\*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Charmo of organization   Charmo of cognizations   Charmo of organization   Charmon of cognization   Charmon of cognizat	ΑI	For the	$\pm$ 2022 calendar year, or tax year beginning $$ JUL $1$ , $2022$ and ending	JUN 30, 2023	
ASSOCIATION   Carbon Business as   Security   Carbon Business as   Carbon Business   Car	В	Check if	C Name of organization	D Employer identifie	cation number
SSUCIATION   SSUCIATION   STATE   ST	á		NORTH CAROLINA SUSTAINABLE ENERGY		
Dough Desires as as   Dough Desires   Dough Desires   Dough Desires   Dough Desires   Dough Desires   Doug			ASSOCIATION		
Number and streek (of 1) on the flam is not delived by Street adurticiss.   1919 + 832 - 7601		Name chang	Doing business as	58-13425	88
City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 27609  FName and address of principal original post of the province of the province or state or s		Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	iite <b>E</b> Telephone numbe	 r
City or town, state or province, country, and ZP or foreign postal code   Consentent   Carcella   C			4800 SIX FORKS RD 300		
RALEIGH, NC 27609   Same and address of principal officer. MATT ABELE   Same and address of principal officer. Matter and site and address of principal officer. Matter and site and addre		termin		G Gross receipts \$	2,485,193.
Program and address of principal officer MATT ABELE   Holp Area subcontinuates?   Ves  No  No  No  No  No  No  No  No  No  N				H(a) Is this a group re	eturn
Methon   SAME   AS   C ABOVE   (Insert no.)   4947(a)(1) or   527   H(b) / rest   relacations   H(c) Group exemption number   If vo. attached a last. See instructions   H(c) Group exemption number   If vo. attached a last. See instructions   H(c) Group exemption number   If vo. attached a last. See instructions   H(c) Group exemption number   If vo. attached a last. See instructions   H(c) Group exemption number   If vo. attached a last. See instructions   H(c) Group exemption number   If vo. attached   H(c) Group exemption number   If vo. attached   H(c) Group exemption number   H(c) Group exemption number   If vo. attached   H(c) Group exemption number   H(c) Group exemption number   If vo. attached   H(c) Group exemption number   H(c) Group exemption number   If vo. attached   H(c) Group exemption number   H(c) Group exemption   H(c) Group exemption number   H(c) Group exemption   H(c)		Applic	F Name and address of principal officer: MATT ABELE		
Taxesement status:		pendir			
J Websites: WRW. ENERGYNC.ORG   Korm of organization: XI Corporation   Trust   Association   Other   Lycar of formation: 1978   M State of legal domicile; NC	Ι.	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or		
Summary   Summary   Summary   Significant activities: WE ENVISION A FUTURE WHERE NORTH   CAROLINA'S CLEAN ENERGY ECONOMY LEADS THE NATION AND SERVES AS A   Check this box	J١	Websit	e: WWW.ENERGYNC.ORG	H(c) Group exemptio	n number
Summary   Summary   Summary   Significant activities: WE ENVISION A FUTURE WHERE NORTH   CAROLINA'S CLEAN ENERGY ECONOMY LEADS THE NATION AND SERVES AS A   Check this box	K F	orm of	organization: X Corporation Trust Association Other Ly	ear of formation: 1978 N	A State of legal domicile: NC
CAROLINA'S CLEAN ENERGY ECONOMY LEADS THE NATION AND SERVES AS A	Pa	art I		•	<u> </u>
CAROLINA'S CLEAN ENERGY ECONOMY LEADS THE NATION AND SERVES AS A		1	Briefly describe the organization's mission or most significant activities: WE ENVIS	ION A FUTURE V	WHERE NORTH
B Net unrelated business taxable income from 990-T, Part I, line 11   Prior Year   Current Year   2,792,792. 2,109,899. 39,687. 362,444.   10   Investment income (Part VIII, line 2g)   39,687. 362,444.   11   Other revenue (Part VIII, column (A), lines 3,4, and 7d)   2,195. 11,167.   11   Other revenue (Part VIII, column (A), lines 3,4, and 7d)   2,195. 1,648.   12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   2,840,629. 2,485,158.   13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0. 0. 0. 0.   0.   14   Benefits paid to or for members (Part IX, column (A), lines 1-3)   0. 0. 0.   0.   0.   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3)   0. 0.   0.   0.   0.   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3)   0. 0.   0.   0.   0.   0.   0.   0.	Se				
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B Net unrelated business taxable income from 990-T, Part I, line 11   Prior Year   Current Year   2,792,792. 2,109,899. 39,687. 362,444.   10   Investment income (Part VIII, line 2g)   39,687. 362,444.   11   Other revenue (Part VIII, column (A), lines 3,4, and 7d)   2,195. 11,167.   11   Other revenue (Part VIII, column (A), lines 3,4, and 7d)   2,195. 1,648.   12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   2,840,629. 2,485,158.   13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0. 0. 0. 0.   0.   14   Benefits paid to or for members (Part IX, column (A), lines 1-3)   0. 0. 0.   0.   0.   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3)   0. 0.   0.   0.   0.   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3)   0. 0.   0.   0.   0.   0.   0.   0.	Ver	3		_	
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Prior Year   Current Year   Current Year   2,792,792,   2,109,899.   Carrent Year   Current Year   Current Year   Carrent Ye	ď	b			0.
9   Program service revenue (Part VIII, line 2g)   39   7687   362   444   1   1   1   1   1   1   1   1	enne		,		Current Year
9   Program service revenue (Part VIII, line 2g)   39   7687   362   444   1   1   1   1   1   1   1   1		8	Contributions and grants (Part VIII, line 1h)	2,792,792.	2,109,899.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9			
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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)					
15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   1,857,805.   1,889,627.     16a   Professional fundraising fees (Part IX, column (A), line 11e)   0.		1	Describes a side of the surface and the surface and the surface (A). I'm and (A)	0.	0.
Total fundraising expenses (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  10 Total liabilities (Part X, line 16)  11 Total lassets (Part X, line 26)  12 Net assets or fund balances. Subtract line 21 from line 20  12 Net assets or fund balances. Subtract line 21 from line 20  13 Signature Block  14 Matter 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.  15 Signature of officer  15 Signature of officer  15 Signature of officer  16 ATT ABELE, INTERIM EXECUTIVE DIRECTOR  Type or print name and title  16 Preparer  17 Scott SEBBO  10 / 23 / 23 is self-employed P014444400  18 Firm's address 4600 MARRIOTT DRIVE SUITE 300  18 Firm's address 4600 MARRIOTT DRIVE SUITE 300  19 Phone no. 919 - 836 - 9200	'n	4-		1,857,805.	1,889,627.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 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.  Signature of officer  MATT ABELE, INTERIM EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer's signature  SCOTT SEBBO  SCOTT SEBBO  SCOTT SEBBO  SCOTT SEBBO  Preparer's signature  Firm's name MPCOMPANY LLP  Firm's name MPCOMPANY LLP  Firm's name MPCOMPANY LLP  Firm's siddress 4600 MARRIOTT DRIVE SUITE 300  RALEIGH, NC 27612  Phone no. 919 – 836 – 9200	se	16a			
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18    Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   2,774,884.   3,190,114.     19    Revenue less expenses. Subtract line 18 from line 12   65,745.   -704,956.     20    Total assets (Part X, line 16)   2,468,744.   2,076,362.     21    Total liabilities (Part X, line 26)   294,565.   607,139.     22    Net assets or fund balances. Subtract line 21 from line 20   2,174,179.   1,469,223.     Part II   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.    Signature of officer	Ж	17	<u> </u>	917,079.	1,300,487.
19   Revenue less expenses. Subtract line 18 from line 12   65,745.   -704,956.					
Regining of Current Year   End of Year		1			
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.  Sign   Signature of officer   Date	or				
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign	Pa	art II		•	
Sign Signature of officer  MATT ABELE, INTERIM EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name SCOTT SEBBO Preparer Use Only  Firm's address 4600 MARRIOTT DRIVE SUITE 300 RALEIGH, NC 27612  Date Date 10/23/23 Self-employed Firm's EIN 56-1945391 Phone no.919-836-9200	Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is
Sign Signature of officer  MATT ABELE, INTERIM EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name SCOTT SEBBO Preparer Use Only  Firm's address 4600 MARRIOTT DRIVE SUITE 300 RALEIGH, NC 27612  Date Date 10/23/23 Self-employed Firm's EIN 56-1945391 Phone no.919-836-9200	true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	•
Here MATT ABELE, INTERIM EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name SCOTT SEBBO SCOTT SEBBO Preparer Use Only Firm's address 4600 MARRIOTT DRIVE SUITE 300 RALEIGH, NC 27612  Preparer Preparer Signature Preparer's signature SCOTT SEBBO 10/23/23 self-employed P01444400 Firm's EIN 56-1945391 Phone no.919-836-9200					
Here MATT ABELE, INTERIM EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer's signature  SCOTT SEBBO  SCOTT SEBBO  Preparer  Firm's name  MPCOMPANY LLP  Firm's name  MPCOMPANY LLP  Firm's address  4600 MARRIOTT DRIVE SUITE 300  RALEIGH, NC 27612  Phone no.919-836-9200	Sia	n	Signature of officer	Date	
Type or print name and title  Print/Type preparer's name Paid Paid SCOTT SEBBO SCOTT SEBBO 10/23/23   Self-employed   P01444400   Preparer Firm's name   MPCOMPANY LLP   Firm's EIN   56-1945391   Firm's address   4600   MARRIOTT   DRIVE   SUITE   300   RALEIGH,   NC   27612   Phone   no. 919-836-9200    Preparer   Preparer's signature   Date   Date   PTIN			MATT ABELE, INTERIM EXECUTIVE DIRECTOR		
Paid SCOTT SEBBO SCOTT SEBBO 10/23/23   Form's name   MPCOMPANY   LLP   Firm's address   4600   MARRIOTT   DRIVE SUITE   300   RALEIGH   NC   27612   Phone no. 919-836-9200					
Paid   SCOTT SEBBO   SCOTT SEBBO   10/23/23   Self-employed   P01444400			Print/Type preparer's name Preparer's signature	Date Check	PTIN
Firm's name   MPCOMPANY LLP   Firm's EIN   56-1945391	Paid	i		10/23/23 if self-employ	P01444400
Use Only Firm's address 4600 MARRIOTT DRIVE SUITE 300 RALEIGH, NC 27612 Phone no. 919-836-9200					
RALEIGH, NC 27612 Phone no. 919-836-9200				oen	
		,		Phone no. 91	9-836-9200
	Ma	v the IF	-	17 Hono Hore =	

