е					
f	All other expenses	-			
	Total functional expenses Add lines 1 through 24f	1,966,584.	1,409,713.	556,871.	
	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs		ļ		
	from a combined educational campaign and				
	fundraising solicitation				

JSA 9E1052 1 000

26-3963904

•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	Beginning or year	1	91,534
2	Savings and temporary cash investments	 	2	31,001
3	Pledges and grants receivable, net		3	7,713,113
4	Accounts receivable, net		4	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	Receivables from current and former officers, directors, trustees, key		+ - +	
•	employees, and highest compensated employees 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			
Ì	Part II of Schedule L		6	
ssets 7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use	•	8	
۷ و	Prepaid expenses and deferred charges		9	
1	a Land, buildings, and equipment cost or 10a		+ • +	**
''	other basis Complete Part VI of Schedule D			
	Less accumulated depreciation		10c	
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	· · · · ·	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	7,804,647
17	Accounts payable and accrued expenses		17	283,353
18	Grants payable		18	203,333
19	Deferred revenue	-	19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability Complete Part IV of Schedule D		21	
≝ 22	Payables to current and former officers, directors, trustees, key		-	
<u> </u>	employees, highest compensated employees, and disqualified			
Liabilities 22 22 22 22 22 22 22 22 22 22 22 22 22	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 to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	· · · · · · · · · · · · · · · · · · ·	25	
26	Total liabilities. Add lines 17 through 25		26	283,353
120	Organizations that follow SFAS 117, check here		120	203,333
နွ	complete lines 27 through 29, and lines 33 and 34.			
ဦ 27	Unrestricted net assets		27	7,521,294
E 28	Temporarily restricted net assets	·	28	7,321,234
29	Permanently restricted net assets		29	
בַּן בּי	Organizations that do not follow SFAS 117, check here		29	
Net Assets or Fund Balance	and complete lines 30 through 34.			
ō g: 30			30	
31			30	
ĕ 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31	·
33	Total net assets or fund balances		32	7 521 204
34	Total liabilities and net assets/fund balances		33	7,521,294
	Total natimates and net assets/fulld balaffees	· · · - · · · · · · · · · · · · · · · ·	34	7,804,647

	n 990,(2009) . TRICKLE Financial Statements and Reporting		Pa	ge 12
LEC	T mancial Gatements and reporting		Yes	No
1 `	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
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		

Form **990** (2009)

3a

Χ

Schedule O

Separate basis

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

issued on a consolidated basis, separate basis, or both

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

505	TAT	NABLE EN	ERGY UTILIT	Y, INC.						26-39	963904
Par	t I	Reason f	or Public Char	rity Status (All organ	izations m	nust comp	lete this	part) Se	e instru	ctions	
The	orga	nization is no	t a private found	ation because it is (Fo	r lines 1 thre	ough 11, ch	neck only	one box)			
1		A church, co	onvention of chui	rches, or association of	churches of	lescribed in	section	on 170(b)(1)(A)(i).		
2		A school de	scribed in section	on 170(b)(1)(A)(ii). (At	tach Sched	lule E)					
3		A hospital o	r a cooperative h	iospital service organiz	ation descri	bed in se	ection 170	D(b)(1)(A)	(iii).		
4				zation operated in co						170(b)(1)	(A)(iii). Enter the
,			ame, city, and st		•		•				, ,,,,,,
5		An organiza	ation operated f	or the benefit of a co	llege or un	iversity ow	vned or o	perated	by a gov	ernmental	unit described in
)(b)(1)(A)(iv). (C						-, - 3		
6				ernment or government	al unit desc	cribed in	section 1	70(b)(1)(11/v1		
7	\Box			illy receives a substan						or from	the general nublic
•		_		(1)(A)(vi). (Complete I	•	no suppor	u	govonin	Jillai aiii	01 110111	the general public
8				in section 170(b)(1)(mnlete Par	+ !! \				
9			-	illy receives (1) more		•	,	m contrib	vutione i	mambarch	up food and arose
5				ated to its exempt fun							· -
				ment income and un							
										on lax,	nom businesses
10				n after June 30, 1975							
11	V			nd operated exclusively						,	
''	X			and operated exclus							•
				publicly supported organization					•	•	, , ,
				at describes the type of				-	lines 116		
_ [a X Typ				e III - Fund					ype III - Other
e				ertify that the organiz							
				on managers and oth	er than on	e or more	publicly	supported	d organiz	ations de	scribed in section
_			r section 509(a)(,							
f				d a written determinat							supporting
		organization	i, check this box								
g		Since Augus	st 17, 2006, has t	the organization accept	ed any gift	or contribut	tion from a	any of the			
		following pe	rsons?								
				or indirectly controls							
		and (III)	below, the gove	erning body of the sup	ported orga	anization?					11g(ı) X
		(ii) A family	y member of a pe	erson described in (i) at	ove?						11g(ii) X
		(iii) A 35%	controlled entity	of a person described i	n (ı) or (ıı) a	bove?					11g(ni) X
h		Provide the	following informa	ition about the supporte	ed organiza	tion(s)					
(ı) N		of supported	(ii) EIN	(iii) Type of organization				ou notify	(vi)	Is the	(vii) Amount of
	orga	nızatıon		(described on lines 1-9 above or IRC section		sted in your document?		nization in		tion in col	support
				(see instructions))	governing	document.		of your port?		zed in the S?	I
					Yes	No	Yes	No	Yes	No	I
		-							1		
ΑT	CTA	CHMENT	1						1		
									ļ		
						-		 			
									1		
			-				 	-	 		
		- .			-		 	 			
									1		
								 		 	
