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.

Open to Public

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. 2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change MIDWEST ENERGY EFFICIENCY ALLIANCE Name change 36-4352022 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 312-587-8390 20 N. WACKER DRIVE 1301 3,338,954. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended CHICAGO, IL 60606 H(a) Is this a group return return
Application
pending F Name and address of principal officer: STACEY PARADIS Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.MWALLIANCE.ORG **H(c)** Group exemption number K Form of organization: X Corporation Other > L Year of formation: 2000 M State of legal domicile: IL Association Part I Summary Briefly describe the organization's mission or most significant activities: TO DEVELOP, IMPLEMENT AND Activities & Governance COORDINATE ENERGY EFFICIENCY AND RENEWABLE ENERGY RESOURCE PROGRAMS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 3 Number of voting members of the governing body (Part VI, line 1a) 23 Number of independent voting members of the governing body (Part VI, line 1b) 4 26 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 2,597,626. 2,788,191. Contributions and grants (Part VIII, line 1h) 8 Revenue 837,372. 543,018. Program service revenue (Part VIII, line 2g) 31,784. 7,145. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 9,525. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 600. 11 3,476,307. 3,338,954. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. 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) 1,638,021. 1,852,167. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,961,713. 1,113,580. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,599,734.2,965,747. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -123,427. 373,207. Revenue less expenses. Subtract line 18 from line 12 Por **Beginning of Current Year End of Year** 4,068,422. 4,224,945. 20 Total assets (Part X, line 16) 667,232. 571,077. 21 Total liabilities (Part X, line 26) 巨巨 401,190. 3,653,868 22 Net assets or fund balances. Subtract line 21 from line 20 ... 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 Date Sign STACEY PARADIS, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature P01441395 ARIANA WARREN Paid 4/20/2022 self-employed Firm's name MARCUM LLP Firm's EIN ▶ 11-1986323 Preparer Firm's address 9 PARKWAY NORTH, SUITE 200 Use Only Phone no. (847) 282-6300

X Yes

DEERFIELD, IL 60015

May the IRS discuss this return with the preparer shown above? See instructions

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	THE MIDWEST ENERGY EFFICIENCY ALLIANCE IS A COLLABORATIVE NETWOR	
	ADVANCING ENERGY EFFICIENCY IN THE MIDWEST FOR SUSTAINABLE ECONC	
	DEVELOPMENT AND ENVIRONMENTAL STEWARDSHIP BY SUPPORTING PROGRAMS	5,
	POLICIES, TRAININGS AND EDUCATIONAL ACTIVITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	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
3		1 es [21] 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 experiences are considered by experiences.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,977,892. including grants of \$) (Revenue \$	543,018.
	PROMOTING ENERGY EFFICIENCY THROUGH EDUCATION AND COLLABORATION	IN
	MIDWEST STATES.	
4b	(Code:) (Expenses \$)
	/ (aspended	
40		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,977,892.	
_		Form 990 (2020)

MIDWEST ENERGY EFFICIENCY ALLIANCE

Form 990 (2020) MIDWEST ENER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	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	5		Х
6	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 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	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	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,		37	
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	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		Х
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 investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	democre government on trait is, conditingly, into the first rest complete scriedule it, Parts I and it is interested and it is			

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Form 990 (2020) MIDWEST ENERGY EFFICIENCY ALLIANCE
Part IV Checklist of Required Schedules (continued)

	(SOMMOS)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	ı
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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	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			ı
	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%			
	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_ <u>X</u> _
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
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			37
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	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?	36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		-22
31		37		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
38		38	х	
Pai		30	23	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is defiduate a companied of floto to dry life in this tart v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	_		
ט	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
	·- · · · · · · · · · · · · · · · · · ·			

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Form 990 (2020) MIDWEST ENERGY EFFICIENCY ALLIANCE

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

	continued								
		I I		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 26							
	filed for the calendar year ending with or within the year covered by this return		01	Х					
р	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Λ					
0 -	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х				
			3a						
	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 financial account in a foreign country (such as a bank account, securities account, or other financial account, or other	-	4a		X				
h		ccounty?	4 a						
	b If "Yes," enter the name of the foreign country ►								
5a			5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	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								
	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 of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contribution	vices provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required							
	to file Form 8282?		7c		X				
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	ontract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Followski and the organization f		7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
•			8						
9	Sponsoring organizations maintaining donor advised funds.		0-						
a			9a 9b						
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90						
а	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:	100							
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
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	12b							
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.								
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							
	Enter the amount of reserves on hand	13c							
			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		-				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				_V				
	excess parachute payment(s) during the year?		15		X				
40	If "Yes," see instructions and file Form 4720, Schedule N.	in a a ma o	40		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		_				
	If "Yes," complete Form 4720, Schedule O.		F	990	(0000				

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.

