* *	PUBLIC	DISCLOSURE	COPY	* *
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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Form **990**



		f the Treasury nue Service	·	v/Form990 for instructions an		•	Open to Public Inspection
			lar year, or tax year beginning		l ending		mepeetien
	Check if applicable	C Name o	of organization		, chung	D Employer identification	on number
	Addres change		ECT, INC.	TON DEVELOTMENT			
	Name		pusiness as			54-1646670	
	Initial		r and street (or P.O. box if mail is not d	elivered to street address)	Room/suite		
	Final return/	8/08	KAO CIRCLE			(703) 257-	1117
	termin- ated		town, state or province, country, and	d ZIP or foreign postal code	1		4,532,900.
	Amend return		SSAS, VA 20110	0 1		H(a) Is this a group returr	
	Application	^{a-} F Name a	and address of principal officer: MAI	RY E. SPRUILL		for subordinates?	Yes X No
_	pendin	SAME	AS C ABOVE			H(b) Are all subordinates include	ed? Yes No
) (insert no.) 4947(a)(1)	or 527	If "No," attach a list.	See instructions
			NEED.ORG			H(c) Group exemption nu	
				Association Other ►	L Year	of formation: 1991 M St	ate of legal domicile: VA
P	art I	Summary					
ç	1	Briefly describ	be the organization's mission or mos	st significant activities: <u>NEED</u>	DESIG	NS & DELIVERS	0.07.0
2			ENSIVE ENERGY EDUC				
		Check this bo	-	ontinued its operations or dispo			
200			ting members of the governing body	, , , , ,			<u> 12</u> 12
			dependent voting members of the go				12
201	5 6		of individuals employed in calendar				70
Activition 8.			of volunteers (estimate if necessary) d business revenue from Part VIII, c				0.
<			business taxable income from Form				0.
		riot annoiatoa				Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)			4,259,938.	4,446,355.
	9		•			335,918.	0.
Olinovio D	8 10	•	come (Part VIII, column (A), lines 3, 4			20,938.	10,097.
	11		e (Part VIII, column (A), lines 5, 6d, 8			9,744.	10,853.
			- add lines 8 through 11 (must equa			4,626,538.	4,467,305.
	13	Grants and si	milar amounts paid (Part IX, column	(A), lines 1-3)		94,304.	71,095.
	14	Benefits paid	to or for members (Part IX, column ((A), line 4)		0.	0.
ų	g 15 :		r compensation, employee benefits			1,399,338.	1,320,560.
Evnoncoc	2 16a	Professional f	fundraising fees (Part IX, column (A),	line 11e)		0.	0.
5	k b		ing expenses (Part IX, column (D), li			0.020.010	1 (01 101
	1 "		es (Part IX, column (A), lines 11a-110			2,932,912.	1,691,121.
			es. Add lines 13-17 (must equal Part			4,426,554.	3,082,776.
		Revenue less	expenses. Subtract line 18 from line	e 12		199,984.	1,384,529.
ts o		Tatal assats //			Be	eginning of Current Year 2,827,874.	End of Year 3,881,270.
Net Assets or	ਵਸ 20 ਂ ਸ਼ੁਰੂ 21 ਂ		Part X, line 16) s (Part X, line 26)			444,323.	113,190.
Vet /			fund balances. Subtract line 21 fron	n line 20		2,383,551.	3,768,080.
	art II	Signatur				2,000,0020	0,,00,0000
Un	der pena	Ities of perjury.	I declare that I have examined this return	n. including accompanying schedule	s and statem	ents, and to the best of my kno	wledge and belief, it is
	-		Declaration of peparer other than offic				0 /
			UAN			June 8,	2021
Sig	yn 🛛	Signatur	re of officer			Date	
He				JTIVE DIRECTOR			
		Type or	print name and title				
		Print/Type pre		Preparer's signature		Date Check	PTIN
Pa	id	AARON M		Mit	(P01365820
	eparer	Firm's name	MARCUM LLP			Firm's EIN ▶ 11	-1986323
Us	e Only	Firm's address	s ▶ 1899 L STREET, N			/	
			WASHINGTON, DC 2			Phone no. (202) 227-4000
			s return with the preparer shown ab				X Yes No
032	001 12-23	3-20 LHA I	For Paperwork Reduction Act Not	ice, see the separate instruction	ons.	-	Form 990 (2020)
					0.6.10-	C	OPY