Total										1	1 066 50:
· otal							1	L	!	1	1,966,584.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ $\,$

Schedule A (Form 990 or 990-EZ) 2009

9E1210 2 000

Sche	dule A (Form 990 or 990-EZ) 2009			26	6-3963904		Page 2
Pa	Support Schedule for Or (Complete only if you chec				(b)(1)(A)(iv) a	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3			<u></u>			ļ
5	The portion of total contributions by each					1	
	person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f),						
6	Public support Subtract line 5 from line 4						
	tion B. Total Support	 -		<u> </u>			. <u>. </u>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						:
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						;
12	Gross receipts from related activities, etc. (see	e instructions) .				12	
13	First five years if the Form 990 is forganization, check this box and stop here		<u> </u>	nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (line					14	%
15	Public support percentage from 2008 So					15	<u>%</u>
16a	33 1/3 % support test - 2009. If the o	rganization did	not check the	box on line 13	, and line 14 is	s 33 1/3 % or ma	re, check
	this box and stop here. The organization	on qualifies as a	publicly suppo	rted organizatio	n		▶ ∟
a	33 1/3 % support test - 2008. If the co						
47-	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me	eis the facts	ano-circumstan	ces test, cned	ok this box an	a stop here. E	xplain in
	Part IV how the organization meets t						
h	organization		··········	ot about a boy		· · · · · · · · · · · · · · · · · · ·	
В	15 is 10% or more and if the orga	nuzation meets	janization did r	ot check a box	on line 13, 16	oa, 166, or 1/a,	and line
	15 is 10% or more, and if the organization Explain in Part IV how the organization	in meets the "	facts_and_circum	r-circumstances	The organization	ins box and st	op nere.
	supported organization						
18	Private foundation. If the organization instructions	n did not chec	k a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see
			<u></u>	· · · · · · · · · · · · ·		Schedule A (Form 9	

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support			<u> </u>			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(-,	(-,	(0, 200)	()	(-,	(1)
	membership fees received (Do not include						
	any "unusual grants ")						
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		i				
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on						
	its behalf			}			
5	The value of services or facilities						
_	furnished by a governmental unit to the				:		
	organization without charge						
6	Total Add lines 1 through 5				-		
	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						
	\$5,000 or 1% of the amount on line 13 for the year			ļ			
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	. ,					
	line 6)						
Sec	tion B. Total Support		<u> </u>			L	
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	<u>`</u>	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	` ′ ′	(-,	(,,
	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						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		-		·		
11	Net income from unrelated business				,		
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,	<u>-</u>					
	and 12)			<u> </u>			
14	First five years. If the Form 990 is for	the organization	's first, second,	third, fourth, or	fifth tax year a	s a section 50	01(c)(3)
	organization, check this box and stop here.						
Sect	tion C. Computation of Public Sup	port Percenta	ige				
15	Public support percentage for 2009 (line 8, col					15	%
16	Public support percentage from 2008 Schedul				<u> </u>	16	%
	tion D. Computation of Investment				·	* • •	
17	Investment income percentage for 2009 (line			, column (f))		17	%
18	Investment income percentage from 2008 S					18	%
19 a	33 1/3 % support tests - 2009 If the org						
	17 is not more than 33 1/3 %, check thi	s box and sto	here The org	anızatıon qualifies	as a publicly	supported orga	anization >
b	33 1/3 % support tests - 2008 If the organ	nization did not	check a box on	line 14 or line 19	a, and line 16 is	more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check to		•		•		
20	Private foundation If the organization d	id not check a	a box on line	14, 19a, or 19b,			
JSA					9	chedule A /Form	990 or 990-EZ\ 2009

TOTAL AMOUNT OF SUPPORT

Page 4

1,966,584

•	Part IV	Part II, line 17a or 17b, or Part III, line 12 Pr				•	,	
						ATTAC	HMENT 1	
	SCHEDULE A,	PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIO	NS					
				(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
	(I) NAME OF	SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
	STATE OF DE	CLAWARE	51-6000279	06	λ	х	λ	1,966,584

SCHEDULE O' (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SUSTAINABLE ENERGY UTILITY, INC.

