** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning and e	enaing		
B c	heck if pplicable:	MATIONAL EMERGI EDOCULTOR DEVELORMENT		D Employer identifica	ition number
\vdash	Address _change _Name _change			54-16	46670
\vdash	_ichange _inital _return	Doing Business As Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	20070
-	Termin- ated		I STORY I STATE	703-2	57-1117
\vdash	⊒ated ∏Amende ⊒return	City or town, state or country, and ZIP + 4		G Gross receipts \$	5,246,606.
	Applica Uton			H(a) Is this a group retu	
	beugin	F Name and address of principal officer:MARY E. SPRUILL		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inclu	
17	Tax-exe	mpt status: X 501(c)(3)	or 527		st. (see instructions)
JV	Vebsite	e: ▶ WWW.NEED.ORG		H(c) Group exemption	number >
		organization: X Corporation Trust Association Other	L Year	of formation: 1991 M	State of legal domicile: VA
	art I	Summary			
_	1 E	Briefly describe the organization's mission or most significant activities: ${f TO}$ ${f DI}$	esign	AND DELIVER	K-12
Š	1	ENERGY EDUCATION CURRICULUM, TEACHER TRA.	TNTNG	AND PROGRAMM	ING.
2		Check this box 🕨 📖 if the organization discontinued its operations or dispos			ets.
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	13
ري مح	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			13
S	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	21
Activities & Governance	6	Total number of volunteers (estimate if necessary)			70
Ę.	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	bl	Net unrelated business taxable income from Form 990-T, line 34		7ь	0.
				Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)		6,869,576.	4,642,866.
Revenue		Program service revenue (Part VIII, line 2g)		267,924.	224,116.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,943.	10,697.
<u></u>	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,833.	14,637.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,163,276.	4,892,316.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3.9	249,039.	436,755.
		Benefits pald to or for members (Part IX, column (A), line 4)		0.	
88	15	Salaries, other compensation, employee benefits (Part IX, column (A), Ilnes 5-10)		1,055,389.	1,171,406.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		U • [
X	p.	Total fundralsing expenses (Part IX, column (D), line 25)		3,669,136.	4,195,808.
111	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,973,564.	5,803,969.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,189,712.	<911,653.
	19	Revenue less expenses. Subtract line 18 from line 12			
Assets or A	3		Be	4,636,831.	End of Year 3,379,387.
SSE	20	Total assets (Part X, line 16)		538,569.	192,779.
THE STATE OF	21	Total liabilities (Part X, line 26)		4,098,262.	3,186,608
-		Net assets or fund balances. Subtract line 21 from line 20		4,030,202.	3,100,000
1	artii	lities of perjury, I declare that I have examined this return, including accompanying schedule	e and statem	ente and to the hest of my	knowledge and heilef it is
		ittes of perjury, i declare that have examined this peturi, including accompanying schedule et, and complete. Declaration of preparer (other than officer) is based on all information of wi			KIOWIOOGO BIJO BUILDI, ICIG
UUC	B, GUITEC	st, and complete. Declaration or pagarer (one) that once) is based off an information of wi	inon proparoi	lias any knowledge.	3/11
C1-		Signature of offiger	e e e e	/ Date	<i>f</i> /-
Sig		1 / Illaix E. Sprull, 9	ECIN	Tue 11/1901	ev -
***	11 0	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pal	ld	FRANK H. SMITH		5/13/11 self-employed	
	parer	Firm's name RAFFA, PC		Firm's EIN	
	e Only	Firm's address 1899 L STREET NW, SUITE 900			,
		WASHINGTON, DC 20036		Phone no. 20	2-822-5000
Ma	y the II	RS discuss this return with the preparer shown above? (see Instructions)			X Yes No
-	2001 02-		lons.		Form 990 (2010
	SWITE			0	OPY
				C	OI I

	m ago (2010) PROJECT, INC.	54-164	6670	Page 2
P	art III Statement of Program Service Accomplishments		-	
_	Check if Schedule O contains a response to any question in this Part III			X
1	Briefly describe the organization's mission:			
	THE MISSION OF THE NATIONAL ENERGY EDUCATION DEVELOPMEN	T PROJE	CT	
	(NEED) IS TO PROMOTE AN ENERGY CONSCIOUS AND EDUCATED S	OCIETY 1	BY	
	CREATING EFFECTIVE NETWORKS OF STUDENTS, EDUCATORS, BUS	INESS,		
_	GOVERNMENT AND COMMUNITY LEADERS TO DESIGN AND DELIVER	OBJECTIV	VE,	
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
	if "Yes," describe these changes on Schedule O.			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex	cpenses.		100
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and		
_	allocations to others, the total expenses, and revenue, if any, for each program service reported.			
4a	/(Experiess # = 7 = 10 / 200 to 10 10 10 10 10 10 10 10	evenue \$	224,	116.
	WORKSHOPS AND CONFERENCES: THROUGHOUT THE SCHOOL-YEAR,	NEED OF	FERS	
	TEACHER PROFESSIONAL DEVELOPMENT ON ENERGY AND ENERGY I	SSUES IN	1CLUD	ING
	THE SCIENCE OF ENERGY, ENERGY SOURCES, ELECTRICITY, TRA	NSPORTAT	NOI!	AND
	RESIDENTIAL AND SCHOOL ENERGY EFFICIENCY AND CONSERVATION OF A DECOMPOSITION OF THE CONTRACT O	ON. THE	<u> </u>	
	WORKSHOPS ARE ONE-DAY IN LENGTH AND NEED PROVIDES PARTI	CIPATING	3	
	EDUCATORS WITH SUBSTITUTE REIMBURSEMENT, CLASSROOM CURR			
	MATERIALS, AND PROFESSIONAL DEVELOPMENT CREDITS. IN AN	Y GIVEN	YEAR	,
	NEED HOSTS APPROXIMATELY 600 WORKSHOPS IN DIVERSE GEOGRA	APHIC AF	EAS.	
	THERE ARE SOME SPECIAL TOPIC WORKSHOPS THAT INCLUDE CONCERTAIN ENERGY ISSUES - I.E. SOLAR, WIND, OIL AND NATURAL	TENT SPE	CIFI	C TO
	EFFICIENCY AND CONSERVATION. ALL CURRICULUM TAUGHT AND	AL GAS,	-	
	WORKSHOPS IS ALIGNED TO THE NATIONAL SCIENCE EDUCATION :	PROVIDE	D AT	THE
4b	(Code: \(\(\) \(
	KITS AND MATERIALS: NEED'S MISSION IS TO DESIGN AND DE	evenue \$	224,	<u> </u>
	COMPREHENSIVE ENERGY EDUCATION CURRICULUM. ALL NEED CUI		T.C.	
	UPDATED WITH NEW DATA, TECHNOLOGIES, AND ISSUES ON AN AN	TATIOLOI	CTC	
	NEED'S HANDS-ON APPROACH TO ENERGY EDUCATION REQUIRES THE		ATOR	C DE
	PROVIDED THE TOOLS AND RESOURCES NEEDED IN THE CLASSROOM	M THIC	OFT	
	MEANS THE PROVISION OF HANDS-ON SCIENCE EQUIPMENT AND TO	OT.S. N	EED'	
	TEACHER ADVISORY BOARD AND CURRICULUM COMMITTEE CREATE I	TUS FUE		<u> </u>
	MULTIPLE GRADE LEVELS AND FOR MULTIPLE CONTENT AREAS.	PHESE KT		RE
	INTEGRATED WITH THE PRINTED NEED CURRICULUM AND ARE DROW	TTDED TO		
	EDUCATORS ATTENDING NEED WORKSHOPS. NEED CURRICULUM MAT	PERTALS	ARE	
	DESIGNED AT FOUR READING LEVELS - PRIMARY, ELEMENTARY, 1	INTERMED	TATE	
	AND SECONDARY. EACH GUIDE CONTAINS A TEACHER GUIDE AND	STUDENT	LES	SONS
4c	(Code:) (Expenses \$ 674,027 • including grapts of \$ \\Percent (Policy Code)	201100)
	CURRICULUM DEVELOPMENT: NEED'S MISSION IS TO DESIGN AND	DELIVER		
	COMPREHENSIVE ENERGY EDUCATION CURRICULUM TO K-12 SCHOOL	S. AS	PART	OF
	THAT MISSION, NEED SEEKS RESOURCES TO DESIGN CURRICULUM	ENHANCE	MENT	5
	AND ADDITIONAL TOPICAL MATERIALS FOR INCLUSION IN THE NE	ED CURR	ICUL	JM
	PORTFOLIO. CURRICULUM DEVELOPMENT INCLUDES COLLABORATIV	E GROUP		
	MEETINGS FOR THE DESIGN AND CREATION OF CURRICULUM, TECH	INICAL R	EVIEV	٧,
	PILOT TESTING, AND PRODUCTION AND DISTRIBUTION OF DRAFTS	FOR RE	VIEW.	
			- 1	
4				
4d	Other program services. (Describe In Schedule O.)		11111111111	
40	(Expenses \$ 1,473,930 · including grants of \$ 1,500 ·) (Revenue \$ Total program service expenses ► 5,378,025 ·)		
70	Total program service expenses 7, 3/0, U23.			
32002 2-21-	SEE SCHEDULE O FOR CONTINUATION (S		Form 99	U (2010)
	2	00=		
20	512 786783 NEED 2010.03050 NATIONAL ENERGY EDUCA	AT COP	NEED	1
		TITOM D	NEED	