*** ELECTRONICALLY FILED ON 06/07/2021 ***

1 E	III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X Briefly describe the organization's mission: IIIE MISSION OF THE NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC. (NEED) IS TO PROMOTE AN ENERGY CONSCIOUS AND EDUCATED SOCIETY BY CREATING EFFECTIVE NETWORKS OF STUDENTS, EDUCATORS, BUSINESS, AND GOVERNMENT AND COMMUNITY LEADERS TO DESIGN AND DELIVER OBJECTIVE, If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X Not of "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
2 [3 [4 [5	Briefly describe the organization's mission: THE MISSION OF THE NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC. (NEED) IS TO PROMOTE AN ENERGY CONSCIOUS AND EDUCATED SOCIETY BY CREATING EFFECTIVE NETWORKS OF STUDENTS, EDUCATORS, BUSINESS, AND GOVERNMENT AND COMMUNITY LEADERS TO DESIGN AND DELIVER OBJECTIVE, Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? f "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
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2 [2 [3 [4 [5	(NEED) IS TO PROMOTE AN ENERGY CONSCIOUS AND EDUCATED SOCIETY BY CREATING EFFECTIVE NETWORKS OF STUDENTS, EDUCATORS, BUSINESS, AND GOVERNMENT AND COMMUNITY LEADERS TO DESIGN AND DELIVER OBJECTIVE, Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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ו 4 [פ	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
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5	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
5	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a (Code: (Expenses \$ 1,060,956. including grants of \$ 46,845.) (Revenue \$
,	WORKSHOPS AND CONFERENCES: THROUGHOUT THE SCHOOL-YEAR, NEED OFFERS
	TEACHER PROFESSIONAL DEVELOPMENT ON ENERGY AND ENERGY ISSUES INCLUDING
_	THE SCIENCE OF ENERGY, ENERGY SOURCES, ELECTRICITY, TRANSPORTATION, AND
_	RESIDENTIAL AND SCHOOL ENERGY EFFICIENCY AND CONSERVATION. THE
-	WORKSHOPS ARE ONE HOUR TO ONE-DAY IN LENGTH AND NEED PROVIDES
-	PARTICIPATING EDUCATORS WITH SUBSTITUTE REIMBURSEMENT, CLASSROOM
	CURRICULUM MATERIALS, AND PROFESSIONAL DEVELOPMENT CREDITS. IN ANY
	GIVEN YEAR, NEED HOSTS APPROXIMATELY 300-600 WORKSHOPS IN DIVERSE
-	GEOGRAPHIC AREAS. THERE ARE SOME SPECIAL TOPIC WORKSHOPS THAT INCLUDE
-	
-	CONTENT SPECIFIC TO CERTAIN ENERGY ISSUES - I.E. SOLAR, WIND, HYDROGEN,
	HYDROPOWER, OIL AND NATURAL GAS, EFFICIENCY AND CONSERVATION. ALL
	CURRICULUM TAUGHT AND PROVIDED AT THE WORKSHOPS IS ALIGNED TO THE NEXT
	(Code:) (Expenses \$ 818,061. including grants of \$ 12,750.) (Revenue \$
	PROGRAM ADMINISTRATION: NEED'S MISSION IS TO DESIGN AND DELIVER
-	COMPREHENSIVE ENERGY EDUCATION CURRICULUM AND TRAINING. AS PART OF THIS
-	EFFORT, NEED ESTABLISHES AND ADMINISTERS MANY SIGNATURE PROGRAMS FOR
-	AGENCIES, COMPANIES AND ORGANIZATIONS WHO PROVIDE FUNDING FOR ENERGY
	EDUCATION OUTREACH, CLASSROOM SUPPORT, AND CURRICULUM DESIGN. THESE
	PROGRAMS INCLUDE CURRICULUM, TRAINING WORKSHOPS, AND KITS ARE MENTIONED
	THROUGHOUT NEED'S FEDERAL FORM 990, BUT THESE PROGRAMS ALSO INCLUDE
-	TURN-KEY STAFF SUPPORT OF LOCAL SCHOOLS - PROVIDING CLASSROOM VISITS,
-	LOCAL COMMUNITY SUPPORT FOR PROGRAMMING, IN-CLASS TEACHING
-	OPPORTUNITIES, TEACHER SUPPORT AND CLASSROOM TROUBLE-SHOOTING, DESIGN
-	AND DELIVERY OF WEBSITES TO SUPPORT PROGRAMMATIC GOALS, AND OVERALL
	ADMINISTRATION OF THE ENERGY EDUCATION PROGRAMS NEED HAS UNDERWAY EACH
	(Code:) (Expenses \$540,194. including grants of \$) (Revenue \$600.
-	KITS AND MATERIALS: NEED'S GOAL IS TO DESIGN AND DELIVER COMPREHENSIVE
-	ENERGY EDUCATION CURRICULUM. ALL NEED CURRICULA ARE UPDATED WITH NEW
-	DATA, TECHNOLOGIES, AND ISSUES ON AN ANNUAL BASIS. NEED'S HANDS-ON
7	APPROACH TO ENERGY EDUCATION REQUIRES THAT EDUCATORS BE PROVIDED THE
Ē	TOOLS AND RESOURCES NEEDED IN THE CLASSROOM. NEED'S TEACHER ADVISORY
Ī	BOARD AND CURRICULUM COMMITTEE CREATE HANDS-ON EXPLORATIONS AND KITS
Ī	FOR MULTIPLE GRADE LEVELS AND FOR MULTIPLE CONTENT AREAS. THESE KITS
7	ARE INTEGRATED WITH PRINTED NEED CURRICULUM AND ARE PROVIDED TO
Ī	EDUCATORS ATTENDING NEED WORKSHOPS. NEED CURRICULUM MATERIALS ARE
-	DESIGNED AT FOUR READING LEVELS - PRIMARY, ELEMENTARY, INTERMEDIATE,
-	AND SECONDARY. EACH GUIDE CONTAINS A TEACHER GUIDE AND STUDENT LESSONS
-	FOR THE ENERGY UNITS. THE ENTIRE NEED PORTFOLIO IS AVAILABLE FREE OF
	Other program services (Describe on Schedule O.)
	(Expenses \$ 543,965. including grants of \$ 11,500.) (Revenue \$ 109,650.)
	$\begin{array}{c} \text{Expenses } & \text{If } \text{Figure set } \\ \text{Fotal program service expenses } \\ \text{Constant of the set } \\ 2,963,176. \\ \end{array}$
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 NATIONAL ENERGY EDUCATION DEVELOPMENT

 Form 990 (2020)
 PROJECT, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
•	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	X (2020)
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Form	990 (2020) PROJECT, INC. 54-	164667	70	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)				
		_		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of th		25		
2.14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	°			
	Schedule K. If "No," go to line 25a	2	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		.4b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	2	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				v
06	Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	······ -			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	olled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		8b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	······ <u>2</u>	29		_ X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>		30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	······ -	51		
0L	Schedule N, Part II	2	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	····· –			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1		34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>3</u>	i5a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		5b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizat				37
	If "Yes," complete Schedule R, Part V, line 2	<u>3</u>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>		37		
30			38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	<u></u>			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	<u></u> .	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	62			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		1c	X	L
032004	¹ 12-23-20 5				(2020)
	C	COE	J V	7	

NATIONAL ENERGY EDUCATION DEVELOPMEN	NATIONAL	ENERGY	EDUCATION	DEVELOPMEN'
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	990 (2020) PROJECT, INC. 54-1646 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	670	Р	age 5
Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
			v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 account)?	4a		X
a	If "Yes," enter the name of the foreign country			
5 -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
08	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
Ь	·····	oa		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form	<u>990 (2020)</u> PROJECT, INC. 54-1646	5670	Р	age 6
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	x	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		- 23	
9	organization's mailing address? If "Yes, " provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	101		
Sec	exempt status with respect to such arrangements?	16b		I
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	o ony)	avalld	515
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARY E. SPRUILL - (703) 257-1117			
	8408 KAO CIRCLE, MANASSAS, VA 20110			
032006) 12-23-20	Forn	990	(2020

