DLN: 93493127009390 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization E4THEFUTURE INC D Employer identification number **B** Check if applicable □ Address change 22-2547170 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 10 SPEEN STREET NO 402 ☐ Application pending (774) 777-5121 City or town, state or province, country, and ZIP or foreign postal code FRAMINGHAM, MA  $\,$  01701  $\,$ G Gross receipts \$ 8,405,732 Name and address of principal officer  $\mathbf{H}(\mathbf{a})$  Is this a group return for STEPHEN COWELL □Yes ☑No subordinates? 10 SPEEN STREET NO 402 H(b) Are all subordinates FRAMINGHAM, MA 01701 ☐ Yes ☐No included? Tax-exempt status □ 527 **☑** 501(c)(3) **☐** 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW E4THEFUTURE ORG L Year of formation 1984 M State of legal domicile **K** Form of organization  $\square$  Corporation  $\square$  Trust  $\square$  Association  $\square$  Other  $\triangleright$ Summary 1 Briefly describe the organization's mission or most significant activities E4THEFUTURE'S MISSION IS TO PROMOTE RESIDENTIAL CLEAN ENERGY AND SUSTAINABLE RESOURCE SOLUTIONS TO ADVANCE CLIMATE PROTECTION AND ECONOMIC FAIRNESS BY INFLUENCING FEDERAL, STATE AND LOCAL POLICIES, AND BY HELPING TO BUILD A Activities & Governance RESILIENT AND VIBRANT ENERGY EFFICIENCY AND CLEAN ENERGY SECTOR Check this box ▶ ☐ 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) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 14 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 130,000 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 2,342,099 2,057,926 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,799 6,048 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,486,898 2,063,974 1,345,500 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,137,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,494,821 1.597.350 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 1,604,697 1,480,628 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 5,236,518 4,423,478 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -2,749,620 19 Revenue less expenses Subtract line 18 from line 12 . -2,359,504 Assets or displaying **Beginning of Current Year End of Year** 24,066,231 23,683,447 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . . . . . 1,581,971 1,201,893 Net assets or fund balances Subtract line 21 from line 20 22,484,260 22,481,554 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-05 Signature of officer Date Sign Here JOHN J SHEEHAN CFO Type or print name and title Print/Type preparer's name Date 2020-05-05 Preparer's signature Check  $\square$  if P01584539 **Paid** self-employed Firm's name AAFCPAS INC Firm's EIN > 04-2571780 Preparer Use Only Firm's address ► 50 WASHINGTON STREET Phone no (508) 366-9100 WESTBOROUGH, MA 01581 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019) Cat No 11282Y

Forr	n 990 (2	2019)	Page <b>2</b>
Р	art III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	🗹
1	Briefly	y describe the organization's mission	
PRO	TECTION	RE' MISSION IS TO PROMOTE RESIDENTIAL CLEAN ENERGY AND SUSTAINABLE RESOURCE SOLUTIONS TO ADVA N AND ECONOMIC FAIRNESS BY INFLUENCING FEDERAL, STATE AND LOCAL POLICIES, AND BY HELPING TO BUI NERGY EFFICIENCY AND CLEAN ENERGY SECTOR	
2	the pr	ne organization undertake any significant program services during the year which were not listed on rior Form 990 or 990-EZ?	☐ Yes ☑ No
3	Did th	ne organization cease conducting, or make significant changes in how it conducts, any program	☐ Yes ☑ No
4	Descri Sectio	is," describe these changes on Schedule O ribe the organization's program service accomplishments for each of its three largest program services, as measur on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, th ases, and revenue. If anv. for each program service reported	
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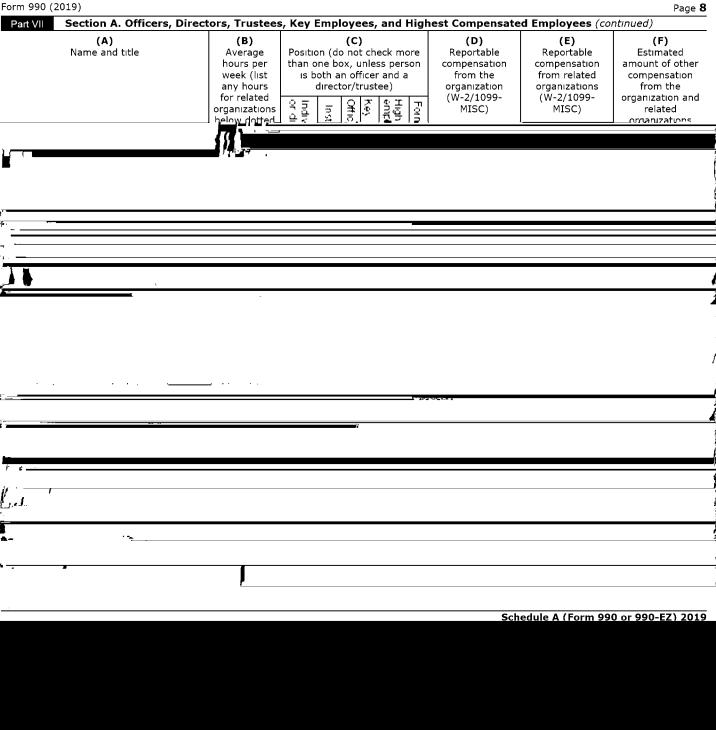
Forr	m 990 (2019)			Page <b>3</b>
Р	Part IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes	
	Schedule A 🐿	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates			Nο
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Form	990 (2019)			Page <b>4</b>
Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23		23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of		_	-
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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	14			
Ь	If at least one is reported on line 2a, did the organization file all required federal employ <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (s			2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the		· ·	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	ın Scl	nedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signa financial account in a foreign country (such as a bank account, securities account, or oth			4a		No
Ь	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and	d Fınar	ncial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the	he tax	year <sup>?</sup>	5a		No
b	$\operatorname{Did}$ any taxable party notify the organization that it was or is a party to a prohibited tax	shelte	r transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,00$ solicit any contributions that were not tax deductible as charitable contributions?		d did the organization	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that sunot tax deductible?		ntributions or gifts were	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?					No
Ь	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?					
2	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file					
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Form 990 (	
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a <sub>i</sub> 8β <sub>i</sub> , or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions
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Form	990 (2019)						Page <b>7</b>
Par	t VII Compensation of Officers and Independent Contrac	ctors			-		es,
Se	Check if Schedule O contains a ection A. Officers, Directors, True						· · · □
	omplete this table for all persons require		· · · · · · · · · · · · · · · · · · ·				anization's tax
year	List all of the organization's current off		ustoos (whother i	ndvuduals or orga	nizations) rogars	doss of amount	
	List all of the organization's <b>current</b> offi mpensation Enter -0- in columns (D), (B				anizations), regard	liess or amount	
• L	ist all of the organization's current key	employees, if any	See instructions	for definition of	"key employee "		
	ist the organization's five <b>current</b> highe						
	received reportable compensation (Box 5 nization and any related organizations	5 of Form W-2 and	d/or Box 7 of Forr	n 1099-MISC) of	more than \$100,0	100 from the	
_	list all of the organization's <b>former</b> office	ers kev emnlovee	es or highest com	nensated employ	rees who received	more than \$100 (	000
	nortable compensation from the organiza				ces villo received	more than \$200,	
Sa	ection A. Public Support						
	Calendar year	(-) 201F	(L) 2016	(-) 2017	(4) 2010	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	71,807,971	25,000	50,000	130,000		72,012,971
	include any "unusual grants ")	. 1,00,,5,1	25,000	30,000	200,000		, 2,012,3,1
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
3	organization's tax-exempt purpose 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						
5	to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to						
6	the organization without charge <b>Total.</b> Add lines 1 through 5	71,807,971	25,000	50,000	130,000		72,012,971
	Amounts included on lines 1, 2, and		25,000	30,000	130,000		
	3 received from disqualified persons	40,327,834					40,327,834
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						0
	\$5,000 or 1% of the amount on line						
c	13 for the year Add lines 7a and 7b	40,327,834					40,327,834
8	Public support. (Subtract line 7c	,,					31,685,137
ſ	from line 6.)	l			l		31,003,10,
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	ist all of the organization's former dire					or trustee of the	
-	nization, more than \$10,000 of reportabl nstructions for the order in which to list	·	-	ion and any relat	ed organizations		
_		•					
<u> </u>	Check this box if neither the organization						
	<b>(A)</b> Name and title	(B) Average	Position (do no		( <b>D)</b> Reportable	(E) Reportable	<b>(F)</b> Estimated
	Nume and the	hours per	than one box.		compensation		amount of other
Se	ection B. Total Support						
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) ►		25,000				
9 10a	Amounts from line 6 Gross income from interest,	71,807,971	25,000	50,000	130,000		72,012,971
TOQ	dividends, payments received on	714,555	634,029	593,797	599,653	563,863	3,105,897
	securities loans, rents, royalties and	, 14,335	034,029	353,797	399,033	303,663	3,103,097
b	income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
c	1975 Add lines 10a and 10b	714,555	634,029	593,797	599,653	563,863	3,105,897
11	Net income from unrelated business	1 2 1,2 30	,-25	3227.37	321,200	311,100	-,3-2,-3,
	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						