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Part IV Checklist of Required Schedules

			V	Ma
	to the association described in continu 501/a/2\ as 4047/a\/1\ (ather then a private foundation\2		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		42	
3	public office? If "Yes," complete Schedule C, Part I	3	114	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
	during the tax year? If "Yes," complete Schedule C, Part II	4	- 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	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	Ť		
•	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	. 4	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		840	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
	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	5		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
9	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, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1.7	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		2	v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			х
	iocated outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		**
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
20a	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20a		<u> </u>
D	operate one or more hospitals must attach audited financial statements (see instructions)	206		
	operate one of more nospitals must attach addited imarical statements (see instructions)	20b	222	

Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J 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 X Schedule K. If "No", go to line 25 **24a** b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 X Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X 27 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X

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

Note. All Form 990 filers are required to complete Schedule O

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PROJECT. INC.

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	31 1010	0,0		aye •
1 4	Check if Schedule O contains a response to any question in this Part V				
			*******	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 49		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and rules for reportable payments.				
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1397	11/159	
	filed for the calendar year ending with or within the year covered by this return	2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	<u> </u>	2b	X	
	Note. if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction		United to	55	
За	Diddle a set of the bound of th	7	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X
b	If "Yes," enter the name of the foreign country:	,		-	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			10/24
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Dld the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices 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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	- 17-		
	to file Form 8282?		7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year	7d	1,000		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	37/3			
a	Did the organization make any taxable distributions under section 4966?				-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A		i di		
a		10a	W.		
11		10b			
a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	i i a			
		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120	19:171	1003
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		A S		
	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			31/0
C	Enter the amount of reserves on hand	13c			
14a			14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Scheduli		14h		

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

	Check if Schedule O contains a response to any question in this Part VI			*****	X
<u>Sec</u>	tion A. Governing Body and Management				
				Yes	No
		1a	13		
b	-	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of the control of th				17
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the			21	₹.
4	of officers, directors or trustees, or key employees to a management company or other person?			+	X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 Did the organization become aware during the year of a significant diversion of the organization's asset				X
6					X
	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more mem			-	
			7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person				X
8	Did the organization contemporaneously document the meetings held or written actions undertaken du				
	by the following:	ing the year			
а	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				
	organization's mailing address of #Woo # provide the names and addresses in School in O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such ch				
	and broadles As form 11 to 11		10b		-15
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing			X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				4, 4
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	give rise			
	to conflicts?		12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es," describe			
	in Schedule O how this is done				
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval to	y independent			
	persons, comparability data, and contemporaneous substantiation of the deilberation and decision?				
	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization		15b	X	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		900		
103	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme		1000		77
h	taxable entity during the year?		16a		X
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization.				
	exempt status with respect to such arrangements?	zation s	404		
Sec	tion C. Disclosure		16b		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5	01/c)/3\e only) avai	able for	-	_
	public inspection. indicate how you make these available. Check all that apply.	ortojtoja oriiyi avai	LUIO IVI		
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, con	filet of interest polic	v. and fine	ncial	
	statements available to the public.	or or interest polic	,, and mil	ai ioiai	
20	State the name, physical address, and telephone number of the person who possesses the books and	records of the orga	nization:		
	MARY E. SPRUILL - (703) 257-1117	J J. gc		Marine.	
	8408 KAO CIRCLE, MANASSAS, VA 20110-1702	THE WILLIAM			
				200	

032006 12-21-10

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Empioyees, 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.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(e Pos	C)			(D)	(E)	(F)
Name and Titie	Average hours per week (describe hours for related organizations in Schedule O)	ustee or director			that	Highest compensated amployee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
RICHARD R. ZUERCHER	1							La Tarana		
CHAIRMAN	2.00	X		X		$oxed{oxed}$		0.	0.	0.
DIANE LEAR										
VICE CHAIRMAN	2.00	X	_	X	L.			0.	0.	0.
JOHN WEINER										
SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
CONSTANCE BEATTY		l								The best
DIRECTOR	2.00	X		L	L			0.	0.	0.
GUY CARUSO	0.00									
DIRECTOR	2.00	X						0.	0.	0.
B. PHILIP COCHRANE	0.00									•
DIRECTOR	2.00	X	_			-		0.	0.	0.
DAN CUMMINGS - UNTIL 5/24/10	0.00								1 110	
DIRECTOR	2.00	X	_					0.	0.	0.
KRISTI DESJARLAIS	2 00	٦,							0.	0
DIRECTOR	2.00	X				-		0.	0.	0.
TOM FRY DIRECTOR	2.00	x						0.	0.	0.
KEVIN GALLIGAN	2.00	<u> </u>	_	H	H	-	<u> </u>	0.	0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
LINDA LUNG	2.00	^	-		\vdash			0.	A 14	0.
DIRECTOR	2.00	x				Ш		0.	0.	0.
KRISTY MONK	2.00	-	\vdash	\vdash	Н	\vdash		0.		
DIRECTOR	2.00	x						0.	0.	0.
BARRY RUSSELL		一	-	\vdash	-	+-	\vdash			
DIRECTOR	2.00	X						0.	0.	0.
WENDY WIEDENBECK		T								
DIRECTOR	2.00	X						0.	0.	0.
MARY E. SPRUILL										
EXECUTIVE DIRECTOR	40.00			X		-		160,650.	0.	9,159.