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<u> </u>	PROJECT,		54-1646670	Page 7
Part VII Compensation of	of Officers, Di	rectors, Trustees, Key Employees, H	ighest Compensated	
Employees, and	Independent	Contractors		
Check if Schedule O	contains a respor	nse or note to any line in this Part VII		
Section A. Officers, Directors,	, Trustees, Key E	mployees, and Highest Compensated Employ	rees	
1a Complete this table for all per	rsons required to I	be listed. Report compensation for the calendar	year ending with or within the organization's t	ax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	dual ti	ıtiona		nploy	st cor	-			organizations
	line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) MARY E. SPRUILL	40.00									
EXECUTIVE DIRECTOR				х				228,313.	Ο.	11,896.
(2) REBECCA LAMB	40.00									
PROGRAM DIRECTOR						X		109,493.	Ο.	6,201.
(3) WAYNE YONKELOWITZ	2.00									
VICE CHAIRMAN		Х		х				1,794.	Ο.	0.
(4) MAGGIE DOWNEY	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) JOHN WEINER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) RETA WHITE	2.00									
TREASURER		Х		Х				0.	0.	0.
(7) DIANE LEAR	2.00									
DIRECTOR		Х						0.	0.	0.
(8) LAUREN ALLEN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) CARRIE ANNAND	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JOHN DABBAR	2.00									
DIRECTOR		Х						0.	0.	0.
(11) LEIGH V. GRANTHAM	2.00									
DIRECTOR		Х						0.	0.	0.
(12) CLAUDIA KREISLE	2.00									-
DIRECTOR		Х						0.	0.	0.
(13) MARK SARTAIN	2.00									•
DIRECTOR		х						0.	0.	0.
(14) STEVE SOLOMON	2.00									•
DIRECTOR		х						0.	0.	0.
		-								
		-								
						-				
		-								
		I						1		Form 990 (2020)
032007 12-23-20										rorm 330 (2020)

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				ΕD	DUC	AT	10	N	DE	EVELOPMENT					-
Form 990 Part VI		PROJECT,									54-1	646	670	Pa	age 8
	Section A. Office (A) Name and ti		(B) Average	(do	not c	(C Posi heck r	C) ition	I than o	ne	Compensated Employee (D) Reportable	(E) Reportable			(F) timate	
			hours per week (list any hours for related organizations below line)	tee or director	, unless , cer ar	Officer Officer	Key employee	Highest compensated http://www.standarge	Eormer (ee	compensation from the organization (W-2/1099-MISC)	compensatio from related organization (W-2/1099-MIS	t s	com fr org and	nount of other pensa om tho anization d relation	tion e ion ed
				-											
	ototal al from continuatio al (add lines 1b and]		339,600. 0. 339,600.		0. 0. 0.		3,09 3,09	0.
	al number of individun npensation from the	· · ·	ot limited to th	iose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable	9		Yes	2 No
line	1a? If "Yes," comple	ete Schedule J for s	uch individual							hest compensated emp			3		X
anc 5 Did	l related organizatior any person listed or	ns greater than \$150 n line 1a receive or a),000? <i>If</i> "Yes, accrue comper	," <i>co</i> nsati	<i>mple</i> on fr	ete S rom a	Sche any	<i>edule</i> unre	<i>J f</i> late	ner compensation from the for such individual	lual for services		4	x	
	dered to the organiza B. Independent Co		plete Schedul	e J f	or st	ich p	bers	on					5		X
		t compensation for t								nat received more than \$ n the organization's tax y		oensa			
NORTH	IEAST CONST	(A) Name and business RUCTION,I								(B) Description of s	ervices	C	(C Comper		<u>1</u>
<u>8747</u>	WHITEPINE	ROAD, RICH	MOND, V	'A	23	23'	7			SOLAR INSTAL	LATIONS		23'	7,4:	34.
	al number of indeper 00,000 of compensat		•	ot lir	niteo	d to t	thos 1		ed	above) who received mo	ore than		Form	900 //	
													-oun -	200 (2	2020)

032008 12-23-20

PROJECT INC. 54-1646670 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b b Membership dues c Fundraising events 1c d Related organizations 1d 343,067. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,103,288 similar amounts not included above ... 1f 16,125 1g \$ g Noncash contributions included in lines 1a-1f 4,446,355. h Total. Add lines 1a-1f ► **Business Code** 2 a Program Service b Revenue С d f All other program service revenue g Total. Add lines 2a-2f ► 3 Investment income (including dividends, interest, and 10,097. 10,097. other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 3,423. 3,423. 5 Royalties (i) Real (ii) Personal 6a 6 a Gross rents 6b **b** Less: rental expenses **c** Rental income or (loss) 6c d Net rental income or (loss) ► (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b d Net gain or (loss) ► 8 a Gross income from fundraising events (not of including \$ contributions reported on line 1c). See Part IV, line 18 8a 8b **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns 65,595. 10a and allowances 65,595 10b b Less: cost of goods sold 0. c Net income or (loss) from sales of inventory **Business Code** liscellaneous 7.430. 7,430 11 a OTHER INCOME 900099 Revenue b d All other revenue 7,430. e Total. Add lines 11a-11d ► ▶ 4,467,305. 0. 0. 20,950. **12 Total revenue.** See instructions Form 990 (2020)

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NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

54-1646670 Page 10

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons		this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	46,845.	46,845.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	24,250.	24,250.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	242,003.	193,688.	24,158.	24,157
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			40.055	
7	Other salaries and wages	958,823.	934,580.	18,377.	5,866
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,218.	37,763.	1,103.	352
9	Other employee benefits	00 51 6			
10	Payroll taxes	80,516.	75,164.	3,155.	2,197
∣1 a	Fees for services (nonemployees): Management				
b	Legal	4,777.	4,145.	540.	92
с	Accounting	29,139.	24,674.	3,817.	648
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	288,425.	285,485.	2,514.	426
12	Advertising and promotion				
13	Office expenses	500,525.	486,753.	7,024.	6,748
14	Information technology	13,665.	11,313.		2,352
15	Royalties				
6	Occupancy	129,868.	121,004.	7,578.	1,286
17	Travel	102,903.	102,027.	38.	838
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		<u> </u>		
9	Conferences, conventions, and meetings	95,715.	95,715.		
20	Interest				
21	Payments to affiliates	6 547	E E 4 4	0.5.0	145
22	Depreciation, depletion, and amortization	6,547. 15,537.	<u>5,544</u> . 13,157.	<u>858.</u> 2,035.	<u>145</u> 345
3 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)	15,557.	15,157.	2,055.	
	amount, list line 24e expenses on Schedule 0.)				
а	KIT PURCHASES	236,434.	236,434.		
b	STIPENDS	146,965.	146,815.		150
с	OTHER EXPENSES	60,884.	58,083.	1,597.	1,204
d	CURRICULUM PURCHASES	59,737.	59,737.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,082,776.	2,963,176.	72,794.	46,806