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	NCSEA IS A 501(C)(3) NONPROFIT MEMBERSHIP ORGANIZATION WHOSE MISSION
	IS TO DRIVE POLICY AND MARKET DEVELOPMENT TO CREATE CLEAN ENERGY JOBS,
	ECONOMIC OPPORTUNITIES, AND AFFORDABLE ENERGY THAT BENEFITS ALL OF
	NORTH CAROLINA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$1, 144, 311. including grants of \$) (Revenue \$)
	CONDUCT PUBLIC POLICY ADVOCACY INCLUDING MARKET AND POLICY RESEARCH,
	ANALYSIS, FACILITATION OF STAKEHOLDER DIALOGUE AND PROBLEM SOLVING, AND
	PARTICIPATING IN REGULATORY AND POLICY DECISION-MAKING PROCESSES AS IT
	RELATES TO SUSTAINABLE PLANNING, PROVISION AND USE OF ENERGY.
	REDATES TO SUSTAINABLE FLANNING, FROVISION AND USE OF ENERGY:
	040.054
4b	(Code:) (Expenses \$819,351. including grants of \$) (Revenue \$)
	DEVELOP AND TEST MARKET-BASED, DATA DRIVEN SOLUTIONS FOR UTILITIES,
	CONSUMERS, AND CLEAN ENERGY PROVIDERS TO IMPROVE THE AFFORDABILITY,
	ACCESSIBILITY, AND RESILIENCE OF BOTH INDIVIDUAL CLEAN ENERGY SOLUTIONS
	AND ELECTRICITY SYSTEM AND SERVICES PROVIDED ACROSS THE SYSTEM.
4c	(Code:) (Expenses \$ 692,898 • including grants of \$) (Revenue \$ 364,057 • )
	PROVIDE EDUCATION ON CLEAN ENERGY THROUGH RESEARCH, ONLINE CONTENT,
	PUBLICATIONS, CONFERENCES, WORKING GROUPS, AND WORKSHOPS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 2,656,560.
	Form <b>990</b> (2022)