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Page 7

	990 (2010) PROJECT,					_				54-1646	670	P	age 8
Part	VII Section A. Officers, Directors, Tr		mpie	oyee			High	est			-	4001	2007-200
	(A) Name and title	(B) Average hours per week	(c		Pos		app	oly)	(D) Reportable compensation from	(E) Reportable compensation from related	n amount		
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	org an	pensa rom th ganizat d relat anizati	ation e tion ted
							L						
													3 14
													¥.
		·					_						
-						-							
					┢								
1b	Sub-total			Ь_	20020			_	160,650.	0.		9,1	
	Total from continuation sheets to Part \								0.	0 .			0.
	Total (add lines 1b and 1c)								160,650.	0.	_	9,1	<u>59.</u>
	Total number of Individuals (including but	not limited to th	nose	list	ed a	bov	e) w	ho r	received more than \$100	,000 in reportable			1
	compensation from the organization			-	H							Yes	No
	Did the organization list any former office line 1a? If "Yes," complete Schedule J for										3		х
	For any individual listed on line 1a, is the s								ther compensation from		3		
	and related organizations greater than \$15	50,000? If "Yes,	, " CC	mpi	ete :	Sch	edul	e J	for such Individual		4	X	
	Did any person listed on line 1a receive or								ted organization or indivi	dual for services	4		v
_	rendered to the organization? If "Yes," cor tion B. Independent Contractors	npiete Scheau	e J	tor s	ucn	per	son				5		X
1	Complete this table for your five highest c the organization.	ompensated in	dep	end	ent (cont	ract	ors 1	that received more than	\$100,000 of compen	sation	from	
	(A) Name and busines	s address							(B) Description of s	ervices	(i Compe	C) ensatio	n
	NDATION FOR ENVIRONME BOX 340581, COLUMBUS,			AΤ	IO	N			SOLAR INSTAL	LATION	35	8,8	50.
				_			_						

(A) Name and business address	(B) Description of services	(C) Compensation
FOUNDATION FOR ENVIRONMENTAL EDUCATION PO BOX 340581, COLUMBUS, OH 43234	SOLAR INSTALLATION	358,850.
BETTER IMPRESSIONS, 45159 BUSINESS COURT, SUITE 450, STERLING, VA 20166	PRINTING	285,092.
NADA SCIENTIFIC, LTD. PO BOX 1336, CHAMPLIN, NY 12919	KIT PARTS	247,296.
NIAGARA COMPENSATION, 45 HORSEHILL, RD., SUITE 106, CEDAR KNOLLS, NJ 07927	CUSTOM ENERGY KITS	156,539.
UPS PO BOX 650580, DALLAS, TX 75265	SHIPPING	135,857.
2 Total number of independent contractors (including but not limited to those lis \$100,000 in compensation from the organization ▶ 6	sted above) who received more than	000

54-1646670

Form 990 (2010) PROJECT
Part VIII | Statement of Revenue PROJECT, INC.

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
क्ष	1 8	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
ag, c	c	Fundraising events	1c					
<u>a</u> g:	C	Related organizations						
ns,	e	Government grants (contribut		318,896.				
육의	1	Ail other contributions, gifts, gran						
들휨		similar amounts not included abo		323,970.				
들	_	Noncash contributions included in lines	100	44,660.				
OB	h	Total. Add lines 1a-1f			4,642,866.			
		COMPAN & VOLUME	T AMADDO	Business Code 900099	224,116.	224,116.		
호	2 a			300033	224,110.	224,110.		
€ ₹	b							-
E S	0							
Program Service Revenue								-
됩	1	All other program service reve	enue					
		Total. Add lines 2a-2f			224,116.			
	3	Investment income (including						
		other similar amounts)			10,697.	F		10,697.
	4	Income from investment of ta					31.9	
	5	Royalties					741	
			(i) Real	(ii) Personai				
	6 a							
	t							
	C	Rental income or (loss)						
	_ c				· · · · · · · · · · · · · · · · · · ·		To the Control of the	
	7 a		(i) Securities	(ii) Other				
. 1		assets other than inventory						
	L	Less: cost or other basis						
		and sales expenses						
		Net gain or (loss)						
	8 a							
enne		including \$	_					
e e		contributions reported on line						
Other Rev		Part IV, line 18				建设建筑区域		
	b	Less: direct expenses						显示表示 机
٦	C	Net income or (loss) from fund	draising events					
	9 &	a Gross Income from gaming ac						
		Part iV, line 19						
		Less: direct expenses		L				
		Net income or (loss) from gam	_					
	10 a	Gross sales of inventory, less		354,290.				
		and allowances		354,290.				
		Net income or (loss) from sale			0.			
1		Miscellaneous Revenu		Business Code		KE KET WILLIAM		
-	11 a	OMITTO THOOMS		900099	14,637.	Mary Residence and State of the		14,637.
	t							
			The second		# 1		N IN IN	
			NAMES OF THE PERSONNE			med-factors.		
	6	Total. Add lines 11a-11d			14,637.	IS A THE FILE.		
	12	Total revenue. See instructions.		>	4,892,316.	224,116.	0.	25,334.
03200 12-21	9 -10							Form 990 (2010)

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 436,755. 436,755 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 144,338 25,471 trustees, and key employees 169,809 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 808,678. 702,327. 106,351 Other salaries and wages Pension pian contributions (include section 401(k) 28,930 6,345 35,275 and section 403(b) employer contributions) Other employee benefits 157,644. 92,312. 65,332. 10 Payroll taxes Fees for services (non-employees): Management Legal c Accounting Lobbying Professional fundralsing services. See Part IV, line 17 investment management fees _____ f 119,849. 99,243. 20,606. Other Advertising and promotion 12 506.473. 143,802. 362,671. 13 Office expenses 14 Information technology 15 Royalties 34,962. 71,847. 36,885. 16 Occupancy 618,911. 618,911. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,190,910. 1,189,698. 1.212. Conferences, conventions, and meetings 19 233. 233. 20 Interest Payments to affiliates 21 4,475. 3,706. 769. Depreciation, depietion, and amortization 22 12,610. 10.442. 2,168 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) KIT PURCHASES 743,042. 743,042. TEMPORARY LABOR 246,235 246,235. 235,988. 235,988. CURRICULUM PURCHASES 178,964. 178,964. SUBSTITUTE PAY 91,246. 91,246. STIPENDS 18,693 175,025. 156,332. All other expenses 5,803,969. 5,378,025. 425,944. 0. Total functional expenses. Add lines 1 through 24f Joint costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising

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Form 990 (2010)

			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		107,415.	1	82,834.
2	Savings and temporary cash investments		2,443,617.	2	2,069,139.
3	Pledges and grants receivable, net		1,581,694.	3	904,938
4	Accounts receivable, net			4	
5	Receivables from current and former officers, director	ors, trustees, key		F. 34 S.	
"	employees, and highest compensated employees. C			300	
1	of Schedule L			5	
6	Receivables from other disqualified persons (as defin			Date 9	
*	4958(f)(1)), persons described in section 4958(c)(3)(E				
	employers and sponsoring organizations of section 5				
	employees' beneficiary organizations (see instruction			6	
7	Notes and loans receivable, net			7	
			373,929.	8	317,201
8 9	inventories for sale or use		333.	9	
		1			
10a		125,670.			
	basis. Complete Part VI of Schedule D 10:		7,666.	10c	3,086
	Less: accumulated depreciation 10 investments - publicly traded securities		7,000	11	
11 12	investments - publicly traded securities investments - other securities. See Part IV, line 11		120,000.	12	
	Investments - program-related. See Part IV, line 11			13	
13				14	
14	Intangible assets		2,177.	15	2,189
15	Other assets. See Part IV, line 11		4,636,831.	16	3,379,387
16	Total assets. Add lines 1 through 15 (must equal line Accounts payable and accrued expenses		482,948.	17	145,908
17		202,5200	18		
18	Grants payable		43,107.		43,107
	Deferred revenue		10,10.0	20	
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part			21	
21	Payables to current and former officers, directors, tr		and Man north libera		R STIFFE STATE OF THE
22	highest compensated employees, and disqualified p				
				22	
00	of Schedule L Secured mortgages and notes payable to unrelated			23	
23	Unsecured notes and loans payable to unrelated thin			24	+.
25	Other liabilities. Complete Part X of Schedule D		12,514.	25	3,764
26	Total liabilities. Add lines 17 through 25		538,569.	26	192,779
20	Organizations that follow SFAS 117, check here	X and complete		20	RESTRUCTION CONTROL
	lines 27 through 29, and lines 33 and 34.	and complete		7-1-5	
27 28 29 30 31 32	Unrestricted net assets		1,204,392.	27	1,388,779
28	Temporarily restricted net assets		2,893,870.	28	1,797,829
29	The state of the s	100 mm - 100		29	
25	Organizations that do not follow SFAS 117, check	there and			
	complete lines 30 through 34.	Tilele P L alla			
100	Capital stock or trust principal, or current funds			30	
30	Paid-in or capital surplus, or land, building, or equipr			31	
31	Retained earnings, endowment, accumulated incom			32	
32			4,098,262.		3,186,608
33	Total net assets or fund balances		4,636,831.		3,379,387
34	Total liabilities and net assets/fund balances		= 1000,001.	34	3,313,301

Form	990 (2010) PROJECT, INC.	24-10	466/0	Pag	ge 12
Pa	t XI Reconciliation of Net Assets	14.7			
	Check if Schedule O contains a response to any question in this Part Xi				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,892	2,3	16.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,803		
3	Revenue less expenses. Subtract line 2 from line 1	3	<911		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,098		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,186	5,6	09.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
		E .		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	TENN.			
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		444000	X	
C	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compliation 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 in Sch	edule O.	100		
d	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number NATIONAL ENERGY EDUCATION DEVELOPMENT Name of the organization 54-1646670 PROJECT, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(II). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part il.) 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). 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated a Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (III) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following Information about the supported organization(s). h (iii) Type of (vi) is the organization in col. (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (II) EIN organization organization in col. in col. (I) listed In your support organization (I) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or iRC section (see instructions)) Yes No Yes No Yes No LHA For Paperwork Reduction Act Notice, see the instructions for Schedule A (Form 990 or 990-EZ) 2010

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Form 990 or 990-EZ.

54-1646670 Page 2 Schedule A (Form 990 or 990-EZ) 2010 PROJECT, INC. Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions	(f) Total 894973.
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	894973.
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 2272330 • 5252242 • 4857959 • 6869576 • 4642866 • 23	
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 2272330 5252242 4857959 6869576 4642866 23	
4 Total. Add lines 1 through 3 2272330. 5252242. 4857959. 6869576. 4642866.23	
4 Total: Add lines 1 thought 0	894973.
3 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,	
	952525.
6 Public support. Subtract line 5 from line 4.	942448.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010	(f) Total
7 Amounts from line 4 2272330 5252242 4857959 6869576 4642866 23	8949/3.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties and income from similar sources 35,260. 5,597. 14,995. 4,943. 10,697.	71,492.
and motivation of man desired	11,434.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on 10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part IV.) 13,741. 20,833. 29,346.	63,920.
11 Total support. Add lines 7 through 10	030385.
12 Gross receipts from related activities, etc. (see instructions)	08,122.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	>
Section C. Computation of Public Support Percentage	
	3.86 %
to Tubic deposit percentage from zero deficiency quarter, and the first transfer and transfer an	8.80 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box at	- T.F.
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b	oox
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or respectively.	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009.If the organization dld not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	U OI
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	
Schedule A (Form 990 or	

032022 12-21-10

Part III Support Schedule for (Complete only if you chec					art ii. If the organiza	ition fails to
qualify under the tests lists			garnzanor, ranoa	o quanty arrange		
Section A. Public Support	A DOLOW, PICAGO COM	proto r dat my				
Calendar year (or fiscal year beginning in	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
membership fees received. (Do no	ot					
include any "unusual grants.")						
2 Gross receipts from admissions,		8 1 1 1				
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpos						
3 Gross receipts from activities that			9 3 2 3 3		177	
are not an unrelated trade or bus						
iness under section 513						
4 Tax revenues levied for the organ	J					7.5
ization's benefit and either paid to	5					
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, a	ınd					
3 received from disqualified pers						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	K BELL					
c Add lines 7a and 7b		WH				
8 Public support (Subtract line 7c from line 8	Control of the Contro		TEL SHOOL STATE			
Section B. Total Support						
Calendar year (or fiscal year beginning ir	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received or securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income			4			
(less section 511 taxes) from busine acquired after June 30, 1975	SSOS					
c Add lines 10a and 10b						
11 Net income from unrelated busin activities not included in line 10b whether or not the business is regularly carried on						
12 Other Income. Do not include ga or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and	12.)			<u> </u>		
14 First five years. If the Form 990						
check this box and stop here						
Section C. Computation of F	ublic Support P	ercentage			Tan T	
15 Public support percentage for 2						94
16 Public support percentage from					16_	9
Section D. Computation of I					17	94
17 Investment income percentage					18	9
18 investment income percentage 19a 33 1/3% support tests - 2010.	rom zuus Schedule A	net check the have	on line 14 and lin	a 15 ie more than		
19a 33 1/3% support tests - 2010. more than 33 1/3%, check this !	ir the organization did	not check the box	ilifiee ee e publish	eupported organi	zation	17 13 HOL
more than 33 1/3%, check this to b 33 1/3% support tests - 2009.	if the organization dis	io organización que I not check a hoy o	n line 14 or line 10	and line 16 ie n	nore than 33 1/3%	and
line 18 is not more than 33 1/3%	check this how and	ston here. The ord	anization qualifies	as a publiciv sun	ported organization	D
	ization did not check	a box on line 14. 19	9a. or 19b. check	this box and see l	nstructions	
20 Private foundation. If the organ	EASION AND HOLDINGON	CAUNCE IN THE				