	Check if Schedule O contains a response or note to any line in this Part VI			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 23						
	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 23						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
_	officer, director, trustee, or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
•	of officers, directors, trustees, or key employees to a management company or other person?	3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6		6	Х	- 21			
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	- 21				
7a		7.	Х				
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a					
b		_		x			
•	persons other than the governing body?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X				
a	The governing body?	8a	X				
a	Each committee with authority to act on behalf of the governing body?	8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ			
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
40-	Did the constitution have been been been been as of Clade O	40-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	10a					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406					
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X				
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12b	- 72				
С		400	Х				
40	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14					
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	v				
	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	Х				
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х			
	taxable entity during the year?	16a		Λ			
р	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	401					
500	exempt status with respect to such arrangements? tion C. Disclosure	16b					
17	List the states with which a copy of this Form 990 is required to be filed \(\bigsigma \bigsigma		01/2/101	hle.			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avallal	ыe			
	for public inspection. Indicate how you made these available. Check all that apply.						
40	X Own website Another's website X Upon request Other (explain on Schedule O)	c					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	STACEY PARADIS - 312-587-8390						
	20 N. WACKER DRIVE, SUITE 1301, CHICAGO, IL 60606						

Form **990** (2020)

032006 12-23-20

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 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, 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 instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	nsat	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of
	week (list any	-				Π	T	from the	from related organizations	other compensation
	hours for	director				l _e		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(,)	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4) GELOW DIDIT	line)	Pul	lus	0#!	Ke	E E	For			
(1) STACEY PARADIS	40.00	1		37				167 000	_	4 160
(2) BILL ANGELOS	40.00			Х		┢		167,000.	0.	4,169.
DEPUTY DIRECTOR/EXECUTIVE	40.00	1		х				104,438.	0.	9,260.
(3) KRISTOL SIMMS	2.00			_		\vdash		104,430.	0.	9,200.
DIRECTOR/CHAIR	2.00	Х		х				0.	0.	0.
(4) E'LOIS THOMAS	2.00	25		25		\vdash		•	0.	0.
DIRECTOR/VICE CHAIR		x		x				0.	0.	0.
(5) NATHAN BAER	2.00									
DIRECTOR/SECRETARY		Х		Х				0.	0.	0.
(6) BRANDON RENAUD	2.00									
DIRECTOR/TREASURER		Х		Х				0.	0.	0.
(7) SHAWN WHITE	2.00									
DIRECTOR		Х						0.	0.	0.
(8) MARGE ANDERSON	2.00									
DIRECTOR - UNTIL 6/30/21		Х				$oxed{oxed}$		0.	0.	0.
(9) JOHN BOLADIAN	2.00	ļ								_
DIRECTOR		Х			_	╙		0.	0.	0.
(10) DR. BRANDY BROWN	2.00	ļ								
DIRECTOR - UNTIL 6/30/21		Х			_	┝		0.	0.	0.
(11) GARY ENAMA	2.00	.,							,	0
DIRECTOR - UNTIL 11/24/20 (12) JEFF ERICKSON	2.00	Х				\vdash		0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(13) BRIAN FILE	2.00					┢		0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(14) JAMIE FITZKE	2.00	25				\vdash		•	0.	0.
DIRECTOR		x						0.	0.	0.
(15) ANTHONY FRYER	2.00									•
DIRECTOR		Х						0.	0.	0.
(16) CLIFF HAEFKE	2.00									
DIRECTOR		Х						0.	0.	0.
(17) EILEEN HANNIGAN	2.00									
DIRECTOR		Х						0.	0.	0.

