Return of Organization Exempt From Income Tax

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

OMB No. 1545-

Open to Public Inspection

Form **990** (2020)

Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020 D Employer identification number B Check if applicable: CONSUMER ENERGY ALLIANCE INC Address change 26-1658339 Name change Initial return Doing business as Final return/terminated E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite Application pending (713) 337-8800 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 4,199,297 F Name and address of principal officer: H(a) Is this a group return for DAVID HOLT subordinates? 2211 NORFOLK **H(b)** Are all subordinates HOUSTON,TX 77098 included? If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ **Website:** ▶ www.consumerenergyalliance.org L Year of formation: 2008 M State of legal domicile: TX K Form of organization: Corporation Trust Association Other Summarv 1 Briefly describe the organization's mission or most significant activities: To expand the dialogue between the energy & consuming sectors to improve overall understanding of energy security and the thoughtful development and utilization of energy resources to help create Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 9 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2020 (Part V, line 2a) . 0 6 0 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 4,843,408 4,198,776 Program service revenue (Part VIII, line 2g) 0 521 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,016 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,845,424 4,199,297 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ▶0 b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 4,549,981 3,662,401 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,549,981 3,662,401 Revenue less expenses. Subtract line 18 from line 12 . 295.443 536,896 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . . . 2,100,307 Total liabilities (Part X, line 26) 925,317 0 1,174,990 Net assets or fund balances. Subtract line 21 from line 20 . 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 2021-03-13 Signature of officer Date Sian DAVID HOLT PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature Check | if P01350720 **Paid** self-employed Firm's name Frry Bleier Paul CPA Firm's EIN **Preparer Use Only** Firm's address > 12814 John Reynolds Circle Phone no. (713) 410-1347 Galveston, TX 77554

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2020)					Page 2
Pa	rt III Statement of I	Program Servic	e Accomplis	shments		
	Check if Schedule	O contains a respo	nse or note to a	any line in this Part III		🔽
1	Briefly describe the organ	ization's mission:				
ener		ding improved Ame	erican energy se	ecurity, better, more	rove overall understanding of t balanced national energy polic	
2	Did the organization unde the prior Form 990 or 99				which were not listed on	Yes V No
	If "Yes," describe these n					
3	Did the organization ceases services?			changes in how it con	ducts, any program	Yes No
_	If "Yes," describe these o	_				
4	_	(3) and 501(c)(4) (organizations ar	re required to report t	ee largest program services, a the amount of grants and alloc	•
4a			MSexpanded outr		0) (Revenue \$ usinesses and consumers about ener statespecific efforts to education citiz	
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-					
	-					
4d	Other program services	•	,			
	(Expenses \$		uding grants of	\$) (Revenue \$)
4e	Total program service e	xpenses 🕨	2,880,752			Farm 200 (2022)
						Form 990 (2020)

Form 990 (2020) Page 3 **Checklist of Required Schedules**

Νo

Νo

Nο

Νo

Nο

Nο

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Nο

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Form 990 (2020)

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20b

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Yes

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

Did the organization receive or hold a conservation easement, including easements to preserve open space,

VIII, IX, or X as applicable.

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

12a Hid Hie Grantettion 6 High Separate, independent audited financial statements for the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

No

Form 990 (2020)					
Pai	Checklist of Required Schedules (continued)				
			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No	
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? <i>If "Yes," complete Schedule J</i>	23		No	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000				

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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 or other assistance to any current or former officer, director, trustee, key

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

Hid the Granketation field to the schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wases " Complete Schedule R, Part II, III, or IV,

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 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

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Part V

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

24a 24b

Νo

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . Did the organization maintain an escrow account other than a refunding escrow at any time during the year

24c

24d 25a 25b year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? IfDid the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or 26

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Nο

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Nο

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No

employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 28a

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Yes

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Form **990** (2020)

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)		<u>-</u>
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	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	No
	ውርሮሃቀዳንቲ) enter the name of the foreign country: ▶		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	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:		
	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		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
	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		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	
16	If "Wascolographic pathyroctin adjurant if the EmerbiMi700 Surbiant the Nthe section 4968 excise tax on net investment income?		

Part VI

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Section C. Disclosure

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Governance, Management, and Disclosure For each	"Yes" response to lines 2 through 7b below, and for a "No" response to lines

8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management Yes 9 1a Enter the number of voting members of the governing body at the end of the tax 1a

Yeare 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are q

independent 1b 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?