032023 12-21-10

17220512 786783 NEED

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

NATIONAL ENERGY EDUCATION DEVELOPMENT

OMB No. 1545-0047

Employer Identification number

2010

	PROJECT, INC.	54-1646670
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	dation
	501(c)(3) taxable private foundation	
contributor. Co	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,00 mplete Parts I and II.	00 or more (in money or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support 70(b)(1)(A)(vI), and received from any one contributor, during the year, a coron (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I	ntribution of the greater of (1) \$5,000 or (2) 2%
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, sc of cruelty to children or animals. Complete Parts I, II, and III.	n any one contributor, during the year, cientific, literary, or educational purposes, or
contributions fo If this box is che purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from or use exclusively for religious, charitable, etc., purposes, but these contribu- ecked, enter here the total contributions that were received during the year t complete any of the parts unless the General Rule applies to this organizable, etc., contributions of \$5,000 or more during the year.	rtions did not aggregate to more than \$1,000. for an exclusively religious, charitable, etc., eation because it received nonexclusively
Caution. An organization	n that is not covered by the General Rule and/or the Special Rules does no	ot file Schedule R (Form 990, 990.E7, or 990.DE)

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA 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) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

NATIONAL ENERGY EDUCATION DEVELOPMENT

PROJECT, INC.

Employer identification number

54-1646670

Part I C	contributors (see Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1 -		\$\$	Person Payroli Noncash (Complete Part il if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$ 697,800.	Person X Payroli
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
4 -		\$\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$\$.	Person Payroli Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-23-10		\$ 105,911.	Person Payroli Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010

Name of organization

NATIONAL ENERGY EDUCATION DEVELOPMENT

PROJECT, INC.

Employer identification number

54-1646670

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$\$	Person X Payroli
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$136,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2010
Open to Public inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

NATIONAL ENERGY EDUCATION DEVELOPMENT

Employer identification number 54-1646670

PROJECT, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Impermissible private benefit? Part II Conservation Easements. Complete If the organization answered "Yes" to Form 990, Part IV, Ilne 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Heid at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and Include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a if the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets Included In Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Pa	rt III Organizations Maintaining C		rt. His	storical T	reasures.	or Othe	r Similar A	ssets (cor	tinued)
3	Using the organization's acquisition, access	ion, and other recor	ds. ched	ck any of the	following the	at are a sid	nificant use o	f its collecti	on items
	(check all that apply):		,	2 1		u.o u,o.,	grimourit doo d	1 110 00110011	OH ROMO
а	Public exhibition		d \square	I can or ex	change progr	eme			
b	Scholariy research			Other		arris			
C	Preservation for future generations		_	Oti 161					
4	Provide a description of the organization's c	ollections and evolu-	in how t	how further	the ereceizet	lania aven		Dod VIV	
5	During the year, did the organization solicit of	or receive donations	of art	into iui u lei	u le Olyanizat	ion s exer	npt purpose in	Pan XIV.	
	to be sold to raise funds rather than to be m	sintained as part of	the ora	noivetion's s	asures, or our	ier similar	assets		
Pa	rt IV Escrow and Custodial Arran	cements Comp	loto if th	a arganizati	ollection?	\/ 4- 1	000 D	Yes Yes	No No
	reported an amount on Form 990, Pa	rt X line 21	iere ii ni	e organizati	on answered	Yes to	-om 990, Pan	1V, line 9, c	r
10	is the organization an agent, trustee, custod		dlen, for	· contributio					
								\Box .	
h	on Form 990, Part X?	and somelate the f		A-61-				Yes Yes	∟ No
U	ir res, explain the analigement in Part XIV	and complete the f	ollowing	table:					
	Bedinsing belows							Amou	nt
C	Beginning balance						. 1c		
	Additions during the year						1d		
е	Distributions during the year		• • • • • • • • • • • • • • • • • • • •				1e		
f	Ending balance			••••••			1f		
28	Did the organization include an amount on F	orm 990, Part X, Ilne	217					Yes Yes	L_ No
	If "Yes," explain the arrangement in Part XIV								
Fai	rt V Endowment Funds. Complete							1	
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d) Three years b	ack (e) Fol	ır years back
1a	Beginning of year balance					100			
ь	Contributions							A	
C	Net investment earnings, gains, and losses							E 15 7 63 -1	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance					- H			
2	Provide the estimated percentage of the year	r end balance held a	as:						
а	Board designated or quasi-endowment		<u>%</u>						
b	Permanent endowment	%	- 6						
		%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are held a	and administe	red for the	e organization		
	by:						•		Yes No
	(i) unrelated organizations							3a(l)	
	(ii) related organizations						***************************************		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?			***************************************	3b	
4	Describe In Part XIV the intended uses of the	organization's end	owment	funds.					
Par									
	Description of Investment	(a) Cost or o			or other	(c) Acc	umulated	(d) Boo	k value
		basis (investr			(other)		eciation	(u) Doc	n value
1a	Land					ENGINE	DEN SERVICE		
	Buildings								
C	Leasehold improvements				1.5				
	Equipment			12	5,670.	1	22,584.		3,086.
	Other				-,0,0,		22,304.		3,000.
Total	. Add lines 1a through 1e. (Column (d) must ea	gual Form 900 Port	Y colum	nn (D) line i	10(a))				3,086.
- Juli	- Aud mies ia miodyn 18. (Oddinii (d) Must ei	quai ruini 990, Part	A, COIUI	ııı (b), iine i	U(C)./				2,000.