Yes No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		Х	
E	during the tax year? If "Yes," complete Schedule C, Part II	4	Λ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
h	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	11a	- 21	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1.12		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	v	
<b>L</b>	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			_ <del></del>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
		_	uαn	(0000)

NORTH CAROLINA SUSTAINABLE ENERGY Form 990 (2022) ASSOCIATION
Part IV Checklist of Required Schedules (continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	—
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			177
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\triangle$
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
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, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			لــــا
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>

# NORTH CAROLINA SUSTAINABLE ENERGY

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

			_		Yes	No
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	<b>2</b> a	27		7.7	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	37
				3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		to (FDAD)			
<b>5</b> 0				50		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5a 5b		X
b c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		- 21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
ou	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			<u> </u>		
~	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
b			1 3	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	مد ا	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	I			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1 Ia				
J	amounts due or received from them.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ì			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
I4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2022)

ASSOCIATION

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

						X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	1				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14	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							
				3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5		х		
6	Did the organization have members or stockholders?			6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?	•		7a	Х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			1.0				
	persons other than the governing body?		•	7b	х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10				
	The governing body?	-	-	8a	Х			
a b				8b	X			
9				OD	21			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>			9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			9	ļ			
	tion 211 310-33 (This Section B requests information about policies not required by the internal Re	<u>/enue</u>	Code.)		Yes	No		
100	Did the organization have local chapters, branches, or affiliates?			10a	163	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100				
b			s, armates,	10b				
112				11a	Х			
b	<ul><li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li><li>b Describe on Schedule O the process, if any, used by the organization to review this Form 990.</li></ul>							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120	21			
С	on Schedule O how this was done	,		12c	х			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and approval			17				
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Бу п	dependent					
_	The organization's CEO, Executive Director, or top management official			15a	Х			
	Other officers or key employees of the organization			15b	X	$\vdash$		
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			.00				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	vith a					
100	taxable entity during the year?			16a		х		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	•					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure			100	I			
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 990	)-T (section 501(c)(3	s only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.		(0)(0)	, )				
	X Own website Another's website X Upon request Other (explain	on S	chedule (1)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			d finan	cial			
	statements available to the public during the tax year.			IUI I				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records					
	MATT ABELE - 919-832-7601	c uri	2.300.40					
	4800 SIX FORKS RD SHITTE 300 RALEIGH NC 27609							

### **ASSOCIATION**

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#### Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

		orga	niza			npen	sate	ted any current officer, director, or trustee.				
(A)	(B)	(C) Position						(D)	(E)	(F)		
Name and title	Average		not cl	neck r	more	than c		Reportable	Reportable	Estimated		
	hours per					s both		compensation	compensation	amount of		
	week						,	from	from related	other		
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	ruste	al trus		yee	mper		1099-NEC)	1000 (120)	and related		
	below	Individual trustee or director	Institutional trustee	_	Key employee	st co	ar.			organizations		
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			J		
(1) WARD LENZ	45.00											
EXECUTIVE DIRECTOR UNTIL 09/30/2023				Х				136,111.	0.	7,008.		
(2) KRISTI MATTHEWS	45.00											
DIRECTOR OF DEVELOPMENT						X		112,919.	0.	6,658.		
(3) LAURA LANGHAM	45.00											
DIRECTOR OF EDS						X		109,558.	0.	5,808.		
(4) IVAN URLAUB	45.00											
FORMER CHIEF STRATEGY UNTIL MARCH 25							Х	64,350.	0.	0.		
(5) VANESSA KING	2.00							_	_	_		
BOARD CHAIR		Х		Х				0.	0.	0.		
(6) CHASE COUNTS	1.00							_	_	_		
BOARD MEMBER		Х						0.	0.	0.		
(7) SARA TELANO	1.00								_			
CHAIR OF FINANCE AND AUDIT COMMITTEE		Х		Х				0.	0.	0.		
(8) ROGELIO SULLIVAN	1.00								_	_		
CHAIR OF NOMINATING & GOVERNANCE COM		Х						0.	0.	0.		
(9) RIZA REDD JENKINS	1.00								_	_		
CHAIR OF ED&I COMMITTEE		Х						0.	0.	0.		
(10) STEVE KALLAND	1.00							_	_			
BOARD MEMBER		Х						0.	0.	0.		
(11) KEN DULANEY	1.00											
SECRETARY		Х		Х				0.	0.	0.		
(12) CLINT LLOYD	1.00											
BOARD MEMBER		X						0.	0.	0.		
(13) TAREK ABDEL SALEM	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(14) KRISTINA CLOSSICK	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(15) HAYES FRAMME	1.00							_	_			
CHAIR OF INDUSTRY/POLICY ALIGNMENT C	4.55	Х						0.	0.	0.		
(16) JULIO ROVI	1.00									_		
CHAIR OF FUNDRAISING COMMITTEE	4 00	Х						0.	0.	0.		
(17) LAURA COMBS	1.00									•		
BOARD MEMBER		X						0.	0.	<b>0.</b>		