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Form 990 (2020)

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Form 990 (2020)

Form 990 (2020)

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

art X	K	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			54,335.	1	120,870
2	2	Savings and temporary cash investments			1,752,971.	2	1,978,018
3	3	Pledges and grants receivable, net			779,074.	3	1,523,503
4	1	Accounts receivable, net			23,569.	4	0
5	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	Ibstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
6	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
7	7	Notes and loans receivable, net				7	
8	3	Inventories for sale or use			138,679.	8	180,595
g	Э	D			59,280.	9	47,203
10	Da	Land, buildings, and equipment: cost or othe	er				
		basis. Complete Part VI of Schedule D	10a	97,691.			
	b	Less: accumulated depreciation	10b	66,610.	19,966.	10c	31,081
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, lir	ne 11			12	
13	3	Investments - program-related. See Part IV, li	ne 11			13	
14	1	Intangible assets				14	
15	5	Other assets. See Part IV, line 11				15	
16	6	Total assets. Add lines 1 through 15 (must e			2,827,874.	16	3,881,270
17	7	Accounts payable and accrued expenses			423,577.	17	108,06
18	3	Grants payable				18	
19	9	Deferred revenue			12,110.	19	
20)	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Comple				21	
22	2	Loans and other payables to any current or fe	ormer offi	cer, director,			
22		trustee, key employee, creator or founder, su	Ibstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	sons		22	
23	3	Secured mortgages and notes payable to un	related th	ird parties		23	
24	1	Unsecured notes and loans payable to unrela	ated third	parties		24	
25	5	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			8,636.	25	5,125
26	6	Total liabilities. Add lines 17 through 25			444,323.	26	113,190
		Organizations that follow FASB ASC 958, o	check he	re 🕨 🗴			
		and complete lines 27, 28, 32, and 33.					
27	7	Net assets without donor restrictions			123,096.	27	267,649
28	3	Net assets with donor restrictions			2,260,455.	28	3,500,431
		Organizations that do not follow FASB AS	C 958, ch	eck here 🕨 📃			
27 28 29 30 31 32		and complete lines 29 through 33.					
29	9	Capital stock or trust principal, or current fun				29	
30)	Paid-in or capital surplus, or land, building, or	r equipme	ent fund		30	
31	1	Retained earnings, endowment, accumulated		F		31	
32	2	Total net assets or fund balances			2,383,551.	32	3,768,080
33	3	Total liabilities and net assets/fund balances			2,827,874.	33	3,881,270

Form 990 (2020)

032011 12-23-20

NATIONAL	ENERGY	EDUCATION	DEVELOPMENT

Form	1990 (2020) PROJECT, INC.	54-164	16670	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,467	', <u>3</u> (05.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,082		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,384		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,383	3 , 5!	51.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,768	3,08	80.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				1
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			I
	Act and OMB Circular A-133?		3a		_X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form 990 (2020)

032012 12-23-20

SCHEDULE A								OMB No. 1545-0047
(Form 990 or 990-	Z)	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.						
-	Comple							
Department of the Treasury			Attach to Form 990 or F					Open to Public
Internal Revenue Service		-	/Form990 for instruction					Inspection
Name of the organ			Y EDUCATION I	DEVEL(OPMENI			identification number
Dort L Dooo	PROJECT		(4)					4-1646670
			(All organizations must c			ee instruction	S.	
			For lines 1 through 12, c					
			n of churches described			l)(A)(i).		
			Attach Schedule E (Forn			:)		
·	• •	•	anization described in se njunction with a hospital				VIII) Entor	the hespital's name
city, and	-	Sperated in Col	ijunction with a nospital	uescribed	Sectio	A)(1)(d)01111		the hospital s hame,
•		benefit of a col	lege or university owned	l or operat	ed by a do	vernmentalu	nit describe	ed in
	70(b)(1)(A)(iv). (Comple		loge of aniversity evines	or operat	ou oy u go	von montar a		
			nental unit described in	section 1	70(b)(1)(A)	(v).		
		•	ntial part of its support fr			. ,	ne general r	oublic described in
0	'0(b)(1)(A)(vi). (Comple			5			5	
8 A comm	ity trust described in s	ection 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 🗌 An agricu	ural research organizat	tion described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
or univer	ty or a non-land-grant c	ollege of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
universit								
10 🗌 An organ	ation that normally rec	eives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
activities	elated to its exempt fur	nctions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fr	om gross investment
			(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter June 30, 1975.
	on 509(a)(2). (Complete	-						
·	-		vely to test for public sa	•				
-	-		vely for the benefit of, to	-			•	
-	• • • •		d in section 509(a)(1) of					Sneck the box in
	•	• •	f supporting organizatior upervised, or controlled		-		-	aivina
		-	gularly appoint or elect a	•	-			
-	tion. You must complete			majority c				pporting
	-		or controlled in connect	ion with it	s supporte	d organizatio	n(s), bv hav	ina
		•	anization vested in the sa		• •	•		•
organiz	tion(s). You must com	plete Part IV,	Sections A and C.					
c 🗌 Type I	functionally integrated	d. A supporting	g organization operated	in connec [.]	tion with, a	and functional	ly integrate	d with,
its sup	orted organization(s) (se	ee instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d 🔄 Type I	non-functionally integ	grated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)
	, ,	•	ation generally must sat	•		•	an attentiv	reness
			nplete Part IV, Sections					
	•		written determination fro			Туре I, Туре	II, Type III	
			nally integrated supportion	0 0				
	er of supported organiz		d organization(a)					
(i) Name of	owing information abou	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	fmonetary	(vi) Amount of other
organiz	ion		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
			above (see instructions))					
Total	Reduction Act Notice	see the Instr	uctions for Form 990 or	990-E7	032021.01	05-01 Coho	dule A (Ecr	m 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 PROJECT , INC.