PROJECT,	INC.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
tal. (Coi (b) must equal Form 990, Part X, coi (B) line 12.)			
Part VIII Investments - Program Related	See Form 990, Part X, line 13.	(c) Method of va	luation:
(a) Description of investment type	(b) Book value	Cost or end-of-year r	
(4)			
(1) (2)			
(3)			1
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, i	line 15.		
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)		24	
(5)			
_ \-'/			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)			
(6) (7) (8) (9) (10)		74	
(6) (7) (8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		>
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part	t X, line 25.	Amount	>
(6) (7) (8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part . (a) Description of liability	t X, line 25.) Amount	
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes	t X, line 25.		
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT	t X, line 25.) Amount 3,764.	>
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3)	t X, line 25.		
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4)	t X, line 25.		
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5)	t X, line 25.		
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6)	t X, line 25.		
(6) (7) (8) (9) (10) ctal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	t X, line 25.		
(6) (7) (8) (9) (10) total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part . (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8)	t X, line 25.		
(6) (7) (8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8) (9)	t X, line 25.		
(6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part . (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8) (9) (10)	t X, line 25.	3,764.	
(6) (7) (8) (9) (10) (otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8) (9)	t X, line 25.	3,764.	

NATIONAL ENERGY EDUCATION DEVELOPMENT

Schedule D (Form 990) 2010 PROJECT, INC.	54-1646670 Page 5
Schedule D (Form 990) 2010 PROJECT, INC. Part XIV Supplemental Information (continued)	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	
	·····
	*

032055 12-20-10

17220512 786783 NEED

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ■ Attach to Form 990.

NATIONAL ENERGY EDUCATION DEVELOPMENT

OMB No. 1545-0047

Open to Public Inspection Employer identification number

2 | Schedule I (Form 990) (2010) 54-1646670 PG&E SPRING 2010 BRIGHT GGE SPRING 2010 BRIGHT PG&E SPRING 2010 BRIGHT PG&E SPRING 2010 BRIGHT PG&E SPRING 2010 BRIGHT GEE SPRING 2010 BRIGHT (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any IDEAS GRANT DEAS GRANT IDEAS GRANT IDEAS GRANT IDEAS GRANT DEAS GRANT 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ٥. °. 0 0 ö ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 10,000 10,000 10,000 10,000 10,000 10,000 criteria used to award the grants or assistance? 3 Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of section 501(c)(3) and government organizations 94-6000385 501(C)(3) 80-0005828 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 77-0322693 94-6000385 94-6002501 68-0194378 General Information on Grants and Assistance INC. MACARTHUR BLVD - OAKLAND, CA 94605 1 (a) Name and address of organization PROJECT, INFORMATION TECH SCHOOL - 8601 EDNA BREWER MIDDLE SCHOOL JOHN MUIR CHARTER SCHOOL LAGUNA CREEK HIGH SCHOOL 4380 CARMEL VALLEY ROAD CASTLEMONT BUSINESS AND DIXIE SCHOOL DISTRICT SAN RAFAEL, CA 94903 CARMEL MIDDLE SCHOOL Name of the organization 380 NOVA ALBION WAY ELK GROVE, CA 95758 OAKLAND, CA 94610 FORTUNA, CA 95540 CARMEL, CA 93922 3748 13TH AVENUE 1500 ALAMAR WAY 9050 VICINO DR Part N

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Page 1

54-1646670

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC. Schedule I (Form 990)

(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (nothing the first of the first o	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION HIGH SCHOOL 3750 18TH STRRET SAN FRANCISCO, CA 94114	94-6000416	501(C)(3)	10,000.	0.			PGÆE SPRING 2010 BRIGHT IDEAS GRANT
REDDING SCHOOL OF THE ARTS 2200 EUREKA WAY REDDING, CA 96001	68-0590047	501(C)(3)	10,000.	0.			PG&E SPRING 2010 BRIGHT IDEAS GRANT
SIERRA OUTDOOR SCHOOL 15700 OLD OAK RANCH RD SONORA, CA 95370	94-2840774	501(C)(3)	10,000.	0.			PG&E SPRING 2010 BRIGHT IDEAS GRANT
SOLANO COMMUNITY COLLEGE 4000 SUISUN VALLEY ROAD FAIRFIELD, CA 95688	37-1530205	501(C)(3)	10,000.	0.			PG&E SPRING 2010 BRIGHT IDEAS GRANT
THEODORE JUDAH ELEMENTARY SCHOOL 3919 MCKINLEY BLVD SACRAMENTO, CA 95819	94-6002491	501(C)(3)	10,000.	0.			PG&E SPRING 2010 BRIGHT IDEAS GRANT
VINTAGE HIGH SCHOOL 1375 TROWER AVENUE NAPA, CA 94558	52-1550087	501(C)(3)	10,000.	0.			PG&E SPRING 2010 BRIGHT IDEAS GRANT
YOLO COUNTY OFFICE OF EDUCATION 1280 SANTA ANITA CT WOODLAND, CA 95776	95-2746725	501(C)(3)	10,000.	0.			PGEE SPRING 2010 BRIGHT IDEAS GRANT
ALVARADO ELEMENTARY SCHOOL 625 DOUGLASS STREET SAN FRANCISCO, CA 94114	94-6000416	501(C)(3)	10,000.	0.			PGEE FALL 2010 BRIGHT IDEAS GRANT
ART FREILER SCHOOL 2421 W. LOWELL AVE TRACY. CA 95377	94-1055500	501(C)(3)	10,000.	0.			PGEE FALL 2010 BRIGHT IDEAS GRANT

COPY

NATIONAL ENERGY EDUCATION DEVELOPMENT

Page 1

54-1646670

Schedule I (Form 990) PROJECT, INC.

Schedule I (Form 990) GGE FALL 2010 BRIGHT GEE FALL 2010 BRIGHT PGEE FALL 2010 BRIGHT GEE FALL 2010 BRIGHT (h) Purpose of grant or assistance IDEAS GRANT DEAS GRANT DEAS GRANT IDEAS GRANT DEAS GRANT IDEAS GRANT DEAS GRANT IDEAS GRANT IDEAS GRANT non-cash assistance (g) Description of Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 。 。 ö °. ö ö (e) Amount of non-cash assistance 10,000. 10,000 (d) Amount of cash grant 10,000, 10,000 10,000 10,000 10,000 10,000 10,000 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 94-6000416 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 93-0981669 94-3370410 77-0362218 94-6002661 77-0375541 52-1527181 77-0235399 37-1509106 (P) EIN MERCED COMMUNITY COLLEGE DISTRICT LIGHTHOUSE COMMUNITY CHARTER (a) Name and address of organization or government SCHOOL - 444 HEGENBERGER RD FAIRGROVE ELEMENTARY SCHOOL PAJARO VALLEY HIGH SCHOOL DISCOVERY CHARTER SCHOOL 500 HARKINS SLOUGH ROAD DEER VALLEY HIGH SCHOOL SAN FRANCISCO, CA 94117 GROVER BEACH, CA 93433 WATSONVILLE, CA 95076 BAKERSFIELD, CA 93305 2843 FARMINGTON ROAD STOCKTON, CA 95205 4700 LONE TREE WAY SAN JOSE, CA 95117 165 GRATTAN STREET ANTIOCH, CA 94531 OAKLAND, CA 94621 MERCED, CA 95348 815 POTOMAC AVE 4021 TEALE AVE GRATTAN SCHOOL 2101 THE PIKE 3600 M STREET OWENS PRIMARY MONTEZUMA

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NATIONAL ENERGY EDUCATION DEVELOPMENT

Page 1

54-1646670

PROJECT, INC.