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Section A. Officers, Directors, Trus		DIOY	ees,	anc	נוח ג	gnes	Si C	ompensated Employee	s (continued)	$\overline{}$		
(A)	(B)				C)			(D)	(E)		(I	F)
Name and title	Average	Position (do not check more than one box, unless person is both a						Reportable	Reportable			nated
	hours per week					is both or/trus		compensation	compensation			unt of
	(list any	ror						from the	from related organizations			her nsation
	hours for	director				٦		organization	(W-2/1099-MISC			
	related	9e 0 r	stee			ısate		(W-2/1099-MISC/	1099-NEC)	"		ization
	organizations	Individual trustee or	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,		•	elated
	below	idual	tution	la la	Key employee	est co	Jer.				organi	zations
	line)	Indiv	Instil	Officer	Key 6	High	Former					
(18) USMAN NOOR	1.00											
BOARD MEMBER		Х						0.		0.		0.
(19) RUBENKA BANDYOPADHYAY	1.00											
BOARD MEMBER UNTIL 02/30/2023		Х						0.	(	0.		0.
(20) BEN PROCHAZKA	1.00											
CHAIR OF FINANCE AND ACCOUNTING UNTI		Х		х				0.		0.		0.
_		<del> </del>							<u> </u>			
		1										
-										$\dashv$		
		1										
	1	<del>                                     </del>	$\vdash$		$\vdash$					$\dashv$		
		1										
						-				$\dashv$		
		1										
						-				$\dashv$		
		-										
			_							$\dashv$		
		1										
1b Subtotal								422,938.		0.	19,	,474.
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								422,938.	(	0.	19,	,474.
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable			
compensation from the organization												3
											Y	es No
3 Did the organization list any former officer,	director, trust	ee, ł	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual		•	·	•		Ū		•		3 2	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0.000? <i>If</i> "Yes	" co	mnli	ete S	Sche	edule	. <i>I f</i>	or such individual	J		4	Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com										- [	5	х
Section B. Independent Contractors	ipiete Scrieduit	<del>-</del> J /	UI SL	<u>acii j</u>	JEIS					<u></u>		
Complete this table for your five highest co	mneneated inc	lana	nda	nt co	ntr	acto	re th	nat received more than \$	100 000 of compe	neati	ion from	
the organization. Report compensation for										iisati		
	ine calendar ye	cai c	HUII	ig w	iuii c	JI WI	11111	(B)	cai.		(C)	
(A) Name and business	address	M	ONE	7				Description of s	ervices	Co	ompensa	ation
		147	) I V I				_	2000p				
							-					
							J					
							$\dashv$					
							J					
							$\dashv$					
							_					
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organization	zation				(	)						
											~~	

Page 9

# NORTH CAROLINA SUSTAINABLE ENERGY

Form 990 (2022)

ASSOCIATION

Port VIII Ctotore

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 116,481. 1b **b** Membership dues ..... c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,993,418. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 2,109,899**.** h Total. Add lines 1a-1f **Business Code** 314,252. 314,252. 2 a CONSULTING FEES 611710 Program Service Revenue **b REGISTRATION FEES** 611710 48,192. 48,192. С f All other program service revenue ..... 362,444. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 11,202. 11,202. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis 35. Other Revenue and sales expenses 7b -35. c Gain or (loss) \_\_\_\_\_\_7c -35. -35. d Net gain or (loss) 8 a Gross income from fundraising events (not of including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS INCOME 900099 1,648. 1,648. b d All other revenue 1,648. e Total. Add lines 11a-11d 2,485,158. 364,057. 11,202. **12 Total revenue.** See instructions