Part II

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2958022.	3297836.	5204521.	4259938.	4446355.	20166672.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2958022.	3297836.	5204521.	4259938.	4446355.	20166672.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						9876708.
6	Public support. Subtract line 5 from line 4.						10289964.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2958022.	3297836.	5204521.	4259938.		20166672.
	Gross income from interest,		01970000	02010221	1200000		
U	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,016.	4,901.	14,506.	22,674.	10,097.	56,194.
٥	Net income from unrelated business	4,010.	4,0010	11,5000	22,0710	10,057.	50,154.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	4,102.	6,683.	5,318.	5,106.	10,853.	32,062.
	assets (Explain in Part VI.)	4,102.	0,005.	5,510.	5,100.		20254928.
	Total support. Add lines 7 through 10						,207,236.
	Gross receipts from related activities,	,	,	· · · · · · · · · · · · · · · · · · ·		· · · · ·	,207,230.
13	First 5 years. If the Form 990 is for th	-		-			
500	organization, check this box and stor ction C. Computation of Publi						
			-	(1)			50.80 %
	Public support percentage for 2020 (I		•			14	=
	Public support percentage from 2019					15	
16a	33 1/3% support test - 2020. If the c						N V
	stop here. The organization qualifies		U U				
b	33 1/3% support test - 2019. If the c				line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-F7) 2020

chedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 PROJECT, INC.

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

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

Sec	ction A. Public Support			_	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						ļ
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizatio	on,
	check this box and stop here	-					
	ction C. Computation of Publi					, ,	
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019	1	1			16	%
	ction D. Computation of Inves		•			4.7	
	Investment income percentage for 20					17	%
	Investment income percentage from			an line 14 and lin		18	%
19a	33 1/3% support tests - 2020. If the	-					
	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2019. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on dia not check a	box on line 14, 19	a, or iso, check t			
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Schedule A (Form 990 or 990-EZ) 2020 PROJECT,

Part IV Supporting Organizations

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

INC.

Section A. All Supporting Organizations

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

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2		
3a		
3b		
20		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
100		
10a	L	

Schedule A (Form 990 or 990-EZ) 2020

10b

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1

Yes No

Schedule A (Form 990 or 990-EZ) 2020 PROJECT , INC.

Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? S Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. 3 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

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Schedule A (Form 990 or 990-EZ) 2020

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b	A family member of a person described in line 11a above?	11b		<u> </u>
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		

Sche	dule A (Form 990 or 990-EZ) 2020 PROJECT , INC .			<u>4-1646670 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Sche Par	dule A (Form 990 or 990-EZ) 2020 PROJECT, INC. t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu		4-1646670 Page 7
	on D - Distributions	and oupporting orga		iea)	Current Year
<u>3ecu</u> 1	Amounts paid to supported organizations to accomplish exer	mot purposos		1	Guirent real
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp				
2	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets		, 	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020		0.1		

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020	PROJECT,	INC.		

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME	
2016 AMOUNT: \$ 4,3	102.
2017 AMOUNT: \$ 6,0	683.
2018 AMOUNT: \$ 5,	318.
2019 AMOUNT: \$ 5,2	106.
2020 AMOUNT: \$ 10	,853.

Sch	edu	le B
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

* *	PUBLIC	DISCLOSURE	COPY	*
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Schedule of Contributors

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Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2	0	2	0
	U	L	U

tion number

Name of the organization	1	Employer identificat
	NATIONAL ENERGY EDUCATION DEVELOPMENT	
	PROJECT, INC.	54-1646670
Organization type (cheo	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	on is covered by the General Rule or a Special Rule.	
Note: Only a section 50	I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
	sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
	any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
	or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2020)

rt I Cont	ributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1 </u>		\$ <u>1,741,188.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 5 </u>		\$00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

10270608 150872 193192

Page **2**

Employer identification number

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$174,935.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>8</u>		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$128,102.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>10</u>		\$124,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>11</u>		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

PROJECT, INC.

10270608 150872 193192

Employer identification number

54-1<u>646670</u>

Page **2**

hedule B (F me of orga	Form 990, 990-EZ, or 990-PF) (2020) Inization		Page 3 Employer identification number
	L ENERGY EDUCATION DEVELOPMENT		54-1646670
art II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ 		 \$	
53 11-25-20	26	Schedule B	(Form 990, 990-EZ, or 990-PF) (2020) GY EDUCATION 193192

10270608 150872 193192

	ganization		Employer identification number
	NAL ENERGY EDUCATION DE	VELOPMENT	EA 1646670
Part III	CT, INC. Exclusively religious, charitable, etc., contribut	tions to organizations described in se	54 - 1646670 section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
	from any one contributor. Complete columns (a	a) through (e) and the following line en	ntry. For organizations r less for the year. (Enter this info. once.) \$
	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Γ		(e) Transfer of gif	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gif	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 11-25-:	20		Schedule B (Form 990, 990-EZ, or 990-PF) (20

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²⁷ 2020.03050 NATIONAL ENERGY EDUCATION 193192_1