Schedule I (Form 990) PG&E FALL 2010 BRIGHT GEE FALL 2010 BRIGHT (h) Purpose of grant or assistance IDEAS GRANT IDEAS GRANT (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) . 0 (e) Amount of non-cash assistance (d) Amount of cash grant 10,000 10,000. (c) IRC section if applicable 501(C)(3) 501(C)(3) 94-6002635 68-0343644 (p) EIN (a) Name and address of organization or government SEBASTOPOL, CA 95472 WOODLAND HIGH SCHOOL 7905 VALENTAINE AVE WOODLAND, CA 95695 Schedule I (Form 990)

Part II Continuation THE REACH SCHOOL 21 N WEST H

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54-1646670

Schedule I (Form 990) (2010) PROJECT, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance													Schedule (Party 899) (2010
(e) Method of valuation (book, FMV, appraisal, other)			the information required in Part I, line 2, and any other additional information.	TERED BY NEED	APPLICATION. THE	ENERGY CONTENT (RELATED	COMMUNITY	OUTCOMES.	TY AND	D PROJECT.	THE PROGRAM PROPOSED?	GRANTS ARE ALSO	
(d) Amount of non- cash assistance			line 2, and any other	MS ADMINISTERED	GRANT APPL	ENERGY CON	AND EVALUATION TECHNIQUES, COMMUNITY	INTENDED	BASED ON THE FUNCTIONALITY	ALIGNED TO THE PROPOSED PROJECT.	R THE PROG		
(c) Amount of cash grant			on required in Part I,	THE GRANT PROGRAMS	T QUALITY GRANT	G ITEMS:	ALUATION I	LEADERSHIP, AND	ID ON THE F	IGNED TO T	SUPPORT FOR	THE PROPOSED PROGRAM?	30
(b) Number of recipients			de the informatic	F THE GR	E HIGHEST	FOLLOWING		ENT LEAD	뎶	BUDGET AS AL	ADEQUATE		
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide	SCHEDULE I, PART I, LINE 2: EACH OF	HAS A RUBRIC DESIGNED TO SELECT THE	RUBRIC INCLUDES EVALUATION ON THE	TO THE SUBJECT GRANT), GOAL SETTING	INVOLVEMENT AND PARTNERSHIPS, STUDENT	IN ADDITION, ALL GRANTS ARE EVALUAT	APPLICABILITY OF THE PROPOSED BUDG	DOES THE BUDGET PROPOSED PROVIDE A	ARE ALL BUDGET REQUESTS GERMANE TO	032102 01-13-11

EVALUATED BASED ON CRITERIA ESTABLISHED FOR EACH PROGRAM - INCLUDING PUBLIC
VS. PRIVATE SCHOOLS, GRADE LEVEL, SUBJECT MATTER OF THE PROPOSED GRANT
APPLICATION, GEOGRAPHIC FOOTPRINT OF THE GRANT PROGRAM, AND GRANT TIMELINE.
EACH GRANT IS REVIEWED BY TWO OR MORE REVIEWERS SELECTED FROM SUBJECT
MATTER AND GRANT PROFESSIONALS WITHIN NEED'S NETWORK. SCORES ARE
TABULATED, THE EXTENT TO WHICH THE GRANT MEETS ESTABLISHED AND PUBLISHED
CRITERIA IS REVIEWED, AND GRANTEES ARE NOTIFIED OF THE SUCCESS OF THE
PROPOSAL. GRANT RECIPIENTS SUBMIT W-9 FORMS TO NEED AND ARE GIVEN ONE YEAR
TO COMPLETE THE PROGRAM. UPON COMPLETION, THE PROJECT REPORT IS DELIVERED
TO NEED AND INCLUDES INFORMATION SUCH AS FINAL BUDGET DETAILS, NARRATIVE
SUCCESS OF THE PROJECT AND EXAMPLES OF STUDENT WORK AS APPROPRIATE.

SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

Employer identification number 54-1646670

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the f			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant in	formation regarding these items.		
		lousing allowance or residence for personal use		
	Travel for companions	Payments for business use of personal residence	1 3 1	
	Tax indemnification and gross-up payments	lealth or social club dues or initiation fees		
	Discretionary spending account	Personal services (e.g., mald, 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 explain1b		
2	Did the organization require substantiation prior to reimbursing or allow			
	trustees, and the CEO/Executive Director, regarding the items checke			11 Deca
3	Indicate which, if any, of the following the organization uses to establis	sh the compensation of the organization's		
_	CEO/Executive Director. Check all that apply.			
		Vritten employment contract	THE RES	
		Compensation survey or study		
		Approval by the board or compensation committee		
	Total 1 Offi 950 of Other Organizations	ppioral by the board of compensation		
4	During the year, did any person listed in 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 from the	organization or a related organization?	1	X
b		etirement plan? 4b		X
C	Participate in, or receive payment from, an equity-based compensatio			X
	if "Yes" to any of lines 4a-c, list the persons and provide the applicable			
	Only section 501(c)(3) and 501(c)(4) organizations must complete	ines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the org			1507
	contingent on the revenues of:		2 1	
а	The organization?	5a		X
	Any related organization?			X
_	if "Yes" to line 5a or 5b, describe in Part iii.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the org	anization pay or accrue any compensation	100	11 S
Ĭ	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	OL COLUMN TO THE PROPERTY OF T		X
	if "Yes" to line 6a or 6b, describe in Part ill.			2.2.
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the org	anization provide any non-fixed payments		
	not described in lines 5 and 6? if "Yes," describe in Part III			X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pu			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? if "Yes," describe in Part iii8		X
9				
	Regulations section 53.4958-6(c)?			

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

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

54-1646670

Schedule J (Form 990) 2010 PROJECT, INC.

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(5)	<u>@</u>	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	8	152,650.	8,000.	0	9,159.	0	169,809.	0
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Schedule J (Form 990) 2010 COPY

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SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ▶ Com "Yes" on Form 990,

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

ZU IU

OMB No. 1545-0047

Open To Public inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

Employer identification number 54-1646670

			on Form 990, Part iV,						(c) Con	rected
1 (a) Name of disqualified person			(b) Description of transaction				n		Yes	No
	MILITER,									Α.
						-53				
Enter the amount of tax imp										
Enter the amount of tax, if a	ıny, on line 2,	above, rein	bursed by the organiza	ation			. > \$			
art II Loans to and/o	r From Int	prosted	Pareone							
-1000				line 26 or Form 000 F	7 Port	/ iine 29	la.			
(a) Name of interested		wered Yes to or from	on Form 990, Part IV, (c) Original principal	(d) Balance due) in	(f) App by bo	roved	(a) W	/ritten
person and purpose		nization?	amount	(u) Dalarios dus		ault?	by bo	ard or ittee?	agree	ment?
	To From		1		Yes	No	Yes	No	Yes	No
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otal Part III Grants or Assi	stance Re	nefiting		S.				-		_
The state of the s			on Form 990, Part iV,							
(a) Name of interested		Weled res	(b) Relationship betw		and		(c) Arr	ount an	d type o	of
(a) Name of interested	the or	the organization				assistar	nce			
							2011			
					155					
		•								

.....