	90 (2019)						Page <b>9</b>
Part '	VIII Statement of Revenue Check if Schedule O contains			av line in this Dest VIII			П
	Check if Schedule O Contains	a response o	note to a	(A) Total revenue	( <b>B)</b> Related or exempt function	(C) Unrela busine reven	ess excluded from tax under sections
	1a Federated campaigns	1a			revenue		512 - 514
Gifts, Grants ilar Amounts	<b>b</b> Membership dues	1b		-			
Gra mo	c Fundraising events	1c		_			
fts, IT A	d Related organizations	1d		-			
ຸ່ວ ≅	e Government grants (contributions)	1e					
	1(1	T 17-					
2 Ar	nounts paid to perform activity that d	rectly furthe	rs exempt p	ourposes of supported	d organizations, in		•
ex	cess of income from activity						
	dministrative expenses paid to accomp		ourposes of	f supported organizat	ions		
	mounts paid to acquire exempt-use as						
	ualified set-aside amounts (prior IRS a						
	ther distributions (describe in Part VI		tions				
-	tal annual distributions. Add lines						
	stributions to attentive supported org tails in <b>Part VI</b> ) See instructions	anizations to	which the d	organization is respor	isive (provide		
<b>9</b> Dı	stributable amount for 2019 from Sec	tion C, line 6					
<b>10</b> Lin	e 8 amount divided by Line 9 amount	:					····
	Section E - Distribution Alloc (see instructions)	ations	Exce	(i) ess Distributions	(ii) Underdistribu		(iii) Distributable
1 Dia	stributable amount for 2019 from Sect	uan Cilina 6			Pre-2019	•	Amount for 2019
<b>2</b> Un	derdistributions, if any, for years prior asonable cause required explain in l e instructions	r to 2019					
	cess distributions carryover, if any, to	2019					
b Fr	rom 2014					+	
c Fr	om 2016						
	rom 2017						
	tal of lines 3a through e						
g_A  <u>1</u> _	pplied to underdistributions of prior ye	ears	+	•			
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г <sup>.</sup>	NAME HOW TO VALUE OF THE PARTY						
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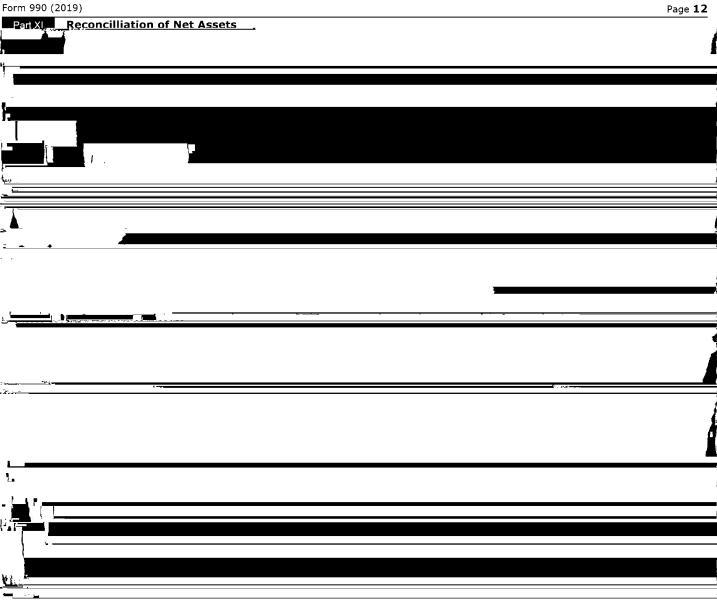
1,345,500