SC	CHEDULE D Supplemental Financial Statements						OMB No. 15	45-0047
(Forr	(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.							20
Depart	Department of the Treasury Attach to Form 990.							
_	Internal Revenue Service Control Contr							on
Nam	e of the organizatio	PROJECT,		JCATION DEV	ELOPMENT	Em	ployer identificatior 54-16466	
Pa	rt I Organiza	itions Maintaining		d Funds or Othe	er Similar Funds			
		n answered "Yes" on Fo						
	organization			(a) Donor ac	lvised funds	(b) Fur	nds and other accou	nts
1	Total number at en	d of year						
2		contributions to (durin						
3		grants from (during year						
4		end of year						
5		n inform all donors and			s held in donor advi	sed funds		
	are the organization	n's property, subject to	the organization's	exclusive legal contr	ol?		Yes	No No
6	Did the organizatio	n inform all grantees, d	lonors, and donor a	dvisors in writing that	t grant funds can be	e used only		
	for charitable purpo	oses and not for the be	nefit of the donor o	r donor advisor, or fo	or any other purpose	conferring		
	impermissible priva							No
Pa	rt II Conserva	ation Easements.	Complete if the org	ganization answered	"Yes" on Form 990,	Part IV, line 7		
1	Purpose(s) of cons	ervation easements hel	ld by the organization	on (check all that app	oly).			
	Preservation	of land for public use (for example, recrea	tion or education)	Preservation of	of a historically	important land area	
	Protection of	f natural habitat			Preservation of	of a certified hi	storic structure	
		of open space						
2	Complete lines 2a	through 2d if the organ	ization held a qualif	ied conservation cor	ntribution in the form	of a conserva		
	day of the tax year.						Held at the End of the	e Tax Year
а		nservation easements						
b	•	icted by conservation e						
c		vation easements on a c						
d		vation easements includ						
•		al Register						
3		vation easements modif	neo, transferreo, rei	eased, extinguisned,	or terminated by the	e organization	during the tax	
4	year	where property subject	to conservation eas	sement is located				
5		ion have a written polic			nection handling of			
Ű		provide a written police			peetion, nandling of		Yes	No
6		hours devoted to mon						
-	•				-, g			
7	Amount of expense	es incurred in monitorin	ia. inspectina. hand	lling of violations. an	d enforcina conserva	ation easemen	ts during the vear	
	▶\$		3, 1 3,	3	5		5	
8	Does each conserv	ation easement reporte	ed on line 2(d) abov	e satisfy the requirer	nents of section 170	(h)(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?					Yes	No No
9		e how the organization						
	balance sheet, and	l include, if applicable, t	the text of the footr	ote to the organizati	on's financial statem	ents that dese	cribes the	
	organization's acco	ounting for conservation	n easements.			_		
Pa		tions Maintaining			Treasures, or O	ther Simila	r Assets.	
	Complete if	the organization answe	ered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted u	nder FASB ASC 95	8, not to report in its	revenue statement	and balance s	heet works	
	of art, historical tre	asures, or other similar	assets held for put	olic exhibition, educa	tion, or research in f	urtherance of	public	
		Part XIII the text of the						
b	-	elected, as permitted u						
		ures, or other similar as		exhibition, educatio	n, or research in furt	herance of pu	blic service,	
		ng amounts relating to						
		ded on Form 990, Part				•	\$	
~	.,	d in Form 990, Part X					Ф	
2		received or held works				ai gain, provid	8	
-	-	Ints required to be repo		-		⊾	¢	
a b		on Form 990, Part VIII, Form 990, Part X					\$ \$	
		eduction Act Notice, s					→ Schedule D (Form	990) 2020
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		L ENERGY	EDUCATI	ION	DEVELOPM	IENT				
	dule D (Form 990) 2020 PROJECT								46670	
Par	t III Organizations Maintaining C	ollections of	Art, Histor	ical 1	Freasures, o	r Other	Similar	^r Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other rec	ords, check a	ny of tl	ne following that	t make sig	gnificant u	ise of its		
	collection items (check all that apply):									
а	Public exhibition				exchange progra					
b	Scholarly research		e 🗌 Ot	ther						
С										
4	Provide a description of the organization's co	ollections and exp	plain how they	furthe	r the organizatio	on's exem	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o								_	
_	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		nplete if the o	rganiza	ation answered '	"Yes" on	Form 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intern	nediary for co	ntribut	ions or other ass	sets not i	ncluded		_	
	on Form 990, Part X?							L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the	e following tab	le:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						lf			
2a	Did the organization include an amount on Fe	orm 990, Part X, I	ine 21, for esc	crow o	r custodial acco	unt liabili	ty?	🗆	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organizatior	n answered "Y	'es" or	Form 990, Part	IV, line 1	0.			
		(a) Current yea	ır (b) Prio	or year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end bala	ance (line 1g, o	columr	n (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment									
с		%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse		nization that a	re helo	d and administer	ed for the	e organiza	ation		
	by:	-					-		Y	'es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									•
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form	990, Part IV, I	ine 11a	a. See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost			ost or other		cumulate	ed	(d) Book	value
	(,,,	basis (inve		• •	sis (other)	. ,	preciation		.,	
1a	Land				·	•				
	Buildings									
	Leasehold improvements									
	Equipment				38,550.		19,90)5.	18	,645.
	Other				59,141.		46,70			,436.
	. Add lines 1a through 1e. (Column (d) must e		art X column	(B) 11-	· ·	1				,081.
Total	COUMN (Q) MUST e	<u>quai F0111 990, P</u>	art A, COlUMN	<u>וו , וח</u>				Schedula	D (Form 9	•
								Concuule		

NATIONAL	ENERGY	EDUCATION	DEVELOPMENT		
	TNO				

	(Form 990) 2020 PROJECT, IN	С.		54-1646670 _{Ра}
	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
	al derivatives			
Closely	held equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
G)				
<u>(H)</u>				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line (b) Book value		ne 13. Cost or end-of-year market value
	(a) Description of investment			Cost of end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(7) (7)				
(8)				
(9)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.			
al. (Col. (Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, lii	
al. (Col. (art IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, lii	ne 15. (b) Book value
al. (Col. (art IX (1)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, lii	
(1) (2) (2)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, lii	
(1) (3) (3)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, lii	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, lii	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, lii	
(1) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, lii	
(1) (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, lii	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, lii	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Colu	Other Assets. Complete if the organization answered "Yes" (a)	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (3) (4) (6) (7) (8) (9) (2) (2) (2) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (2) (2) (2) (2) (2) (2) (3) (4) (2) (3) (4) (6) (4) (6) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Colu	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
(1) (1) (2) (3) (4) (5) (6) (7) (8) (9) <u>al. (Coll</u> art X	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu (art X	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (1) Fec (2) DE	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (1) Fec (2) DE (3)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (1) Fec (2) DE (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fec (2) DF (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		(b) Book value
al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Coll) (al. (Coll) (2) (3) (1) Fecc (2) DE (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		(b) Book value
al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (2) (3) (1) (2) (3) (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fec (2) DE (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description		(b) Book value

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

51-1616670

Sche	edule D (Form 990) 2020 PROJECT, INC.				1646670	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts With	n Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	4,536,	400.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	3,500.			
с		2c				
d			65,595.			
е	Add lines 2a through 2d			2e	69,	095.
3	Subtract line 2e from line 1			3	4,467,	305.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,467,	305.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wil	th Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,151,	871.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	3,500.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	65,595.			
е	Add lines 2a through 2d			2e		095.
3	Subtract line 2e from line 1			3	3,082,	776.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,082,	776.
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

NEED PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR

ENDED DECEMBER 31, 2020, AND DETERMINED THAT THERE WERE NO MATTERS THAT

WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY

31

EFFECT ON ITS TAX-EXEMPT STATUS, AND THERE ARE CURRENTLY NO EXAMINATIONS

PENDING OR IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

032054 12-01-20

Schedule D (Form 990) 2020

65,595.