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Form 990 (2020)

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

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 617,676. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 1,065,145. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,105,370. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f ▶ 2,788,191. h Total. Add lines 1a-1f **Business Code** 293,587. 293,587. 2 a TUITION INCOME 611710 Program Service Revenue b CONFERENCE & WORKSHOPS 611710 249,431. 249,431. f All other program service revenue 543,018. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,145. 7,145 other similar amounts) 4 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) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not 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 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 600. 600. d All other revenue 600. e Total. Add lines 11a-11d 543,018 3,338,954. 7,745. 12 Total revenue. See instructions

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Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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	285,712.	54,787.	229,214.	1,711.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 065 065	000 000	224 262	
7	Other salaries and wages	1,265,065.	932,220.	331,960.	885.
8	Pension plan accruals and contributions (include	CE E40	E4 00E	12 (11	00
	section 401(k) and 403(b) employer contributions)	65,540.	51,907.	13,611.	22. 229.
9	Other employee benefits	119,742.	100,456.	19,057.	229.
10	Payroll taxes	116,108.	92,382.	23,533.	193.
11	Fees for services (nonemployees):	12 046	0 120	4 716	
	Management	13,846.	9,130.	4,716.	
	Legal	22 000		22 000	
	Accounting	23,000.		23,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	8,738.	3,713.	5,025.	
40	column (A) amount, list line 11g expenses on Sch 0.)	0,750.	3,713.	3,023.	
12	Advertising and promotion	67,673.	44,532.	23,141.	
13 14	Office expenses	62,542.	36,798.	25,744.	
	Information technology	02,542.	30,730.	25,7446	
15 16	Royalties	214,531.	138,372.	76,159.	
17	Occupancy	12,356.	496.	11,860.	
18	Payments of travel or entertainment expenses	12/3300	1500	11/0001	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	63,644.	63,094.	550.	
20	Interest	23,011	23,0310		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	67,171.	43,325.	23,846.	
23	Insurance	30,904.	905.	29,999.	
24	Other expenses. Itemize expenses not covered	.,		,	
	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.)				
а	SUBCONTRACTORS	249,721.	134,441.	115,280.	
b	PROGRAM EXP - DIR. TRAI	249,651.	249,651.		
С	DUES, LICENSES AND FEES	17,346.	11,677.	5,669.	
d	BAD DEBTS	11,446.		11,446.	
е	All other expenses	21,011.	10,006.	11,005.	
25	Total functional expenses. Add lines 1 through 24e	2,965,747.	1,977,892.	984,815.	3,040.
26	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)				
					000

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Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 2,378,420. 1,196,493. 1 Cash - non-interest-bearing 2,582,144. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 385,025. 331,431. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 54,853. 49,359. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 779,039. basis. Complete Part VI of Schedule D 10a 79,096. 11,924. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 1,224,622. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 4,068,422. 4,224,945. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 151,358. 228,513. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 515,874. 342,564. of Schedule D 667,232. 571,077. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 3,252,162. 27 3,484,858. 27 Net assets with donor restrictions 149,028. 169,010. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 3,401,190. 3,653,868. Total net assets or fund balances 32 32 4,068,422. 4,224,945. 33 Total liabilities and net assets/fund balances

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	3,33				
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3		3,20			
4	3						
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	-12	0,52	29.		
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	3,65	3,80	68.		
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 in Schedule	O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_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?		2b	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?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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 Sin	gle Audit					
	Act and OMB Circular A-133?		. 3a		_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		3b				

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization MIDWEST ENERGY EFFICIENCY ALLIANCE 36-4352022 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 5 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.) 8 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 in 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). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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.)

Se	ction A. Public Support	71	1	,			
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,		, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	6389409.	3677701.	3615960.	2597626.	2788191.	19068887.
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	6389409.	3677701.	3615960.	2597626.	2788191.	19068887.
	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)						3,520.
6	Public support. Subtract line 5 from line 4.						19065367.
Se	ction B. Total Support				•		
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	6389409.	3677701.	3615960.	2597626.	2788191.	19068887.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,314.	8,071.	14,365.	29,749.	7,145.	63,644.
9	Net income from unrelated business	,	,	,	,	,	<u> </u>
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	17,700.	13,812.	13,501.	9,525.	600.	55,138.
11	Total support. Add lines 7 through 10	·	,	,	,		19187669.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	543,018.
	First 5 years. If the Form 990 is for th	,	,			01(c)(3)	•
	organization, check this box and stop	•					
Se	ction C. Computation of Publi		centage				,
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	column (f))		14	99.36 %
	Public support percentage from 2019					15	99.28 %
	a 33 1/3% support test - 2020. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			=			
k	10% -facts-and-circumstances test	•					
	more, and if the organization meets th	ū				Ť	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio				•		s
	<u> </u>		, , , , , ,	. , , ,		edule A (Form 990	

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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.)