1 Grants and other assistance to domestic organizations and

domestic governments See Part IV, line 21

7	<b>Excess distributions carryover to 2020.</b> Add lines 3 <sub>1</sub> and 4c			
8	Breakdown of line 7			
a	Excess from 2015			
Ŀ	Excess from 2016			
(	Excess from 2017			
(	Excess from 2018			
•	Excess from 2019			
		-	Schedule A (F	orm <b>990 or 990-EZ)</b> (2019)

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(Pro	xy Tax) (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organizations Complete Part III				
	me of the organization HEFUTURE INC	Employer i	dentifica	ition num	iber
		22-2547170			
	t I-A Complete if the organization is exempt under section 501(c) or is a section				
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (s "political campaign activities")	ee instructio	ns for def	finition of	
2	Political campaign activity expenditures (see instructions)	•	\$		
3	Volunteer hours for political campaign activities (see instructions)				
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	•	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	<b>&gt;</b>	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		I	☐ Yes	☐ No
4a	Was a correction made?		1	Yes	□ No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the organization is exempt under section 501(c), except section		(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities		\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 function activities	exempt ►	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	_	₹ <u></u>		
			\$		
4	Did the filing organization file Form 1120-POL for this year?			☐ Yes	□ No



Software ID:

**Software Version:** 

**EIN:** 22-2547170

Name: E4THEFUTURE INC

Form 990 (2019)

### Form 990, Part III, Line 4a:

COMMUNITY CLEAN ENERGY PROJECT (CCEP)THE PURPOSE OF THE PROJECT IS TO DEVELOP POWER GENERATION FACILITIES GENERATING CLEAN, RENEWABLE ENERGY FROM SOURCES INCLUDING, BUT NOT LIMITED TO SOLAR, WIND, LOW-IMPACT HYDRO, FUEL CELLS, ANAEROBIC DIGESTION AND WAVE ENERGY, AS WELL AS ENERGY STORAGE FACILITIES AND OTHER ENERGY MANAGEMENT CONTROLS, AND TO PROVIDE ITS MEMBERS WITH CLEAN ENERGY AND/OR ENERGY RELATED PRODUCTS AND

#### Form 990, Part III, Line 4b: FEDERAL AND STATE POLICY SUPPORTSUPPORT SELECTED FEDERAL AND STATE STATE-LEVEL CAMPAIGNS WHERE THE RESIDENTIAL CLEAN ENERGY POLICY ENVIRONMENT IS AT RISK OR CAN BE SIGNIFICANTLY ADVANCED. FOCUS E4THEFUTURE RESOURCES AND LEADERSHIP ON STATES IN WHICH IT CAN HAVE A

SIGNIFICANT IMPACT ON POLICY

Form 990, Part III, Line 4c: STRENGTHEN THE INDUSTRYPROVIDE LEADERSHIP TO DRIVE COLLABORATION AMONG INDUSTRY PARTICIPANTS. DEVELOP STANDARDS TO IMPROVE THE PROCESS IN WHICH UTILITY CUSTOMER-FUNDED ELECTRICITY AND NATURAL GAS ENERGY EFFICIENCY RESOURCES ARE ASSESSED FOR COST-EFFECTIVENESS AND COMPARED TO OTHER RESOURCE INVESTMENTS. IMPROVE FEEICIENCY SCREENING PRACTICES THROUGHOUT THE UNITED STATES. SUPPORT THE DEVELOPMENT OF RESEARCH TO ASSESS THE HEALTH IMPACTS OF ENERGY FFFICIENCY

**▲** ≥==-...

DLN: 93493127009390 OMB No 1545-0047 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. **SCHEDULE A** (Form 990 or 990EZ) ► Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service

Sc	hedule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
	Support Schedule for C (Complete only if you che If the organization failed	cked the box o	n line 5, 7, or 8	of Part I or if the	he organization	failed to qualify	<b>A)(vi)</b> under Part III.
	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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Schedule A (Form	n 990 or 990-EZ) 2019	Page <b>3</b>
Part III	Support Schedule for Organizations Described in (Complete only if you checked the box on line 10 of the organization fails to qualify under the tests listed	
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Sche	edule A (Form 990 or 990-EZ) 2019		F	Page <b>4</b>
Pa	Supporting Organizations  (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d or Sections A and D, and complete Part V)			
S	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
		2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination			
	—Nid the expaniation ensure that all curport to such expaniations was used evaluated for section 170(eV2)(P) numbered	3b		<u> </u>
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Page	6

instructions. All other Type III non-functionally integr	rated supporting organizations r I	<u> </u>	(B) Current Yea			
Section A - Adjusted Net Income		(A) Prior Year (E				
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production income or for management, conservation, or maintenance of production of income (see instructions)						
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)			
Aggregate fair market value of all non-exempt-use assets (see tax year or assets held for part of year)	ee instructions for short					
a Average monthly value of securities	1a					
<b>b</b> Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
Discount claimed for blockage or other factors     (explain in detail in Part VI)						
2 Acquisition indebtedness applicable to non-exempt use asset	s <b>2</b>					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for instructions)	or greater amount, see					
5 Net value of non-exempt-use assets (subtract line 4 from line	<b>5</b>					
6 Multiply line 5 by 035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Co	olumn A) 1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8,	Column A) 3					
4 Enter greater of line 2 or line 3	4					
			<u> </u>			