Page 2 Schedule L (Form 990 or 990-EZ) 2010 Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of organization's transaction transaction person and the organization revenues? Yes No 37,145.BONNY SPRUI X BONNY SPRUILL PARENT OF MARY SPRU Part V **Supplemental Information** Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: NAME OF PERSON: BONNY SPRUILL (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARENT OF MARY SPRUILL, EXECUTIVE DIRECTOR AMOUNT OF TRANSACTION \$ 37,145. DESCRIPTION OF TRANSACTION: BONNY SPRUILL SERVES ON THE NEED STAFF IN A PART-TIME CAPACITY MANAGING THE DISTRIBUTION CENTER LOCATED IN ROANOKE, VIRGINIA. (E) SHARING OF ORGANIZATION REVENUES? = NO Schedule L (Form 990 or 990-EZ) 2010

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

Employer identification number 54-1646670

Par	t Types of Property	(a)	(b)	(c)	(d			
		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of d noncash contrib			3
1	Art - Works of art							
2	Art - Historical treasures		:					
3	Art - Fractional interests							
4	Books and publications	X		44,660.	FMV			
5	Clothing and household goods						-	
6	Cars and other vehicles							II g
7	Boats and planes							
8	Intellectual property							_
9	Securities - Publiciy traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or						- 100	
	trust interests							
12	Securities - Miscellaneous						· · · · / / / / / / / / / / / / / / / /	
13	Qualified conservation contribution -		1					
×.	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residentiai							
16	Real estate - Commercial		<u> </u>			*****		
17	Real estate - Other							
18	Collectibles		 					_
19	Food inventory		 					
20	Drugs and medical supplies			· — — — — — — — — — — — — — — — — — — —			-	_
21	Taxidermy		-				_	
22	Historical artifacts							
23	Scientific specimens		 			-		_
24	Archeological artifacts	<u> </u>						
25	Other ()							
26	Other ()							_
27	Other ()							_
28	Other ()		<u> </u>					-
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 8	283, Part iV,	Donee Acknowled	lgement 29				_
							Yes	N
30a	During the year, did the organization receive	by contribut	ion any property re	ported in Part i, lines 1-28 th	at it must hold for			
	at least three years from the date of the initia	i contributio	n, and which is not	required to be used for exe	mpt purposes for			
	the entire holding period?					30a		X
b	if "Yes," describe the arrangement in Part ii.							
31	Does the organization have a gift acceptance	policy that	requires the reviev	of any non-standard contril	outions?	31		X
32a								
	contributions?					32a		X
h	if "Yes," describe in Part ii.	*************						
	if the organization did not report an amount i	in column (a)	for a type of prop	erty for which column (a) is o	hecked.		330	
33	describe in Part ii.	ii Columni (C)	io, a type of prop	orty for willow column (d) is c		120	NES L	
	CESCULE III FAIL II.					A CONTRACTOR OF THE PARTY OF TH	-	_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2010 Open to Public Inspection

Internal Revenue Service

Name of the organization

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

Employer identification number 54-1646670

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MULTI-SIDED ENERGY EDUCATION PROGRAMS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ADDITIONAL TEACHER PROFESSIONAL DEVELOPMENT STATE STANDARDS AS WELL. OPPORTUNITIES (WEEKLONG CONFERENCES) ARE HELD DURING THE SUMMER. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THE ENTIRE NEED PORTFOLIO IS AVAILABLE FREE OF FOR THE ENERGY UNITS. CHARGE ONLINE AT WWW.NEED.ORG. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROGRAM ADMINISTRATION INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 518,303. YOUTH AWARDS PROGRAM EXPENSES \$ 427,031. INCLUDING GRANTS OF \$ 1,500. REVENUE \$ 0. PROGRAM DEVELOPMENT INCLUDING GRANTS OF \$ 0. REVENUE S 0. EXPENSES \$ 277,655. TRAINING CONFERENCE EXPENSES \$ 250,941. INCLUDING GRANTS OF S 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: A FEDERAL FORM 990 DRAFT IS PROVIDED TO THE EXECUTIVE DIRECTOR, TREASURER AND AUDIT COMMITTEE FOR Schedule O (Form 990 or 990-EZ) (2010) LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

032211

REVIEW. REVISIONS AS NEEDED ARE MADE BY RAFFA, PC AND A FINAL DRAFT IS

DELIVERED TO THE EXECUTIVE DIRECTOR FOR FULL BOARD REVIEW, ANY ADDITIONAL

REVISIONS ARE MADE BY RAFFA, PC, THEN THE FORM 990 IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE NEED BOARD IS SMALL AND INTERACTIONS AND ACTIVITIES ARE EASILY AND REGULARLY MONITORED. AT LEAST ONCE PER YEAR, THE POLICY IS REVIEWED BY THE BOARD OF DIRECTORS AND NEW CONFLICT OF INTEREST FORMS ARE COMPLETED AND RETURNED TO NEED. IN ADDITION, NEED HAS A CONFLICT OF INTEREST POLICY FOR STAFF. DISCLOSURES ARE MADE ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: THE NEED BOARD OF DIRECTORS ANNUAL REVIEWS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND CONSIDERS ALL ASPECTS OF THE POSITION REQUIREMENTS, SUCCESS BASED ON AN ANNUALLY AGREED UPON SET OF GOALS AND ACTION ITEMS, AND THE OVERALL FINANCIAL HEALTH OF THE ORGANIZATION. IN 2010, THE BOARD OF DIRECTORS ASKED A BOARD MEMBER COMMITTEE TO UNDERTAKE A REVIEW OF THE EXECUTIVE DIRECTOR'S SALARY TO DETERMINE COMPARABILITY IN THE REGIONAL AREA, COMPARABILITY WITHIN RANGE OF POSITION REQUIREMENTS, AND TO REMAIN COMPETITIVE IN RETAINING THE CURRENT SKILL SET AND ORGANIZATIONAL MEMORY. THE BOARD OF DIRECTORS, ACTING INDEPENDENTLY FROM ALL NEED STAFF, INCLUDING THE EXECUTIVE DIRECTOR, CONSULTED CONSISTENTLY CITED SALARY SURVEYS INCLUDING THOSE FROM THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, BOARDSOURCE, AND THE WASHINGTON COUNCIL OF AGENCIES. IN ADDITION, THE BOARD REVIEWED A SIMILAR SALARY SURVEY DONE FOR A PARTNER NON-PROFIT IN 2009. ANNUALLY, THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR, SETS A PERCENTAGE OF SALARY INCREASE, AND A POSSIBLE PERCENTAGE DERIVED BONUS SHOULD NEED'S ORGANIZATIONAL PERFORMANCE AND FISCAL HEALTH WARRANT IT.

032212 01-24-11