Employer identification number

26-3963904

ATTACHMENT 2

CONFLICT OF INTEREST

PART VI, SECTION B, LINE 12C

THE BOARD OF DIRECTORS REQUIRE EACH INTERESTED PERSON TO DISCLOSE ANY
FINANCIAL INTEREST IN, OR ROLE IN THE GOVERNANCE OF, ANY OTHER
CORPORATION, FIRM, ASSOCIATION, OR OTHER ENTITIY CONTRACTING OR ENGAGING
IN ANY OTHER TRANSACTION WITH THE CORPORATION.

DISCLOSURE

PAGE 6, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ALL OF ITS GOVERNING DOCUMENTS AND POLICIES AVAILABLE TO THE PUBLIC UPON REQUEST.

OTHER INFORMATION

THE RETURNS ARE BEING AMENDED TO REFLECT CORRECTIONS MADE TO THE COMPILED FINANCIAL STATEMENTS. THE 2009 FORM 990 NOW AGREES TO THE CORRECTED FINANACIAL STATEMENTS.

PARTS AND SCHEDULES AMENDED:

FORM 990, PART I, PAGE 1: CHANGES TO CURRENT YEAR REVENUE.

FORM 990, PART VI, PAGE 6: CHANGES TO YES AND NO ANSWERS RELATED TO GOVERNANCE AND POLICIES.

Schedule (Form 990) 2009

Name of the organization

SUSTAINABLE ENERGY UTILITY, INC.

Employer identification number 26-3963904

ATTACHMENT 2 (CONT'D)

FORM 990, PART VIII, PAGE 9, LINES 1E AND 3: CHANGES TO GOVERNMENT GRANT INCOME.

FORM 990, PART X, PAGE 11: CHANGES TO CURRENT YEAR ASSETS, LIABILITIES, AND FUND BALANCES.

FORM 990, PART XI, PAGE 12: CHANGES TO RECONCILIATION OF NET ASSETS.

SCHEDULE B, SCHEDULE OF CONTRIBUTORS: CHANGED AMOUNT RECEIVED FROM CONTRIBUTOR ON PAGE 2, PART I.

ATTACHMENT 3

4A PROGRAM SERVICE

PROVIDE MARKET DEVELOPMENT FOR RESIDENTIAL AND BUSINESS PURCHASES

OF HIGH-EFFICIENCY ALTERNATIVES IN ENERGY-USING EQUIPMENT TO

ENABLE 30% SAVINGS IN HOUSEHOLD AND COMPANY ENERGY USE, WITH 33%

OF DELAWAREANS PARTICIPATING BY 2015 - THESE ESTIMATED SAVINGS

WILL CUT ANNUAL HOUSEHOLD ENERGY COSTS BY \$1,000.

PROVIDE EXPANDED WEATHERIZATION SERVICES TO RESIDENCES, WITH A FOCUS ON THE NEEDS OF LOW- AND MODERATE-INCOME FAMILIES, DOUBLING THE NUMBER OF ANNUALLY WEATHERIZED UNITS BY 2015.

PROMOTE AT LEAST 300 MW OF CUSTOMER-SITED RENEWABLE ENERGY APPLICATIONS.

Schedule O (Form 990) 2009 Page 2

Name of the organization SUSTAINABLE ENERGY UTILITY, INC.

Employer identification number 26-3963904

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

UPGRADE DELAWARE'S RENEWABLE PORTFOLIO STANDARD TO "BEST PRACTICE," USING NEW JERSEY AS THE STATE'S BENCHMARK. THIS WOULD REQUIRE AN INCREASE IN RENEWABLE ENERGY PURCHASES BY THE STATE'S ELECTRIC UTILITIES FROM 10% TO 20% BY 2019. TWO PERCENTAGE POINTS OF THE NEW TARGET WILL BE RESERVED FOR SOLAR PHOTOVOLTAICS. THE SOLAR CARVEOUT WILL PROVIDE A SIGNIFICANT BOOST TO PV TECHNOLOGY, WITH THE POTENTIAL TO INCREASE INVESTMENT IN LOCAL PV

INCREASE THE GREEN ENERGY FUND MILL RATE TO \$0.000356 PER KILOWATT-HOUR. CURRENTLY, DELAWARE HAS THE SECOND LOWEST WIRES CHARGE FOR INCENTIVIZING RENEWABLE ENERGY, ENERGY EFFICIENCY AND LOW-INCOME ENERGY WEATHERIZATION AMONG THE 23 STATES THAT HAVE ENACTED SUCH CHARGES. BY INCREASING THE MILL RATE, THE AVERAGE RESIDENTIAL CUSTOMER WOULD SEE AN INCREASE OF 18 CENTS TO THE TYPICAL MONTHLY ELECTRIC BILL.