Schedule A (Form 990 or 990-EZ) 2019	Page <b>7</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	Current Year
Section D - Distributions	Current Year
Amounts haid to supported organizations to accomplish events burnoses	<u> </u>
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	5 000 (2010)
	Form <b>990</b> (2019)

#### Software ID: Software Version:

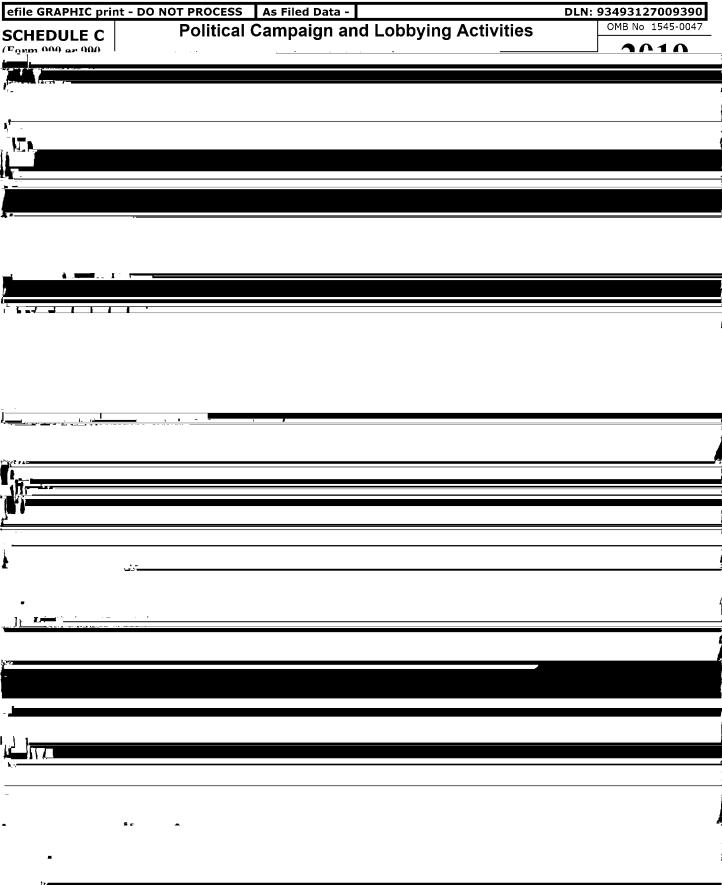
**EIN:** 22-2547170

Name: E4THEFUTURE INC

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

Instructions)

Facts And Circumstances Test



A.R

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT form 5768 (election under section 501(h)).	iled		Page 3
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)
ICLIV	ity	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		29,904
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total Add lines 1c through 1i			29,904
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	:)(5), o	r secti	
1	Were substantially all (90% or more) dues received nondeductible by members?		_	Yes No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2
<u>-</u>	Did the every state agree to earny ever labburne and notities a sweethings from the array years.			-
7				
Y				
	Check if Schedule O contains a response or note to any line in this Part IX			🗆
	(A)	$\top$		(B)
	Beginning of year		E	nd of year
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,	,			

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CHEDULE	D	Sunnle	amontal Fina	ncial Stateme	nte		OMB N	lo 1545	-0047
Che	ck if Schedule	O contains a response	or note to any line ii	n this Part XI					
1 Total reven	ue (must equi	al Bart VIII. column (A)	lino 12)			1		7	,063,97
	•		•			2			,423,47
-			•			3			,359,50
	•			line 33, column (A))		4			,484,26
		ses) on investments				5		2	,356,79
<b>6</b> Donated se	rvices and use	e of facilities				6			
7 Investment	expenses .					7			
8 Prior period	l adjustments					8			
<b>9</b> Other chan	ges in net asse	ets or fund balances (e	explain in Schedule O	)		9			
				9 (must equal Part X, lir	ie 33, column (B))	10		22	,481,55
Part XII Fir	ancial Stat	ements and Repo	rting						_
Che	ck if Schedule	O contains a response	e or note to any line	n this Part XII		•			<b>✓</b>
			_	_				Yes	No
_		to prepare the Form 9		✓ Accrual ☐ Othe					
If the orgar Schedule O		ed its method of accou	inting from a prior ye	ar or checked "Other," e	xplain in				
2a Were the o	rganızatıon's f	inancial statements co	mpiled or reviewed b	y an independent accour	ntant?		2a		No
		w to indicate whether t ted basis, or both	the financial stateme	nts for the year were cor	mpiled or reviewed	on a			
☐ Sepa	rate basıs	☐ Consolidated ba	asıs 🗌 Both	consolidated and separal	e basis				
<b>b</b> Were the o	rganızatıon's f	inancial statements au	dited by an independ	ent accountant?			2ь	Yes	
	ck a box below d basis, or bot		the financial stateme	nts for the year were au	dited on a separate	basıs,			
	rate basis	Consolidated ba	asıs 🔲 Both	consolidated and separal	e basis				
c If "Yes " to	line 2a or 2h	does the organization	have a committee th	at assumes responsibilit	v for oversight				
1 1		t-	THE CONTINUES OF		, 10, 0, 0, 10, 19, 10		<u> </u>		€
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Angelia - Paragonia		· · · ·	. *************************************						
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3			, 324		•				
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20	\		, 324		•	_			