65,595.

Schedule D (Form 990) 2020 Part XIII Supplemental Inform			DEVELOPMENT	54-1646670 Page 5
	(continue	ed)		
000055 40.04.00				Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047	
(Form 990)			vernments, an ete if the organization					2020	
Department of the Treasury		Compr		Attach to For		1117, IIIC 21 01 22.		Open to Public	
Internal Revenue Service			► Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection	
Name of the organizat	ion NATIONAL PROJECT,		UCATION DEVI	ELOPMENT				Employer identification numb 54-1646670	
Part I General I	nformation on Grants a							01 1010070	<u> </u>
1 Does the organi	zation maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on	
•	award the grants or assis		•		• • • •	•			No
	IV the organization's pro								
	d Other Assistance to					anization answered "Y	es" on Form 990. Par	t IV. line 21. for any	
	hat received more than	-						, , , , , , , , , , , , , , , , , , ,	
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
	per of section 501(c)(3) a	.	·	e line 1 table				🕨	
	per of other organization							······ • • • • • • • • • • • • • • • •	
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 202	20



Schedule I (Form 990) 2020

PROJECT, INC.

54-1646670

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OB THOMPSON AWARDS	3	3,000.	0.		
OUTH LEADERSHIP AWARDS	7	8,500.	٥.		
OMED POWER CHALLENGES	36	12,750.	0.		
Part IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
EED RECEIVES GRANT REPORTS BASE	D ON THE RE	QUIREMENTS	S OF EACH I	NDIVIDUAL	
RANT PROGRAM WHICH INCLUDES: E					

GRANT PROGRAM WHICH INCLUDES: BUDGET JUSTIFICATION, DOCUMENTATION OF

STUDENT WORK, INVITATIONS TO EVENTS FUNDED BY THE GRANT PROVIDED TO THE

SCHOOL, AND REPORTS OF EVALUATIONS AND STUDENT PROGRAMS ASSOCIATED WITH THE

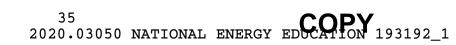
GRANT RECEIVED BY THE SCHOOL. THESE REPORTS ARE REVIEWED BY NEED TO ENSURE

THE FUNDS HAVE BEEN EXPENDED IN ACCORDANCE WITH THE PURPOSE OF THEIR

ISSUANCE.

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	00			
•		Compensated Employees		20	ZU	J		
_		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic		
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nan	ne of the organizatio		Employer i	dentificatio	on nui	mber		
		PROJECT, INC.	54-1	64667	0			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or	charter travel Housing allowance or residence for perso	nal use					
	Travel for con	npanions Payments for business use of personal re-	sidence					
	Tax indemnifi	cation and gross-up payments Health or social club dues or initiation fee	s					
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i					
	CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
	establish compens	ation of the CEO/Executive Director, but explain in Part III.						
	X Compensatio	n committee Written employment contract						
	Independent of	compensation consultant X Compensation survey or study						
	X Form 990 of c	ther organizations X Approval by the board or compensation c	ommittee					
4	During the year, die	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	elated organization:						
а	Receive a severand	e payment or change-of-control payment?		4a		X		
b	Participate in or re	ceive payment from a supplemental nonqualified retirement plan?		4b		X		
С	Participate in or re	ceive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of li	nes 4a.c, list the persons and provide the applicable amounts for each item in Part III.						
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n					
	contingent on the							
						X		
b		zation?		5 b		X		
		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the	-						
						X		
b		zation?		6b	_	X		
_		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37			
		nes 5 and 6? If "Yes," describe in Part III		7	X			
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			37		
				8	_	X		
9		lid the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?		9		<u> </u>		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)) 2020		

032111 12-07-20



Schedule J (Form 990) 2020

PROJECT, INC.

54-1646670

Page 2

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) MARY E. SPRUILL	(i)	216,313.	12,000.	0.	11,896.	0.	240,209.	0
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(ii)							
	(ii)							

Schedule J (Form 990) 2020

COPY

Schedule J (Form 990) 2020

Part III Supplemental Information

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

PART I, LINE 7:

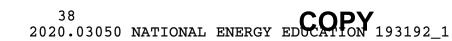
DURING THE YEAR ENDED DECEMBER 31, 2020, MARY E. SPRUILL, EXECUTIVE

DIRECTOR, RECEIVED A BONUS OF \$12,000, WHICH WAS AWARDED AT THE BOARD OF

DIRECTORS DISCRETION PER REVIEW OF HER PERFORMANCE.

Schedule J (Form 990) 2020

SCHEDULE L	-	Transa	actior	ıs N	/ith	Inte	erested	Ρ	ersons			ON	/IB No. ⁻	1545-00)47
(Form 990 or 990-EZ)	Complete if						orm 990, Par art V, line 38a		line 25a, 25b, 20 40b.	6, 27,	28a,		2	02	20
Department of the Treasury	•		-				Form 990-EZ						pen T		olic
Internal Revenue Service									st information.	_			spect		
Name of the organization	PROJECT	AL ENERGY EDUCATION DEVELOPMENT							1.T.		-	ident		on nu	mper
Part I Excess B				<u>11(c)(3)</u>) secti	ion 501	1(c)(4) and set	ction	n 501(c)(29) orgar				/0		
									Form 990-EZ, Pa						
1		(b) Relatio										0.	(d)	Corre	ected?
(a) Name of disqualif	ied person	• •	on and or		•		(0	c) De	escription of tran	sactio	n			es	No
													_		
2 Enter the amount of	tax incurred by t	the organization	ation man	agers o	or disc	qualified	d persons dur	ing t	he year under						
3 Enter the amount of	tax, if any, on lir	le 2, above	, reimburs	ed by t	the org	ganizat	ion				▶ \$				
Part II Loans to	and/or From	Interest	ed Pers	sons											
					90.F7	Part \	/ line 38a or F	orm	990, Part IV, line	- 26· (or if th	e oraș	nizatio	'n	
•	amount on Form					, rait v		UIII	1990, 1 art IV, III a	520, 0		eoiga	IIZatic	,,,,	
(a) Name of	(b) Relation		Purpose	(d) Lo	an to or	(e) Original	(f) Balance due	(g)) In	(h) Ap	proved	(i) V	Vritten
interested person	with organiz		f Ioan		n the zation?		ipal amount			default?		by bo		• •	ement?
				То	From					Yes	No	Yes	No	Yes	No
Total							> \$								
	Assistance	Benefitir	na Inter	estec	l Per	sons.									
	the organization		-												
(a) Name of interes	-	(b) Rel	ationship ested pers e organiza	betwe son and	en	(0	c) Amount of assistance		(d) Type assistanc) Purp assista		f
		+													
		1													
LHA For Paperwork Re	duction Act Not	tice, see th	e Instruc	tions f	or For	m 990	or 990-EZ.		Sche	dule	L (Fo	rm 990	or 99	Ю-ЕZ	2020