8b

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10a

10b

11a

12a

12b

12c 13

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15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Nο

No

Νo

Nο

Nο

Νo

Νo

Form 990 (2020)

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Yes 8a

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

b Each committee with authority to act on behalf of the governing body?

12a Did the organization have a written conflict of interest policy? If "No," go to line 13.

Did the organization have a written whistleblower policy?

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official . . .

List the states with which a copy of this Form 990 is required to be filed.

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Other officers or key employees of the organization . .

10a Did the organization have local chapters, branches, or affiliates? .

organization's mailing address? If "Yes," provide the names and addresses in Schedule O $\,$.

Did the organization make any significant changes to its governing documents since the prior Form 990 was Blathe organization become aware during the year of a significant diversion of the organization's assets? . . Did the organization have members or stockholders?

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. . .

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records:

▼ Own website ▼ Another's website ▼ Upon request □ Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

▶DAVID E HOLT III 2211 NORFOLK HOUSTON, TX 77098 (713) 522-2414

Did the process for determining compensation of the following persons include a review and approval by

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **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

- 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or 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 instructions for the order in which to list the persons above. 🔽 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization n		T					u u				
(A) Name and title	(B) Average hours per week (list any hours for related	more pers and	than on is	one bot ecto	not bo: h ar or/ti	offic rustee	ess er e)	Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations	
(1) JOHN EICHBERGER DIRECTOR	0.00	х						0	0	0	
(2) CHAD EATON DIRECTOR	0.00	х						0	0	0	
(3) GLEN KEDZIE DIRECTOR	0.00	х						0	0	0	
(4) WAYNE ZEMKE DIRECTOR	0.00	х						0	0	0	
(5) BRIAN WELCH	0.00	Х						0	0	0	
TREASURER											
(6) BRETT VASSEY CHAIRMAN	0.00	Х						0	0	0	
(7) MARK PULLIAM DIRECTOR	0.00	х						0	0	0	
(8) DAVID HOLT EX-OFFICIO DIRECTOR/PRESIDENT	0.00	х		х				0	0	0	
(9) CHRISSY BORSKEY DIRECTOR	0.00	х						0	0	0	
										Form 990 (2020)	

	(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-		(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the	
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee			Highest compensated employee	Former		9-MIŜC)	(W-2/1099- MISC)	2/1099- organizati		ed
							_							
	Sub-Total	rt VII, Section A		•			*				I			
							•			0	C)		0
2	Total number of individuals (includi \$100,000 of reportable compensat	-				d at	oove)	who	received	d more tha	n			
-	Did the exceptation list any farmer	u officeu dinesta	+	stoo	دما		anlavia		u biabaa	t	atad amplayes		Yes	No
3	on line 1a? If "Yes," complete Sched				, key •	• en	• •	ee, o	• •	• • •	ated employee	3		No
4	For any individual listed on line 1a, organization and related organizat									•				
	individual											4		N o
5	Did any person listed on line 1a rec services rendered to the organization								_		r individual for	5		Νο
	ection B. Independent Contr										_			
1	Complete this table for your five h compensation from the organization												ax year.	
	Name	(A) and business addre	ess							Desc	(B) ription of services		(C Comper	
	Resources LLC										t & Professional			,712,014
Houst	Norfolk Ste 610 on, TX 77098													
	YSON GROUP									TRAINING				194,350
	THOMASVILLE RD HASSEE, FL 32308													

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

\$100,000 of compensation from the organization \blacktriangleright 2

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Form Par i			4 V/III		Page 9
	Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
Co	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f	4,198,776			
	Business Code				
en					
Program Service Revenue	b				
Service					
Iram	d				
Prog	e				
	f All other program service revenue. 9 Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest, and other 49 Months estment of tax-exempt bond proceeds	52	:1		0 0
	5 Royalties	<u> </u>			
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or 6c				
	d (Ness)ental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
	C Gain or (loss) 7c				
nue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a				
Other Revenue	b Less: direct expenses c Net income or (loss) from fundraising events				
Othe	9a Gross income from gaming activities. See Part IV, line 19 9b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances 10a				
	b Less: cost of goods sold c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code	e			
	11a				
	ь				
	С				
	d All other revenue	,			
	12 Total revenue. See instructions	4,199,29	52		0 0
		4,199,29	52.	<u>' </u>	<u>v</u>