f Functional Evnence

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 548,724. 76,821. 452,528. 19,375. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,146,788. 922,146. 197,341. 27,301. 7 Pension plan accruals and contributions (include 12,538. 10,726. 1,185. 627. section 401(k) and 403(b) employer contributions) <u>47,3</u>00. 55,292. 2,765. 5,227. Other employee benefits 9 126,285. 101,182. 22,107. 2,996. 10 Payroll taxes 11 Fees for services (nonemployees): 281,616. 256,981. 24,635. Management Legal Accounting 135,738. 123,864. 11,874. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 338,870. 312,607. 26,263. column (A), amount, list line 11g expenses on Sch O.) 3,357. 38,380. 35,023. Advertising and promotion 12 39,100. 31,420. 6,534. 1,146. Office expenses 13 53,286. 43,414. 8,425. 1,447. Information technology 14 Royalties 15 185,816. 148,474. 31,486. 5,856. 16 Occupancy 47,791. 40,706. 7,019. 66. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 117,626. 115,117. 2,197. 312. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 25,275. 25,275. Depreciation, depletion, and amortization 22 13,422. 3,270. 10,152. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 18,855. 7,502. 11,353. ASSOCIATION EXPENSES PROGRAM SUPPLIES 4,712. 4,300. 412. С d All other expenses 3,190,114. 2,656,560. 471,663. 61,891. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	ote to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			308,368.	1	554,881.
	2	Savings and temporary cash investments			1,514,582.	2	939,635.
	3	Pledges and grants receivable, net			362,740.	3	70,000.
	4	Accounts receivable, net	179,364.	4	94,749.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	B			26,710.	9	25,851.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	262,602.			
	b	Less: accumulated depreciation	10b	236,837.	40,980.	10c	25,765.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	36,000.	14	32,000.		
	15	Other assets. See Part IV, line 11	0.	15	333,481.		
	16	Total assets. Add lines 1 through 15 (must eq	2,468,744.	16	2,076,362.		
	17	Accounts payable and accrued expenses			173,813.	17	170,137.
	18	Grants payable		18			
	19	Deferred revenue	85,012.	19	75,557.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	25 740		261 445
		of Schedule D			35,740.	25	361,445.
	26	Total liabilities. Add lines 17 through 25		▼	294,565.	26	607,139.
Ø		Organizations that follow FASB ASC 958, ch	eck here	e X			
JCe		and complete lines 27, 28, 32, and 33.			1 010 022		1 002 627
<u>a</u>	27			·····	1,818,932. 355,247.	27	1,093,637. 375,586.
d B	28	Net assets with donor restrictions			333,247.	28	373,300.
Ë		Organizations that do not follow FASB ASC	958, cne	ck nere			
ᅙ	200	and complete lines 29 through 33.	•			00	
)ts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			2,174,179.	31	1,469,223.
ž	32	Total liabilities and not assets/fund balances		2,468,744.	32		
	33	Total liabilities and net assets/fund balances			2,400,744.	აა	2,076,362.

Form **990** (2022)

# NORTH CAROLINA SUSTAINABLE ENERGY

58-1342588 Page **12** ASSOCIATION Form 990 (2022)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,4	85,1	58.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,1	90,1	14.			
3	Revenue less expenses. Subtract line 2 from line 1	3		04,9				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,1	74,1	79.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,4	69,2	23.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_	Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	1	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2	: X	$oxed{oxed}$			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	1	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31	,				

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

NORTH CAROLINA SUSTAINABLE ENERGY

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

ASSOCIATION 58-1342588 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

ASSOCIATION

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	2490623.	1924921.	3363644.	2792792.	2109899.	12681879.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	2490623.	1924921.	3363644.	2792792.	2109899.	12681879.				
	The portion of total contributions										
_	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						424,136.				
6	Public support. Subtract line 5 from line 4.						12257743.				
	etion B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 4	2490623.	1924921.	3363644.	2792792.	2109899.	12681879.				
	Gross income from interest,	21300201		33030110	2,32,320						
Ü	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	8,337.	7,528.	1,616.	2,407.	11,202.	31,090.				
9	Net income from unrelated business	0,3371	7,320.	1,010.	2,10,0	11,202.	31,030.				
9											
	activities, whether or not the										
40	business is regularly carried on										
IU	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)						12712969.				
	<b>Total support.</b> Add lines 7 through 10						703,054.				
	Gross receipts from related activities, First 5 years. If the Form 990 is for the					12	703,034.				
13		-		· · · · · · · · · · · · · · · · · · ·							
Sec	organization, check this box and stop tion C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •							
	Public support percentage for 2022 (I			column (f))		14	96.42 %				
	Public support percentage from 2021					15	97.24 %				
	<b>33 1/3% support test - 2022.</b> If the o										
ioa	stop here. The organization qualifies	-					77				
h	33 1/3% support test - 2021. If the o		•		line 15 is 33 1/3%						
b	and <b>stop here.</b> The organization qual										
170	10% -facts-and-circumstances test										
114	and if the organization meets the fact										
	meets the facts-and-circumstances te			-	•	_					
<b>L</b>	10% -facts-and-circumstances test	-		• • •		72 and line 15 is:					
D	more, and if the organization meets the						10/0 UI				
	organization meets the facts-and-circu				-						
12	Private foundation. If the organization		-	•	• •		H				
10	Filvate loundation. If the organization	n did not theth a l		a, 100, 17a, 01 170	, oneck tills box al	ia see iristructions	·				

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### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions,									
	merchandise sold or services per-									
	formed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
78	Amounts included on lines 1, 2, and									
	3 received from disqualified persons									
k	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									
(	Add lines 7a and 7b									
	Public support. (Subtract line 7c from line 6.)									
	ction B. Total Support	г	_		T	T				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 6									
10a	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
k	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
	Add lines 10a and 10b									
"	Net income from unrelated business activities not included on line 10b,									
	whether or not the business is									
10	regularly carried on Other income. Do not include gain									
12	or loss from the sale of capital									
	assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)					01( )(0) : ::				
14	First 5 years. If the Form 990 is for the	-		•						
Se	check this box and stop herection C. Computation of Publi	c Support Per								
	Public support percentage for 2022 (I			oolumn (f)\		15	%			
	Public support percentage from 2021					16	<del>/</del> 6			
	ction D. Computation of Inves					10	70			
	Investment income percentage for 20			ne 13 column (fl)		17	%			
	Investment income percentage from 2					18	%			
		percentage from 2021 Schedule A, Part III, line 17								
.00	more than 33 1/3%, check this box ar									
ŀ	33 1/3% support tests - 2021. If the						ınd			
•	line 18 is not more than 33 1/3%, che									
20	Private foundation. If the organization									