**d** Equipment .

Sche	dule D (Form !	990) 2019									Pag	e <b>2</b>
Par	tiii Orga	anizations M	aintaining Col	lections of	Art, Histor	ical Tre	asures	, or Other	Similar As	sets (co	ntınued)	
3		ganızatıon's acq : all that apply)	quisition, accession	n, and other re	cords, check	any of th	e followii	ng that are a	significant u	se of its c	collection	
а	Public	exhibition			d		oan or e	xchange prog	grams			
b	☐ Schola	ırly research			е		ther					
c	Preser	vation for future	e generations									
4	Provide a de Part XIII	scription of the	organization's col	lections and e	xplain how th	ey furthe	r the org	anızatıon's e	xempt purpo	se in		
5			janization solicit oi nds rather than to						nılar	☐ Yes	□ No	
Pa	Com		t <b>odial Arrange</b> ganization answ		on Form 990	0, Part I\	/, line 9	, or reporte	ed an amou	nt on Fo	rm 990, Part	
1a		ization an agent Form 990, Part	t, trustee, custodi X?	an or other int	ermediary fo	r contribu	tions or (	other assets	not	☐ Yes	□ No	
ь	If "Yes " eyn	lain the arrange	ement ın Part XIII	and complete	the following	r table			Δι	mount		
c	Beginning ba	_	ee. mr dre XIII	a.ia complete	c renowing	, table		1c				
d	Additions du							1d				
е	Distributions	during the yea	r					1e				
f	Ending balan	nce						1f				
2a	Did the orga	nızatıon ınclude	an amount on Fo	rm 990, Part )	K, line 21, for	escrow o	r custodi	al account li	ability?	☐ Yes	□ No	
b	If "Yes," exp	lain the arrange	ement in Part XIII	Check here if	the explanat	tion has b	een prov	rided in Part i	XIII			
		owment Fun			· ·							
	Com	plete If the or	ganization answ						I. 15			
1 2	Beginning of v	ear balance .		(a) Current y	rear (b)	Prior year	(c) IV	wo years back	(d) Three yea	irs back (e	e) Four years bad	<u>.K</u>
	Contributions						-					_
		nt earnings, gaii	ns and losses				-					_
		olarships	•									_
		tures for faciliti										_
f	Administrative	e expenses .										_
g	End of year ba	alance										_
2	Provide the e	estimated perce	entage of the curre	ent year end b	alance (line 1	Lg, columi	n (a)) he	ld as				_
а	Board design	nated or quasi-e	endowment <b>&gt;</b>									
b	Permanent e	ndowment ►										
С	Temporarily	restricted endo	wment <b>&gt;</b>									
	The percenta	ages on lines 2a	, 2b, and 2c shou	ld equal 100%	)							
3а	organization	by	not in the posses	sion of the org	ganization tha	at are held	d and adr	ministered fo	r the		Yes No	_
	. ,	dorganizations						•		3a(	-	_
ь	` '	organizations .	 :lated organization	· · · ·	ured on Sch	edule P2				3a(i 3b		_
ս 4			ended uses of the								<u>'                                     </u>	-
			and Equipmen									—
			ganization answ		on Form 990	O, Part I	/, line 1	1a. See Fo	rm 990, Pai	rt X, lıne	10.	
	Description of		(a) Cost or oth (Investme	ner basis (I	<b>b)</b> Cost or othe			Accumulated o			) Book value	
	Land											—
	Buildings .											—
	Leasehold imp					8,	504		8,504			0

127,171

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

8,325

8,325

118,846

Part VII Investments—Other Securities.		11h C F 000 F	Part V. June 12
Complete if the organization answered "Yes" on Form 990, P  (a) Description of security or category  (including name of security)	(b) Book value	(c) Method	d of valuation -year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, P  (a) Description of investment	art IV, lı	ne 11c. See Form 990, (b) Book value	Part X, line 13.  (c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		<b>•</b>	
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11d. See Form 990, Par	
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			<b>•</b>
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11e or 11f.See Form	990, Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote	to the or	ganization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check h		text of the footnote has be	_

	lule D (Form 990) 2019		Page <b>4</b>
Par	<b>TXI</b> Reconciliation of Revenue per Audited Financial Statements With Revenue per Recomplete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn.	
1	Total revenue, gains, and other support per audited financial statements	1	4,315,516
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 2,356,79	8	
b	Donated services and use of facilities	1	
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII ) 2d	7	
e	Add lines 2a through 2d		2,356,798
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,958,718
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 105,25	6	
b	Other (Describe in Part XIII ) 4b	<b>-</b>	
С	Add lines <b>4a</b> and <b>4b</b>	- 4c	105,256
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	2,063,974
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,318,222
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII ) 2d		
	And the second s	1 _ 1	_

Page <b>5</b>		Schedule D (Form 990) 2019				
	ormation (continued)	Part XIII Supplemental Info				
	Explanation	Return Reference				
	<u> </u>					

Schedule D (Form 990) 2019

## Software Version:

Software ID:

**EIN:** 22-2547170 Name: E4THEFUTURE INC.

Supplemental Information

Return Reference Explanation E4THEFUTURE ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME

PART X, LINE 2

TAXES THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRI

BES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDI

NG A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN E4THEFUTURE HAS DETERMINE

D THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLO SURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2019 E4THEFUTURE'S INFORMATION RETURNS A DE SUBJECT TO EYAMINATION BY THE FEDERAL AND STATE JUDISDICTIONS

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Schedule I (Form 990)			Grants and	Other Assistan	ce to Organiz	ations,			MB No 1545-0047	
Governments and Individuals in the United States									2019	
		Open to Public								
Department of the Treasury			► Go to <u>wu</u>	Attach to Form http://www.irs.gov/Form990 for		on.			Inspection	
Internal Revenue Service  Name of the organization							E	mployer ıdentific	ation number	
E4THEFUTURE INC							2	2-2547170		
Part I General I	nformati	on on Grants	and Assistance				<u>'</u>			
						for the grants or assistant	ce, and			_
		_		se of grant funds in the U					✓ Yes	□No
Part II Grants and		·		=		rganization answered "Yes	" on Form 9	90, Part IV, line	21, for any recipient	:
that received	l more tha	n \$5,000 Part I	I can be duplicated if ad	ditional space is needed	T	1			<u> </u>	
(a) Name and address organization	s of	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,		escription of sh assistance	(h) Purpose of gra or assistance	ant
or government					assistance	other)				
(1) See Additional Data										
(2)										
(3)										
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Schedule I (Form 990) 2019										Page <b>2</b>
Part IIII Grants and Other A Part III can be duplic				te ıf the org	anızatıon	answered "Yes"	on Forr	m 990, Part IV, line 22		
(a) Type of grant or assista	of grant or assistance		of	(c) Amount of cash grant		(d) Amount of noncash assistance		(e) Method of valuation FMV, appraisal, oth		(f) Description of noncash assistance
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
Part IV Supplemental	Information	<b>on.</b> Provide the ii	nformation r	equired in	Part I, I	ine 2; Part III,	colum	nn (b); and any other	addition	al information.
Return Reference	Explanation	on				_		-		