Sec	ction A. Public Support	orom, produce comp					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					-04()(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·				. , . , .	·
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2020 (li			acluma (fl)		15	04
						16	<u>%</u> %
16 Sec	ction D. Computation of Inves] 10]	90
	Investment income percentage for 20			ne 13 column (f)		17	%
18	Investment income percentage from 2					18	
	33 1/3% support tests - 2020. If the						
130	more than 33 1/3%, check this box ar						. —
b	33 1/3% support tests - 2019. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Schedule A (Form 990 or 990-EZ) 2020

Von No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.)

	Yes	No
1		
•		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
8		
8		
9a		
Ωh		
9b		
9с		
40.5		
10a		
10b		
1 990 or 9	90-EZ)	2020

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 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 Part VI 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			
	the supported organization(s).	1		
Sec	tion D. 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 in 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 Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		_4	-1	
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in. Activities Test. Answer lines 2a and 2b below.	struction		Na
2			Yes	No
а				
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
FRANKLIN ENERGY	387,273.	3,520.
Fotal Excess Contributions to Schedule A, Part II, Line 5		3,520.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

36 - 4352022

Name of the organization Employer identification number

MIDWEST ENERGY EFFICIENCY ALLIANCE

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not 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					
Note: Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (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	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 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					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

MIDWEST ENERGY EFFICIENCY ALLIANCE

36-4352022

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$619,030.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$87,273.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$300,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$157,363.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>120,057.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$106,135.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MIDWEST ENERGY EFFICIENCY ALLIANCE

36-4352022

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 70,215.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 70,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 57,351.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MIDWEST ENERGY EFFICIENCY ALLIANCE

36-4352022

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
	20	\$	990 990-F7 or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** MIDWEST ENERGY EFFICIENCY ALLIANCE 36-4352022 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 (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 (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 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 Open to Public Inspection

Name of the organization

MIDWEST ENERGY EFFICIENCY ALLIANCE

Employer identification number 36-4352022

Pai	rt I	Organizations Maintaining Donor Advised	Funds or Other S	imilar Funds or A	ccounts. Complete if the
		organization answered "Yes" on Form 990, Part IV, line	6.		
			(a) Donor advise	d funds	(b) Funds and other accounts
1	Total r	number at end of year			
2		gate value of contributions to (during year)			
3	Aggreg	gate value of grants from (during year)			
4	Aggreg	gate value at end of year			
5	Did the	e organization inform all donors and donor advisors in wr	riting that the assets he	eld in donor advised fur	nds
	are the	e organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the	e organization inform all grantees, donors, and donor adv	visors in writing that gra	ant funds can be used	only
	for cha	aritable purposes and not for the benefit of the donor or	donor advisor, or for ar	y other purpose confe	rring
		nissible private benefit?			
Pai	rt II	Conservation Easements. Complete if the organ	ınization answered "Ye	s" on Form 990, Part I\	/, line 7.
1	Purpos	se(s) of conservation easements held by the organization	(check all that apply).		
		Preservation of land for public use (for example, recreation	on or education)	Preservation of a his	torically important land area
	I	Protection of natural habitat		Preservation of a cer	tified historic structure
		Preservation of open space			
2	Compl	ete lines 2a through 2d if the organization held a qualifie	d conservation contrib	ution in the form of a c	onservation easement on the last
	day of	the tax year.			Held at the End of the Tax Year
а	Total r	number of conservation easements			2a
b	Total a	acreage restricted by conservation easements			2b
С	Numbe	er of conservation easements on a certified historic struc	ture included in (a)		2c
d	Numbe	er of conservation easements included in (c) acquired aft	er 7/25/06, and not on	a historic structure	
	listed i	n the National Register			2d
3		er of conservation easements modified, transferred, relea			nization during the tax
	year 🕨	·			
4	Numbe	er of states where property subject to conservation ease	ment is located 🕨 🔃		
5	Does t	he organization have a written policy regarding the perio	dic monitoring, inspect	ion, handling of	
	violatio	ons, and enforcement of the conservation easements it h	olds?		Yes No
6	Staff a	nd volunteer hours devoted to monitoring, inspecting, ha	andling of violations, ar	nd enforcing conservati	on easements during the year
	_				
7	Amour	nt of expenses incurred in monitoring, inspecting, handlir	ng of violations, and en	forcing conservation e	asements during the year
	▶\$				
8	Does e	each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(E	3)(i)
	and se	ection 170(h)(4)(B)(ii)?			Yes No
9	In Part	XIII, describe how the organization reports conservation	n easements in its rever	nue and expense state	ment and
		e sheet, and include, if applicable, the text of the footno	te to the organization's	financial statements the	nat describes the
_		zation's accounting for conservation easements.			
Pai	rt III	Organizations Maintaining Collections of A		asures, or Other :	Similar Assets.
		Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the c	organization elected, as permitted under FASB ASC 958,	, not to report in its rev	enue statement and ba	lance sheet works
	of art,	historical treasures, or other similar assets held for public	c exhibition, education	, or research in furthera	ance of public
	service	e, provide in Part XIII the text of the footnote to its financ	ial statements that des	cribes these items.	
b	If the c	organization elected, as permitted under FASB ASC 958,	to report in its revenue	e statement and baland	ce sheet works of
	art, his	storical treasures, or other similar assets held for public e	exhibition, education, o	r research in furtherand	ce of public service,
	provid	e the following amounts relating to these items:			
	(i) Re	evenue included on Form 990, Part VIII, line 1			
	(ii) As	sets included in Form 990, Part X			• \$
2	If the c	organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain,	provide
	the fol	lowing amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Reven	ue included on Form 990, Part VIII, line 1			• \$
b	Assets	included in Form 990, Part X			▶ \$
LHA	For Pa	perwork Reduction Act Notice, see the Instructions f	or Form 990.		Schedule D (Form 990) 2020