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

ſ		Yes	No
-	1		
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	OI-		
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	4c		
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	9a		
	9b		
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	9c		
	10a		
	10b		0000
ıule	A (Forn	n 990)	2022

	t IV   Supporting Organizations (continued)			age <b>o</b>
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	3			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

# NORTH CAROLINA SUSTAINABLE ENERGY

Schedule A (Form 990) 2022

ASSOCIATION 58-1342588 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

# NORTH CAROLINA SUSTAINABLE ENERGY

58-134<u>2588 Page 8</u> ASSOCIATION Schedule A (Form 990) 2022 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. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2022

\*\* Do Not File \*\*

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

Contributor's Name	Total Contributions	Excess Contributions
Z. SMITH REYNOLDS FOUNDATION	485,000.	230,741.
COASTAL FEDERAL CREDIT UNION	447,654.	193,395
otal Excess Contributions to Schedule A, Part II, Line 5		424,136

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **Schedule of Contributors**

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

OMB No. 1545-0047

**2022** 

Name of the organization

NORTH CAROLINA SUSTAINABLE ENERGY

ASSOCIATION

Employer identification number

58-1342588

Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "	No" on Part IV, line 2	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2022)

Name of organization
NORTH CAROLINA SUSTAINABLE ENERGY

Employer identification number

ASSOCIATION 58-1342588 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person **Payroll** 1,005,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2 X Person **Payroll** 350,540. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person **Payroll** 447,654. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 201,134. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person **Payroll** 170,003. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person **Payroll** 65,000. Noncash (Complete Part II for

noncash contributions.)

58-1342588

ASSOCIATION

Name of organization

NORTH CAROLINA SUSTAINABLE ENERGY

Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person **Payroll** 64,174. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization

NORTH CAROLINA SUSTAINABLE ENERGY

ASSOCIATION

Employer identification number

58-1342588

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Name of organization **Employer identification number** NORTH CAROLINA SUSTAINABLE ENERGY ASSOCIATION 58-1342588 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** NORTH CAROLINA SUSTAINABLE ENERGY 58-1342588 ASSOCIATION Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \_\_\_\_\_\_\$ \_\_\_\_ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$\_\_\_\_\_\_\_\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

# NORTH CAROLINA SUSTAINABLE ENERGY

Schedule C (Form 990) 2022		TATTON		504/-\/0\ I CI-		342366 Page 2	
Part II-A Complete if t section 501(h	_	on is exem	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under	
A Check if the filing	organization belon	gs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,	
expenses,	and share of exces	s lobbying e	expenditures).				
B Check if the filing	organization check	ed box A an	d "limited control" pro	visions apply.			
(The term	Limits on Lobl		nditures nts paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditure	es to influence pub	lic opinion (g	grassroots lobbying)				
<b>b</b> Total lobbying expenditure	es to influence a leç	gislative bod	y (direct lobbying)		137,912. 137,912.		
c Total lobbying expenditure	c Total lobbying expenditures (add lines 1a and 1b)						
d Other exempt purpose exp	d Other exempt purpose expenditures						
e Total exempt purpose exp	enditures (add line	s 1c and 1d)			3,328,026.		
f Lobbying nontaxable amo	316,401.						
If the amount on line 1e, col	umn (a) or (b) is:	The lob	bying nontaxable am	ount is:			
Not over \$500,000		20% of t	he amount on line 1e.				
Over \$500,000 but not over	er \$1,000,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.			
Over \$1,000,000 but not o	over \$1,500,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.			
Over \$1,500,000 but not o	over \$17,000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.			
Over \$17,000,000		\$1,000,0	000.				
g Grassroots nontaxable am	nount (enter 25% of	line 1f)			79,100.		
h Subtract line 1g from line	1a. If zero or less, e	enter -0			0.		
i Subtract line 1f from line 1	Ic. If zero or less, e	nter -0			0.		
j If there is an amount other	r than zero on eithe	er line 1h or l	ine 1i, did the organiza	tion file Form 4720			
reporting section 4911 tax	for this year?					Yes No	
		4-Year Ave	raging Period Under	Section 501(h)			
(Some organiz			• •	•	of the five columns be	low.	
	Sec	e the separa	ate instructions for lin	es 2a through 2f.)			
	Lobi	bying Exper	ditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning ir	n) (a)	2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total	
2a Lobbying nontaxable amo	ount 26	3,596.	271,114.	288,744.	316,401.	1,139,855.	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e	e))					1,709,783.	
c Total lobbying expenditure	es 10	0,390.	95,622.	124,663.	137,912.	458,587.	
d Grassroots nontaxable am		5,899.	67,779.	72,186.	79,100.	284,964.	
e Grassroots ceiling amount (150% of line 2d, column (						427,446.	

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

# Schedule C (Form 990) 2022 ASSOCIATION 58-13425 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)		
the lobbying activity.	Yes	No	Amo	ount	
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:					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
<ul><li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li><li>i Other activities?</li></ul>					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
c 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?	- 504/-\/5	-\			
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(s	o), or se	ction		
			Yes	N	
Were substantially all (90% or more) dues received nondeductible by members?		1			
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section	e prior year? n 501(c)(5	2 3 5), or se		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? n 501(c)(5 'No" OR	2 3 5), or se (b) Part		3, is	
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

NORTH CAROLINA SUSTAINABLE ENERGY Name of the organization ASSOCIATION

**Employer identification number** 58-1342588

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	l in donor advised fu	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	• •	
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		·	
	Preservation of land for public use (for example, recreat		Preservation of a his	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribut	ion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· ·		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, c	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public $% \left( 1\right) =\left( 1\right) \left( 1\right) $	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$