Schedule L (Form 990 or 990 EZ) 2020 PROJECT, INC.

54-1646670 Page 2

Part IV Business Transactions Involvi	ing Interes	sted	Persons	; .					
Complete if the organization answered	"Yes" on For	m 990	, Part IV, I	ine 28	a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relation person		etween in ne organiza		ed	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization' revenues?	
								Yes	No
BONNY SPRUILL	PARENT	OF	MARY	Ε.	S	43,325.	BONNY SPRUI		Х

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BONNY SPRUILL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PARENT OF MARY E. SPRUILL, EXECUTIVE DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 43,325.

(D) DESCRIPTION OF TRANSACTION: BONNY SPRUILL SERVES ON THE NEED STAFF

IN A PART-TIME CAPACITY MANAGING THE DISTRIBUTION CENTER LOCATED IN

ROANOKE, VIRGINIA, REPORTING TO THE CURRICULUM DIRECTOR.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



54-1646670

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INC.

MULTI-SIDED ENERGY EDUCATION PROGRAMS. NEED DESIGNS AND DELIVERS ENERGY

NATIONAL ENERGY EDUCATION DEVELOPMENT

EDUCATION CURRICULUM AND TRAINING TO K-12 CLASSROOMS AND SUPPORTS

EDUCATORS SEEKING TO INTEGRATE ENERGY INTO LOCAL CURRICULUM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GENERATION SCIENCE STANDARDS, COMMON CORE STANDARDS AND STATE EDUCATION

STANDARDS. ADDITIONAL TEACHER PROFESSIONAL DEVELOPMENT OPPORTUNITIES

(WEEKLONG CONFERENCES) ARE HELD DURING THE SUMMER.

PROJECT

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

YEAR. IN ADDITION, NEED HAS DEVELOPED A STRONG GRANT-MAKING CAPABILITY

AND ADMINISTERS A NUMBER OF GRANT PROGRAMS THANKS TO THE SUPPORT OF

SEVERAL DONORS. ALL OF THESE GRANT PROGRAMS HAVE A RUBRIC AND

INDEPENDENT REVIEWERS. NEED BOTH ADMINISTERS THE RECRUITMENT/MARKETING

PHASE OF THE GRANTS AND THE ONLINE APPLICATION, SELECTION, AND ACTUAL

PAYMENT OF THE GRANT TO THE INDIVIDUAL SCHOOL.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CHARGE ONLINE AT WWW.NEED.ORG.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CURRICULUM DEVELOPMENT

EXPENSES \$ 298,671. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROGRAM DEVELOPMENT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 9	90-EZ) 2020				Page 2
Name of the organization	NATIONAL	ENERGY	EDUCATION	DEVELOPMENT	Employer identification number
	PROJECT,	INC.			54-1646670

EXPENSES \$ 153,017. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

YOUTH AWARDS PROGRAM

EXPENSES \$ 67,314. INCLUDING GRANTS OF \$ 11,500. REVENUE \$ 109,650.

TRAINING CONFERENCES

EXPENSES \$ 24,963. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

A DRAFT OF THE FEDERAL FORM 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR,

TREASURER AND AUDIT COMMITTEE FOR REVIEW. REVISIONS AS NEEDED ARE MADE BY

MARCUM LLP AND A FINAL DRAFT FEDERAL FORM 990 IS DELIVERED TO THE EXECUTIVE

DIRECTOR FOR REVIEW BY THE FULL BOARD OF DIRECTORS. ANY ADDITIONAL

REVISIONS ARE MADE BY MARCUM LLP, AND THE FEDERAL FORM 990 IS THEN FILED

WITH THE INTERNAL REVENUE SERVICE.

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

THE NEED BOARD OF DIRECTORS IS SMALL AND INTERACTIONS AND ACTIVITIES ARE EASILY AND REGULARLY MONITORED. AT LEAST ONCE PER YEAR, THE CONFLICT OF INTEREST 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 15A: THE NEED BOARD OF DIRECTORS ANNUALLY 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 NEED. ANNUALLY, THE EXECUTIVE COMMITTEE Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20 41 2020.03050 NATIONAL ENERGY EDUCATION 193192 1

10240608 150872 193192

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization NATIONAL ENERGY EDUCATION DEVELOPMENT Employer identification number 54-1646670 PROJECT, INC. 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. NEED'S EXECUTIVE COMMITTEE SHARES ITS RECOMMENDATION WITH THE BOARD OF DIRECTORS IMMEDIATELY FOLLOWING THE EXECUTIVE COMMITTEE'S DISCUSSION AT THE ANNUAL DECEMBER BOARD MEETING. THE BOARD OF DIRECTORS THEN APPROVES THE DECISION. THE EXECUTIVE COMMITTEE ISSUES THE REVIEW OF PERFORMANCE AND THE UPCOMING YEAR'S SALARY TO THE EXECUTIVE DIRECTOR AND ACCOUNTING MANAGER FOR FILING AND ACTION. THE EXECUTIVE DIRECTOR'S POSITION AND SALARY ARE REAFFIRMED ANNUALLY PER THE BY-LAWS AT THE SPRING BOARD OF DIRECTORS MEETING.

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

NEED MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ALSO, A SECTION OF OUR WEBSITE IS SET ASIDE FOR THE AUDITED FINANCIAL STATEMENTS, FEDERAL FORM 990, AND ANNUAL REPORT.