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	Continu	red)
3	Using the organization's acquisition, accession								(COTTENTE	<i>100)</i>
	collection items (check all that apply):	,	-,	,			9			
а	Public exhibition	d		l oan or exc	hange progra	am				
b	Scholarly research	e			9- 9					
c	Preservation for future generations	_								
4	Provide a description of the organization's co	llections and explain	n how the	ev further th	ne organizatio	n's exen	not purpo	se in Part	XIII.	
5	During the year, did the organization solicit or								,	
Ū	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		510 II 1110	organizatio	ir anoworda	100 011	. 0	,, , a, , , ,		
	Is the organization an agent, trustee, custodia		iary for c	contribution	s or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	Troo, explain the arrangement in rare with	and complete the for	iowing to	abi0.					Amount	
c	Beginning balance						1c		, amount	
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•		_	
Par										
		(a) Current year		rior year	(c) Two yea			/ears back	(e) Four	years back
1a	Beginning of year balance	(a) Garront your	(2):	nor your	(6) 1110 you	TO DUCK	(4) 111100	ouro buon	(G) i dui	y our o' buon
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end halance	l (line 1a	ı column (a)) held as:				l	
a	Board designated or quasi-endowment	one your one balance	% %	j, ooiaiiii (a)) Hold do.					
b	Permanent endowment	%	_′°							
·	The percentages on lines 2a, 2b, and 2c shou	-								
32	Are there endowment funds not in the posses		tion that	t are held ar	nd administer	red for th	e organiza	ation		
oa	by:	ssion of the organiza	tion that	are ricid ai	ia aariiiiistoi	ca for the	c organiza	ation	[·	Yes No
	(i) Unrelated organizations								3a(i)	103 110
	(ii) Related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Sc	chedule R2					3b	
4	Describe in Part XIII the intended uses of the								OD	
<u> </u>	t VI Land, Buildings, and Equipme		WITHOUT I	arido.						
	Complete if the organization answered) Part IV	line 11a S	See Form 990	Part X	line 10			
	Description of property	(a) Cost or o			or other		ccumulate	-d	(d) Book	value
	becomplient of property	basis (investn			(other)		oreciation		(a) Book	valuo
12	Land	- '	,		, ,					
	Buildings									
	Leasehold improvements			53	2,680.	-	528,4	19.	4	,261.
	Equipment	I			5,380.		98,5			,858.
	Other				0,979.	1	L40,1			805.
	. Add lines 1a through 1e. (Column (d) must ea		X colum					<u> </u>	11	,924.