## NORTH CAROLINA SUSTAINABLE ENERGY

Schedule D (Form 990) 2022 ASSOCIATION

58-1342588	Page 2
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Pai	t III	Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, o	Other	Simila	r Assets	s (contir	nued)	
3	Using	g the organization's acquisition, accession	on, and other records	s, check	any of the f	following that	make siç	nificant	use of its			
	colle	ction items (check all that apply):										
а		Public exhibition	d	l	_oan or exc	hange progra	ım					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Provi	ide a description of the organization's co	llections and explain	how the	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
5	Durin	ng the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	r similar a	assets				
	to be	sold to raise funds rather than to be ma	intained as part of th	ne organ	ization's co	llection?				Yes		No
Pai	τIV	Escrow and Custodial Arrang								line 9, or		
		reported an amount on Form 990, Par			-							
1a	Is the	e organization an agent, trustee, custodia	an or other intermedi	ary for c	ontribution	s or other ass	ets not ir	ncluded				
	on Fo	orm 990, Part X?								Yes		No
b		es," explain the arrangement in Part XIII										
										Amoun	t	
С	Begir	nning balance						1c				
d	Addit	tions during the year						1d				
е		ibutions during the year										
f		ng balance						1f				
2a	Did t	he organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabilit	y?	$\square$	Yes		No
b	If "Ye	es," explain the arrangement in Part XIII.										
Pai	t V	Endowment Funds. Complete i	f the organization an	swered '	'Yes" on Fo	rm 990, Part	IV, line 1	0.				
			(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back (	<b>d)</b> Three	years back	(e) Four	r years	back
1a	Begir	nning of year balance										
b	Cont	ributions										
С		nvestment earnings, gains, and losses										
d	Gran	ts or scholarships										
е	Othe	r expenditures for facilities										
	and p	orograms										
f	Admi	inistrative expenses										
g	End o	of year balance										
2	Provi	ide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)	)) held as:						
а	Boar	d designated or quasi-endowment		_%								
b	Perm	nanent endowment	%									
С	Term	endowment	%									
	The p	percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are t	here endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administer	ed for the	•		,		
	orga	nization by:									Yes	No
		Jnrelated organizations								3a(i)		
		Related organizations								3a(ii)		
b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as require	ed on Sc	hedule R?					3b		
4		ribe in Part XIII the intended uses of the		vment fu	ınds.							
Pai	t VI	Land, Buildings, and Equipm										
		Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, I	ine 10.				
		Description of property	(a) Cost or of			or other	٠,	cumulat	II	<b>(d)</b> Boo	k valu	е
			basis (investm	nent)	basis	(other)	dep	reciation				
1a		·										
b		lings			-	0 515		40 =				
С		ehold improvements				9,515.		49,5		4		0.
d	Equip	oment				9,902.		77,5			2,3	
		r				3,185.	1	09,7	61.		3,4	<u> </u>
Total	L Δ Δ Δ	lines 1a through 1e (Column (d) must o	augl Farm OOO Dart 1	V 1	n (D) line 1	0-1				2.	າ /	nh.

Schedule D (Form 990) 2022

ASSOCIATION

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11   Financial derinatives		Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
2  Closely held equity interests	(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	year market value
3) Chies (A) (B) (C) (C) (C) (E) (F) (F) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(1) Financi	al derivatives			
A	(2) Closely	held equity interests			
B	<b>(3)</b> Other				
C    C    C    C    C    C    C    C					
Discrete					
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
Fig.   Col. (1) must equal Form 990, Part X, col. (8) line 12.					
Go					
(b)   (c) (c)   (must equal Form 990, Part X, col. (8) line 12.)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value		(h) must equal Form 990, Part X, col. (R) line 12.)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value     (1)	Part VIII	Investments - Program Related.			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (2) (2) (3) (3) (4) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		_	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (10)   (1					year market value
(2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (10)   (1	(1)				
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(8) (9) (9) (9) (101a) (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value 3333, 481.  (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Somplete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) NONCURRENT LEASE LIABILITY (3) CURRENT LEASE LIABILITY (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (10) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (16) (17) (18) (19) (19) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (16) (17) (18) (19) (19) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	(6)				
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.					
(a) Description (b) Book value  (1) RIGHT OF USE ASSET  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  (a) Description of liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) NONCURRENT LEASE LIABILITY 174,041.  (3) CURRENT LEASE LIABILITY 174,041.  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (1) Foderal income taxes  (2) NONCURRENT LEASE LIABILITY 174,041.  (3) CURRENT LEASE LIABILITY 174,041.  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (1) Foderal income taxes 174,041.  (1) Foderal income taxes 174,041.  (2) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part IX		- Faura 000 David IV line	11d Coo Form 000 Doct V line 15	
(1) RIGHT OF USE ASSET  (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) NONCURRENT LEASE LIABILITY 174, 041. (3) CURRENT LEASE LIABILITY 187, 404. (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 361, 445.  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		-		e 11d. See Form 990, Part X, line 15.	(b) Pook value
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2) NONCURRENT LEASE LIABILITY 174, 041.  (3) CURRENT LEASE LIABILITY 187, 404.  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 361, 445.  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
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(3) CURRENT LEASE LIABILITY  (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 organization's financial statements that reports the					
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(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 organization's financial statements that reports the	(3) CT	RRENT LEASE LIABILITY			187,404.
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					361 115