form 990 (2020)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a response or note to	any line in this Part	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits			ĺ	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	2,370,500	1,666,000	704,500	0
b Legal	40,084	40,084	0	0
c Accounting	1,079	0	1,079	0
d Lobbying	•		•	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	904,105	878,505	25,600	0
12 Advertising and promotion	1,154	1,154	0	0
13 Office expenses	,	,		
14 Information technology	39,847	0	39,847	0
15 Royalties	•		•	
16 Occupancy				
17 Travel	142,253	142,253	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	·	,		
19 Conferences, conventions, and meetings	45,716	45,716	0	0
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,457	0	3,457	0
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Meals & entertainment	54,901	54,901	0	0
b Dues & subscriptions	23,515	18,945	4,570	0
c Printing & Reproductions	6,847	6,847	0	0
d Postage & shipping	3,188	3,188	0	0
e All other expenses	25,755	23,159	2,596	0
25 Total functional expenses. Add lines 1 through 24e	3,662,401	2,880,752	781,649	0
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).				

	art X	Balance Sheet					Page II
Г	ait A	_		It			Г
		Check if Schedule O contains a response or	note to	any line in this Part IX .	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		267,249	1	,	
	2	Savings and temporary cash investments	506,308	2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		1,326,750	4		
	5	Loans and other payables to any current or fo	rmer of	fficer, director, trustee,			
	6	key employee, creator or founder, substantial controlled entity or family member of any of t Loans and other receivables from other disquunder section 4958(f)(1)), and persons desc	butor, or 35% ersons persons (as defined		5		
	_			6			
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges .	 I I			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10 c	
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, Ii	ine 11			12	
	13	Investments—program-related. See Part IV, I	ine 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets: Add lines 1 through 15 (must e	qual lir	ne 33)	2,100,307	16	0
	17	Accounts payable and accrued expenses .		201,888	17		
	18	Grants payable		18			
	19	Deferred revenue			723,429	19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Comple	te Part	IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	butor, or 35%		22		
Ĭ	23	Secured mortgages and notes payable to unre		_		23	
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax parties, and other liabilities not included on I Complete Part X of Schedule D	oles to related third		25		
	26	Total liabilities. Add lines 17 through 25 .		925,317	26	0	
ces		Organizations that follow FASB ASC 958, che	ck here	and complete			
alan	27	lines 27, 28, 32, and 33. Net assets without donor restrictions			1,174,990	27	
d B	28	Net assets with donor restrictions				28	
Fur		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🗌 and			
Assets or Fund Balances	29	complete lines 29 through 33. Capital stock or trust principal, or current fun	nds .			29	
ets	30	Paid-in or capital surplus, or land, building or		nent fund		30	
58	31	Retained earnings, endowment, accumulated		_		31	
	32	Total net assets or fund balances		_	1,174,990	32	0
Net	33	Total liabilities and net assets/fund balances			2,100,307	33	0
					, , , , , , , , , ,		Form 990 (2020)

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

Single Audit Act and OMB Circular A-133?

3b

Form 990 (2020)							
Additional Data		Return to Form					
	Software ID: 20011577						
	Software Version:						
Form 990, Special Condition Description:							
	Special Condition Description						

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Namel Bevengeoferainezation

CONSUMER ENERGY ALLIANCE INC.

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.

2020 Open to Public Inspection

OMB No. 1545-0047

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information. **Employer identification number**

26-1658339 Return Explanation Reference Pt VI. Line 19 ALL POLICIES, FINANCIAL STATEMENTS AND TAX RETURNS WILL BE POSTED ON BOTH THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE BY REQUEST Pt VI. Line ALL POLICIES. FINANCIAL STATEMENTS AND TAX RETURNS WILL BE POSTED ON BOTH THE ORGANIZATION'S WEBSITE AND 11h ARE AVAILABLE BY REQUEST Pt VI, Line COPIES OF EACH BOARD MEMBERS STATEMENT AND MINUTES ARE RETAINED 12c Pt III. Line 3 ENERGY DAY IS NOW PART OF CONSUMER ENERGY EDUCATION FOUDATION. Form 990. Media/Production 199924 199924 0 0 Part IX. Line 11g Form 990. Web/IT Development 52502, 52502, 0, 0, Part IX. Line 11g Form 990. Consulting 651679, 626079, 25600. Part IX. Line 11g

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Schedule O (Form 990 or 990-EZ) 2020