Schedule D (Form 990) 2020

Schedule D	(Form 990)	2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year (including name of security) (d) Cosely held equity interests (g) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
2) Closely held equity interests (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	ır market value
(A) (B) (C) (D) (E) (F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(A) (B) (C) (D) (E) (F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(B) (C) (D) (E) (F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(C) (D) (E) (F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(C) (D) (E) (F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(D) (E) (F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(E) (F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
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	ır market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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 (t	b) Book value
	b) Book value
(1)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (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.	
	b) Book value
(1) Federal income taxes	
(2) GRANTS PAYABLE	82,704
(3) DEFFERED MEMBERSHIP DUES	210,494
(4) DEFERRED RENT PAYABLE	9,569
(5) DEFERRED REVENUE - TUITION	39,797
(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 organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020



		of Doverning no	v Aditad	Cinonoial Statem	anta With Dave	enue per Return.	· uge
Schedule D	(Form 990) 2020	MIDWEST	ENERGY	EFFICIENCY	ALLIANCE	36-4352022	Page 4

	11000110111111111111111111111111111111			
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,338,954.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
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		2e	0.
3	Subtract line 2e from line 1		3	3,338,954.
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		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	3,338,954.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ses per Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•••••	2,965,747.
а	Amounto moladod on mio i bat not on i oni oco, i at ix, mio 20.			2,965,747.
ч		1 1		2,965,747.
b	• • • • • • • • • • • • • • • • • • • •	2a		2,965,747.
b c	Donated services and use of facilities	2a 2b		2,965,747.
b c d	Donated services and use of facilities Prior year adjustments	2a 2b 2c		2,965,747.
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		0.
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		0.
b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d		0.
b c d e 3	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a		0.
b c d e 3 4 a b	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	2e 3	0.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MEEA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, MEEA HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY MEEA, AND HAS CONCLUDED THAT AS OF JUNE 30, 2021, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	MIDWEST	ENERGY	EFFICIENCY	ALLIANCE	36-4352022	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Inform	mation (contin	ued)				
	(
					Schedule D (Form 9	990) 2020

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MIDWEST ENERGY EFFICIENCY ALLIANCE

Employer identification number 36-4352022

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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
	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:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	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	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		
	REQUIRTIONS SECTION 3.3 4938-NICT/	ı u		1

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

Schedule J (Form 990) 2020



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-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) STACEY PARADIS	(i)	167,000.	0.	0.	4,169.	0.	171,169.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information			
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.			

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MIDWEST ENERGY EFFICIENCY ALLIANCE

Employer identification number 36-4352022

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION IS ORGANIZED UNDER AND SHALL OPERATE AS AN ILLINOIS NOT-FOR-PROFIT CORPORATION, AND SHALL HAVE SUCH POWERS AS ARE NOW OR AS MAY HEREAFTER BE GRANTED BY THE GENERAL NOT-FOR-PROFIT CORPORATION ACT OF THE STATE OF ILLINOIS.

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

THE BOARD GOVERNANCE COMMITTEE CHOOSES A SLATE OF CANDIDATES AND THE MEMBER ORGANIZATIONS VOTE UP OR DOWN ON THE SLATE.

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

THE FINANCE COMMITTEE PERFORMS AN INITIAL REVIEW OF THE FORM 990 AND THEN THE EXECUTIVE COMMITTEE PERFORMS AN ADDITIONAL REVIEW BEFORE THE RETURN IS FILED.

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

THE ORGANIZATION PERIODICALLY REVIEWS ANY CONNECTIONS BETWEEN DIRECTORS/KEY EMPLOYEES AND THEIR BUSINESS RELATIONSHIPS WITH THE ORGANIZATION.

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

THE DIRECTOR'S COMPENSATION IS SET BY THE EXECUTIVE DIRECTOR, EXECUTIVE DIRECTOR'S COMPENSATION IS SET BY THE BOARD OF DIRECTORS. BOTH USE AN INDUSTRY BENCHMARK TO DETERMINE COMPENSATION.

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

MAKING GOVERNING DOCUMENTS, CONFLICT OF INTEREST, & FINANCIAL STATEMENTS Schedule O (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization MIDWEST ENERGY EFFICIENCY ALLIANCE	Employer identification number 36-4352022
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROF. FEES - CONSULTING:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	5 005
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	0.550
PROF. FEES - P.R.:	
PROGRAM SERVICE EXPENSES	75.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,738.