Schedule D (Form 990) 2022

ASSOCIATION

58-1342588 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Rev	enue per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,485,193.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		<u>2</u>	2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,485,193.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-35.		
С	Add lines 4a and 4b			4c	-35.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>)                                    </u>		5	2,485,158.
Pai	t XII Reconciliation of Expenses per Audited Financial St		penses per Re	turn	l <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, li				
1	Total expenses and losses per audited financial statements			1	3,190,149.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	35.		
е	Add lines 2a through 2d			2e	35.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,190,114.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b		·····	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	3,190,114.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	*		art X	, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information	on.		
DAT	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
LVI	XI XI, DINE 4D - OTHER ADOUGHENTS.				
T.O.	SS ON DISPOSITION OF ASSET				-35.
ПО	ON DISPOSITION OF ASSET				
DΔF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
IAI	KI KII, DINE ZD OINEK ADOODIMENID.				
T.O.	SS ON DISPOSITION OF ASSET				35.
<u> </u>	ON DISTOSTITON OF ASSET				

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NORTH CAROLINA SUSTAINABLE ENERGY **ASSOCIATION** 

Employer identification number 58-1342588

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

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) IVAN URLAUB	(i)	64,350.	0.	0.	0.	0.	64,350.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
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# NORTH CAROLINA SUSTAINABLE ENERGY ASSOCIATION

Schedule J (Form 990) 2022	ASSOCIATION	58-1342588	Page 3
Part III Supplemental Informa			
Provide the information, explana	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, a	and 8, and for Part II. Also complete this part for any additional information	١.

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

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

**Open to Public** 

OMB No. 1545-0047

Inspection

Name of the organization

NORTH CAROLINA SUSTAINABLE ENERGY ASSOCIATION

**Employer identification number** 58-1342588

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MODEL FOR OTHER STATES. TOGETHER WITH OUR MEMBERSHIP, NCSEA IS BLAZING
THE PATH TOWARD THIS VISION, WHERE THE POSSIBILITIES AND BENEFITS FOR
OUR STATE AND LOCAL ECONOMIES ARE ENDLESS, INCLUDING:
- AFFORDABILITY OF CLEAN ENERGY
- ACCESS BY ALL CONSUMERS TO CLEAN ENERGY
- JOB GROWTH THROUGH CLEAN ENERGY MARKET ACTIVITY
- AMOUNT OF CLEAN ENERGY CAPACITY DEPLOYED IN THE MARKET BY INDUSTRY,
CONSUMERS, UTILITIES
- AMOUNT OF ENERGY DEMAND REDUCED
- INCREASED BIPARTISAN SUPPORT FOR TRANSFORMING THE ENERGY SYSTEM
- DECLINING POLLUTION AND WASTE
- IMPROVED ENERGY EQUITY
- IMPROVED QUALITY OF LIFE AND BUSINESS CLIMATE FOR CLEAN ENERGY WITH
EXPANDED ECONOMIC DEVELOPMENT AND LOCAL TAX BASE EXPANSION
OUR GOAL IS TO CULTIVATE A ROBUST CLEAN ENERGY ECOSYSTEM THAT UNIFIES
AND BENEFITS ALL OF ITS STAKEHOLDERS: CONSUMERS, BUSINESSES, THE CLEAN
ENERGY INDUSTRY AND UTILITY ENERGY PROVIDERS.
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERSHIP IS OPEN TO ANY PERSON OR ORGANIZATION WHICH AGREES TO PURPOSES
OF THE ORGANIZATION AS OUTLINED IN THE ORGANIZATION'S BYLAWS.

Schedule O (Form 990) 2022 Page **2** 

Name of the organization NORTH CAROLINA SUSTAINABLE ENERGY ASSOCIATION

Employer identification number 58-1342588

ORGANIZATION MEMBERS MAY PARTICIPATE IN ELECTING MEMBERS OF THE GOVERNING

BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

AMENDMENTS TO THE ORGANIZATION'S BYLAWS MUST BE APPROVED BY A VOTE OF THE MEMBERSHIP.

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

THE FEDERAL FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM WITH THE

ASSISTANCE OF THE MANAGING DIRECTOR AND OFFICE ADMINISTRATOR. THE FEDERAL

FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. AFTER APPROVAL BY

THE AUDIT COMMITTEE, THE FORM 990 IS FILED WITH THE INTERNAL REVENUE

SERVICE. AT THE NEXT BOARD MEETING, THE AUDIT COMMITTEE PRESENTS THE FORM

990 TO THE BOARD OF DIRECTORS FOR THE BOARD'S REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS UPDATED ANNUALLY BY EACH BOARD MEMBER,
BUT NOT DURING THEIR QUARTERLY BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S (ED) COMPENSATION DECISION IS HANDLED BY THE BOARD

OF DIRECTORS, UNDER THE DIRECTION OF THE CHAIRPERSON. THE ED'S PERFORMANCE

IS REVIEWED AND TAKEN INTO CONSIDERATION AS PART OF THE COMPENSATION

DECISION ALONG WITH ADVANCED MARKET RESEARCH ON THE POSITION.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS OF THE ASSOCIATION ARE AVAILABLE TO THE GENERAL PUBLIC BY CONTACTING THE ASSOCIATION AT THE FOLLOWING MAILING ADDRESS:

Schedule O (Form 990) 2022 Page 2 Name of the organization NORTH CAROLINA SUSTAINABLE ENERGY **Employer identification number ASSOCIATION** 58-1342588 NORTH CAROLINA SUSTAINABLE ENERGY ASSOCIATION 4800 SIX FORKS RD, STE 300 RALEIGH, NC 27609 FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 312,607. MANAGEMENT AND GENERAL EXPENSES 26,263. 0. FUNDRAISING EXPENSES TOTAL EXPENSES 338,870. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 338,870.