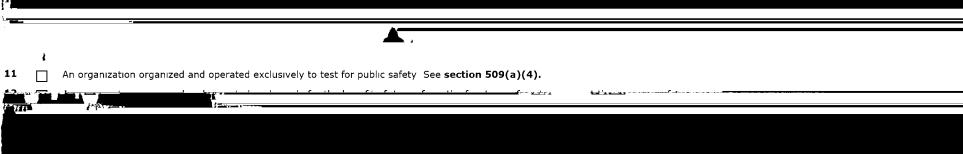
Schedule I (Form 990) 2019

Software ID: **Software Version:** 

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

**EIN:** 22-2547170 Name: E4THEFUTURE INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant non-cash assistance or assistance cash or government assistance other) 501C3 68 000 TO SUSTAIN AND 80-0373801



(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 501C3 50.000 RESEARCH AND AMERICAN COUNCIL FOR AN 94-2711707 ENERGY EFFICIENT ECONOMY IOUTREACH TO SUPPORT 529 14TH ST NW SUITE 600 THE NATIONAL WASHINGTON, DC 20045 STANDARD PRACTICE MANUAL(NSPM) KEEA ENERGY EDUCATION 23-3007497 501C3 10,000 TO MAKE PROGRESS FUND AND TAKE PROACTIVE 1501 CHERRY STREET STEPS TO ACCELERATE PHILADELPHIA, PA 19102 THE DEPLOYMENT OF COST-EFFECTIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(d) Amount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance NATIONAL ASSOCIATION OF 52-1474553 501C3 65.000 TO COLLECT STATE ENERGY OFFICIALS COMPARABLE DATA 2107 WILSON BOULEVARD AND DEVELOP THE SUITE 850 2019 US ENERGY AND ARLINGTON, VA 22201 EMPLOYMENT REPORT (USEER) AND DISSEMINATE INFORMATION TO KEY POLICYMAKERS AND

100,000

STAKEHOLDERS

ANALYSIS AND

REGULATORY INITIATIVES

SUPPORT FOR POLICY

DEVELOPMENT AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

NECEC INSTITUTE INC 20-5961645 250 SUMMER STREET 5TH FLOOR

BOSTON, MA 02210

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NORTHEAST ENERGY 81-3283869 501C3 50,000 THIS GRANT WILL EFFICIENCY PARTNERSHIPS SUPPORT THE 91 HARTWELL AVENUE FOLLOWING PROJECTS LEXINGTON, MA 02421 IN 2019 HOME ENERGY MANAGEMENT SYSTEMS (HEMS) \$20,000 00 COLD CLIMATE AIR SOURCE HEAT PUMPS (CCASHPS) \$10,000 00

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

EFFICIENCY PROGRAMS

IN VIRGINIA

HELIX/RESIDENTIAL LABELING \$20,000 00 VIRGINIA ENERGY EFFICIENCY 47-1752391 501C3 8,000 TO SUPPORT WORK TO COUNCIL EDUCATE LEGISLATORS 409 E MAIN STREET STE 200 ON THE BENEFITS OF RICHMOND, VA 23219 ENERGY EFFICIENCY AND REGULATORY WORK TO SUPPORT RESIDENTIAL ENERGY

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CONNECTICUT FUND FOR THE 06-0990195 501C3 20,000 TO SUPPORT APPEAL OF ENVIRONMENT LITIGATION AGAINST 900 CHAPEL STREET THE STATE OF NEW HAVEN, CT 06510 CONNECTICUT TO

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

AND NATIONAL LEADERSHIP ON THE VALUE OF EE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

ENJOIN WHAT CFE BELIEVES IS THE ILLEGAL TRANSFER OF MONIES IN THE ENERGY EFFICIENCY AND CLEAN ENERGY FUNDS TO THE GENERAL FUND EFFICIENCY FOR ALL 82-1102651 501C3 10,000 THE FUNDS WILL BE 77 PIERSON LANE UNIT E USED TO DIRECTLY WINDSOR, CT 06095 SUPPORT THE EDUCATION OF LOCAL

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) ENVIRONMENTAL LEAGUE OF 04-2760271 501C3 25,000 TO PROVIDE

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

COMMUNICATIONS AND

ENERGY EFFICIENCY

15 COURT SQUARE SUITE 1000 BOSTON, MA 02018					COALITION BUILDING FOR CURRENT EE ISSUES SPECIFICALLY HOME ENERGY SCORECARD AND H1724
HOME PERFORMANCE	27-2422233	501C3	250,000		TO PROVIDE SUPPORT

COALITION 1187 THORN RUN RD EXT SUITE 340 MOON TOWNSHIP, PA 15108

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

MASSACHUSETTS

**(b)** EIN

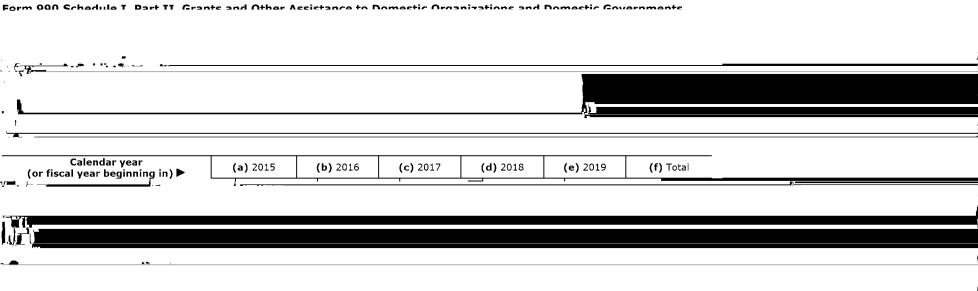
TO THE HOME PERFORMANCE INDUSTRY VIA INDUSTRY SUPPORT, STATE AND FEDERAL POLICY AND ADVOCACY EFFORTS TO IMPACT