UPDATE DELAWARE'S NET METERING LAW TO ENCOURAGE LARGER SCALE

CUSTOMER-SITED RENEWABLE ENERGY APPLICATIONS THAT CONTRIBUTE TO

LONG-TERM DEVELOPMENT OF SUSTAINABLE ENERGY SUPPLY. DELAWARE'S

CURRENT POLICY LIMITS CUSTOMER-SITED INSTALLATIONS TO 25 kW.

IN MANY CASES, THIS LIMITATION MAKES IT UNATTRACTIVE FOR LARGER

COMMERCIAL CUSTOMERS TO INSTALL PV OR OTHER CUSTOMER-SITED

RENEWABLE ENERGY SYSTEMS. DEVELOPMENT OF SUSTAINABLE

Schedule O (Form 990) 2009 Page 2

Name of the organization

NAME AND ADDRESS

SUSTAINABLE ENERGY UTILITY, INC.

Employer identification number 26-3963904

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

ENERGY SUPPLY. DELAWARE'S CURRENT POLICY LIMITS CUSTOMER-SITED INSTALLATIONS TO 25 KW. IN MANY CASES, THIS LIMITATION MAKES IT UNATTRACTIVE FOR LARGER COMMERCIAL CUSTOMERS TO INSTALL PV OR OTHER CUSTOMER-SITED RENEWABLE ENERGY SYSTEMS.

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

COMPENSATION

APPLIED ENERGY GROUP 5301 LIMESTONE ROAD, SUITE 222 WILMINGTON, DE 19808 CONTRACT ADMIN

DESCRIPTION OF SERVICES

722,166.

TOTAL COMPENSATION

722,166.

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⋾	66
밆	Ξ.
끙	5
Ö	<u>u</u>

Department of the Treasury

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.

See separate instructions. Attach to Form 990.

Open to Publ

Employer Identification number. (f) Direct controlling entity (f)
Direct controlling
entity N/A 26-3963904 Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because in had one or more related tax-exempt organizations during the tax year.) (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets (d) Exempt Code section (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) DΕ (b) Primary activity (b) Primary activity STATE GOVER 51-6000279 DE 19801 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. WILMINGTON, (a)
Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity SUSTAINABLE ENERGY UTILITY, INC 820 NORTH FRENCH STREET STATE OF DELAWARE Name of the organization Part II Part

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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

(J) General or managing partner?	ŝ							
(J) General or managing partner?	Yes							
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)								rm 990, Part
(fi) Dispropertionate allocations?	Yes No							s" on For
(9) Share of end-of-year assets								le as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part
(v) Share of total income								mplete if the organiz
Pred (*) Predominant income (related, unrelated, excluded from tax under sections	512-514)							ration or Trust(Cor
Direct controlling entity								able as a Corporation
Legal domicile (state or foreign	;							ons Tax
Primary activity								elated Organizati
Name, address, and EIN of related organization								Partiv Identification of Related Organizations Taxab
		- !	- ! - !	 - !	!!!	- !	- ¦ - [O.

IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
			,				

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Schedule R (Form 990) 2009 ŝ 0 9,487,878 Yes × (c) Amount involved ٦ 19 4 2 7 4 <u>-</u> 9 <u>4</u> 두 9 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Purchase of assets from other organization(s) Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36 (b) Transaction type (a–r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (I) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Ö Σ Performance of services or membership or fundraising solicitations by other organization(s) Performance of services or membership or fundraising solicitations for other organization(s) Other transfer of cash or property from other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule (a)
Name of other organization Lease of facilities, equipment, or other assets from other organization(s) Gift, grant, or capital contribution from other organization(s) Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) Loans or loan guarantees to or for other organization(s) Reimbursement paid by other organization for expenses Loans or loan guarantees by other organization(s) OF DELAWARE STATE OF DELAWARE STATE æ E c Ω 0 0 ပ σ Φ **Б** — ._ ._ × σ Ξ 2 (2) 9 ල 4

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

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

(a) Name addises and FIN of south	(q)	1	(d)	(e) Share of	(1)	- 1	(h)
	rinaly activity	(state or foreign country)	section 501(c)(3) organizations?		allocations?	amount in box 20 of Schedule K-1	managing partner?
			Yes No		Yes	(Form 1065)	Yes
							-
						Schedule R (Form 990) 2009	900) 2009

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