Form 990, Schedule I, Part	II, Grants and	Other Assistance t	Domestic Organiza	tions and Domest	c Governments.		
(a) Name and address of organization ณ คญernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4							
fr							
·							

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MASSACHUSETTS CLIMATE 26-3880797 501C3 15,000 RESOURCES AND STAFF ACTION NETWORK TO CONTINUE WORK ON THE LOCAL CLEAN 36 BROMFIELD STREET SUITE 306 ENERGY TOOLKIT, NET BOSTON, MA 02108 ZERO PLANNING, AND MUNICIPAL LIGHT PLANTS PROJECTS. WHICH FOCUS ON INNOVATIVE LOCAL POLICIES ON ENERGY EFFICIENCY AND CLEAN **ENERGY AND HELP** EDUCATE LOCALLY IN A WAY THAT ADVANCES STATE LEVEL SOLUTIONS 501C3 10,000 MASSENERGIZE 83-3545333 TO DEVELOP A 2 0 221 NASHAWTUC ROAD VERSION OF THE MASSENERGIZE CONCORD, MA 01742 INTERACTIVE WEB PLATFORM TO ENGAGE RESIDENTS AND BUSINESSES TO MEET LOCAL CHALLENGE GOALS, AND TO PROMOTE AND PILOT PEARL CERTIFICATION TO HELP MOVE THE MARKET IN VALUING HIGH PERFORMING

HOMES AND
INSTALLATION OF
ENERGY EFFICIENCY
AND HIGH PERFORMING
HVAC SYSTEMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.



Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESOURCE INNOVATION INSTITUTE 2616 NE 32ND COURT PORTLAND, OR 97212	81-2272628	501C3	15,000				TO SUPPORT DEVELOPMENT OF ITS UTILITY WORKING GROUP ON CONTROLLED ENVIRONMENT AGRICULTURE
SMART ELECTRIC POWER ALLIANCE 1220 19TH STREET NW SUITE	52-1794095	501C3	35,000				FUNDS WILL BE USED TO RESEARCH AND REPORT ON ELECTRIC
							i
Calendar year (or fiscal year beginning in	n) 🕨 (a)	2015 <b>(b)</b> 2016	(c) 2017	(d) 2018 (e) 2	019 <b>(f)</b> Total	_	
<u> </u>							
) l							

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-5072814 501C3 92.000 SHARED MOBILITY INC TO LAUNCH A LOW-640 ELLICOTT STREET SUITE INCOME ELECTRIC VEHICLE SHARING 441 BUFFALO, NY 14203 PROGRAM IN

MASSACHUSETTS

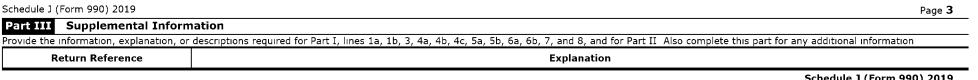
WORCESTER MASSACHUSETTS SHARED MOBILITY INC. 46-5072814 501C3 120,000 TO LAUNCH A LOW-640 ELLICOTT STREET SUITE INCOME ELECTRIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

441 VEHICLE SHARING BUFFALO, NY 14203 PROGRAM IN WORCESTER

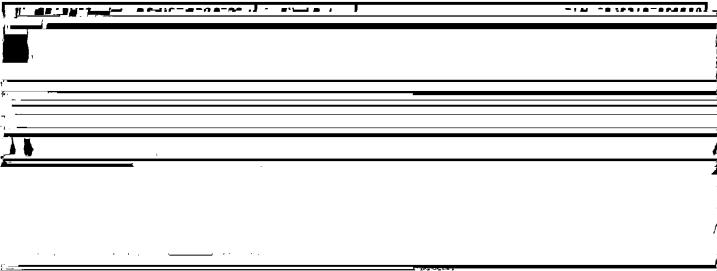
Form 990, Schedule I, Part II,	, Grants and Oth $\epsilon$	er Assistance to C	Jomestic Organiza	tions and Domest	ic Governments.		
(a) Name and address of organization		(c) IRC section if applicable	(d) Amount of cash <u>q</u> rant	(e) Amount of non- cash	(f) Method of valuation (book, EMV appraisal.	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493127009390 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2019 Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization E4THEFUTURE INC 22-2547170 Part I **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1**b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a No Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b No No Participate in, or receive payment from, an equity-based compensation arrangement? 40 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a No Any related organization? 5b No If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a No Any related organization? 6b No If "Yes," on line 6a or 6b, describe in Part III Ear narrong listed on Earm OOO Dout VIII Contian A line to did the arrangentia



efile GRAPHIC	C print - DO NO	T PROCES	S As	Filed Data -		DLN: 934931270						2700	9390
Schedule L		Tran	sactio	ons with Ir	ntereste	d Persor	าร			OI	ИВ No	1545	-0047
(Form 990 or 990	-EZ) ► Complet	te if the orga	anization	answered "Yes 28c, or Form 99	s" on Form 9	90, Part IV, li	ines 2	5a, 2	25b, 26	5,	20	10	<b>Q</b>
			► Att	ach to Form 99	0 or Form 99	0-EZ.							
Department of the Trea Internal Revenue Servi		io to <u>www.ii</u>	rs.gov/F	orm990 for inst	ructions and	the latest in	forma	tion.			pen t Insp		
Name of the orga							Er	nplo	yer ide	ntifica	tion n		
E4THEFUTURE INC							22	2-254	7170				
	ss Benefit Trar						(29)	orga	nızatıor		)		
	ete if the organiza ) Name of disquali			n Form 990, Part					irt V, lii Sescript		(4)	Corr	octod?
1 (a)	Name of disquair	neu person	''		organization	ilileu person ai			ansacti		<del></del>		No
	nount of tax incur						year ı	ınder	_	ր \$			
3 Enter the ar	nount of tax, if an	y, on line 2, a	above, rei	mbursed by the o	rganızatıon			: :		\$			
Part II Loa	ans to and/or I	From Inter	ested P	ersons									
Com	nplete if the organ	ization answe	ered "Yes"	on Form 990-EZ	, Part V, line 3	38a, or Form 99	90, Pa	rt IV,	line 26	or if	the org	anızat	ion
(a) Name of	orted an amount o				(e) Original	(f) Balance	(a)	In	- (	h)		) Writ	ten
	with organization			ganization?	principal	due		default? App		ved by		agreement?	
					amount				1	pard or nmittee?			
			То	From			Yes	No	Yes	No	Yes	ı	No
Total													
	nts or Assistar	rce Benefit	tina Inte		► \$ ns								
	plete if the orga		_			, line 27.							
(a) Name of Inter		) Relationship			of assistance	<b>(d)</b> Type	of assi	stanc	e	<b>(e)</b> Pu	rpose o	f assi	stance
	l int	erested perso organızat		·									
						+							
	+			<u> </u>		t							
				<u> </u>									
				( I /									

(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Shorganiz	f ation's ues?				
(1) STEPHEN COWELL	KEY EMPLOYEE	, ,	THE PRESIDENT OF E4THEFUTURE IS A BOARD MEMBER AT FOUR ORGANIZATIONS THAT RECEIVED GRANTS TOTALLING \$770,000 DURING 2019	Yes	No No				
(2) BRADLEY STEELE	BOARD MEMBER		A BOARD MEMBER IS THE FORMER CEO OF AN ORGANIZATION WHICH E4THEFUTURE IS IN A MULTI- EMPLOYER PENSION PLAN WITH		No				
Part V Supplemental Inform Provide additional information	nation Ion for responses to questions on	Schedule L (see instruction	ons)						
Return Reference	Explanation								



Return Explanation

FORM 990, PART VI, SECTION B, LINE 11B

Return Reference	Explanation
PART VI, SECTION B,	E4THEFUTURE, INC 'S CONFLICT OF INTEREST POLICY APPLIES TO ALL EMPLOYEES AND IS DESCRIBED IN THE EMPLOYEE RESOURCE GUIDE ALL EMPLOYEES ARE REQUIRED TO READ THE RESOURCE GUIDE AND SIGN AN ACKNOWLEDGEMENT THAT THEY UNDERSTAND, ACCEPT AND AGREE TO COMPLY WITH THE INFORMAT ION CONTAINED IN THE GUIDE OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO ANNUALL Y DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS

Return Explanation
Reference

FORM 990, PART VI, G THE PRESIDENT'S COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS THE PROCESS FOR SETTIN G THE PRESIDENT'S COMPENSATION INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPAR SECTION B, ABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION

Return Explanation

FORM 990, PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
SECTION C, LINE 19

Return Explanation

Reference	
	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 856,600 MANAGEMENT AND GENERAL EXPENSES 25,083 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 881,683

LINE 11G

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information Return Explanation

Reference	—p
PART XII	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

LINE 2C

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE R
(Form 990)

Pepartment of the Treasury

Related
Complete if the org

Internal Revenue Service

Name of the organization

E4THEFUTURE INC

## **Related Organizations and Unrelated Partnerships**

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

 $\blacktriangleright$  Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

OMB No 1545-0047

2019

DLN: 93493127009390

Open to Public Inspection

**Employer identification number** 

								2547170			
Identification of Disregarded Entities.	omplete if the organ	nization answe	ered "Yes"	on Form	990, Part	IV, line :	33.				
(a) Name, address, and EIN (If applicable) of disregarded entit	ty	<b>(b)</b> Primary act	ivity	(c Legal domi or foreign	cile (state	(d) Total ind	) (e) come End-of-year asse		r assets (f) prassets Direct contentity		itrolling
Identification of Related Tax-Exempt Organization during the	ganizations. Compl	ete ıf the orga	anization a	nswered	"Yes" on F	orm 990	, Part :	IV, line 34	because	e it had one or	more
related tax-exempt organizations during the (a) Name, address, and EIN of related organization		(b) y activity	(c) activity Legal domicil or foreign co		(d) Exempt Code	de section   Public c		(e) narity status n 501(c)(3))	(f) Direct controlling entity		Section (b)( contro entit
						I .			1		Yes

	1 763	1 (-> 1	(4)	1 7-5	100	1 (=)			(:)	1 4	. 1	(1.5
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(relate unrelated, excluded fror tax under sections 512	d, total income	(g) Share of end-of-year assets	Disprop alloca	h) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ral or laging	<b>(k)</b> Percenta <u>c</u> ownershi
				514)			V			\ <u>\</u>		
							Yes	No		Yes	NO	
						<u> </u>						
						1						
J Identification of Related Organiza because it had one or more related or (a)  Name, address, and EIN of related organization	a corporation		st during th	(d) controlling Ty	(e)	(f) Share of total	Share	(g) of end-o	(I of- Perce	/, line  1) ntage	Sec	(ı) ction 512
related organization	(state	or foreign untry)		endry	or trust)	income		assets	OWITE	эшр	Ĺ	entity?
		.,,									┤,	<u>es 111</u>
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											_	_

Schedule R (Form 990) 2019	Page <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
2 Receipt of (i). Interact. (ii) annuities (iii), royalties, or (iii), royalties, or (iii) annuities	1a No
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The state of the s	

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

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) The all partners section 501(c)(3) Trganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No	1	Yes	No	
												Ш	
										Schedul	e R (Form	1 991	0) 2019

