Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

Open to Public Inspection

OMB No. 1545-0047

A	For the	e 2018 calendar year, or tax year beginning and	enaing		
В	Check if applicable	C Name of organization		D Employer identific	ation number
	Addre chang	NATIONAL ENERGY EDUCATION DEVELOPMENT			
	Name chang			54-16	46670
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	8408 KAO CIRCLE		(703)	
	termir ated Amen			G Gross receipts \$	5,735,164.
Ļ	return	MANASSAS, VA 20110		H(a) Is this a group ret	
L	tion pendi	F Name and address of principal officer: MAKI E. SPROIDE		for subordinates?	
$\overline{}$	Ταν-Αν	empt status:	or 527	H(b) Are all subordinates inc	luded? <b>Yes No</b> ist. (see instructions)
		te: > WWW.NEED.ORG	01 321	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: VA
	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: NEED	DESIG	NS & DELIVER	S
Activities & Governance		COMPREHENSIVE ENERGY EDUC. CURRICULUM & T			
rna	2	Check this box   if the organization discontinued its operations or dispose	sed of more	than 25% of its net asse	
Š	3			3	9
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			9 17
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			70
Ę	6	Total number of volunteers (estimate if necessary)			0.
Ą	l 'a	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 38		·····	0.
_	<u> </u>	Not unrelated business taxable meetine from 1 om 1 oo 1, line oo		Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		3,297,836.	5,204,521.
Revenue	9	Program service revenue (Part VIII, line 2g)		368,753.	359,895.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,752.	13,337.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,446.	9,404.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,680,787.	5,587,157.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		110,713.	32,426.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,374,289.	1,405,260.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
ΣX	b	Total fundraising expenses (Part IX, column (D), line 25)   42,5		2,470,344.	2,984,857.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,955,346.	4,422,543.
	1	Revenue less expenses. Subtract line 18 from line 12		-274,559.	1,164,614.
or or	g			ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		1,430,784.	2,384,306.
t Ass	21	Total liabilities (Part X, line 26)		411,831.	200,739.
	22	Net assets or fund balances. Subtract line 21 from line 20		1,018,953.	2,183,567.
	art II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedule: tt, and complete. Declaration of preparer (other than officer) is based on all information of wl			knowledge and belief, it is
true	, correc	it, and complete. Declaration of preparer (other than officer) is based on an information of wi	ilicii preparei	lias any knowledge.	
Sig	n	Signature of officer		Date	
Hei		MARY E. SPRUILL, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name	]	Date Check	PTIN
Pai	d	FRANK H. SMITH rank H. Smith	_ 0	4/19/19 if self-employed	
	parer	Firm's name MARCUM LLP		Firm's EIN ▶	11-1986323
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850			101 007 4000
<del></del>		WASHINGTON, DC 20036		Phone no. (20	
		RS discuss this return with the preparer shown above? (see instructions)			. X Yes No Form <b>990</b> (2018)
0320	01 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	יפוור		FUITH 555 (2018)

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Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,732,672. including grants of \$27,426. ) (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
41:	0.20, 0.00
4b	(Code:) (Expenses \$930,028. including grants of \$) (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
4c	(Code:) (Expenses \$ 813,645 • including grants of \$) (Revenue \$)
	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
	APPROACH TO ENERGY EDUCATION REQUIRES THAT EDUCATORS BE PROVIDED THE
	TOOLS AND RESOURCES NEEDED IN THE CLASSROOM. NEED'S TEACHER ADVISORY
	BOARD AND CURRICULUM COMMITTEE CREATE HANDS-ON EXPLORATIONS AND KITS
	FOR MULTIPLE GRADE LEVELS AND FOR MULTIPLE CONTENT AREAS. THESE KITS
	ARE INTEGRATED WITH PRINTED NEED CURRICULUM AND ARE PROVIDED TO
	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
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 845,722. including grants of \$ 5,000.) (Revenue \$ 359,895.)
4e	Total program service expenses ► 4 , 322 , 067 .  Form 990 (2018)
	Form 990 (2018)

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# NATIONAL ENERGY EDUCATION DEVELOPMENT

Form 990 (2018) PROJECT, INC.
Part IV Checklist of Required Schedules

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	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		<u> </u>
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
_	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,	_		3,7
_	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			x
_	Schedule D, Part III	8		
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?			<sub>V</sub>
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
	endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		<u> </u>
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,		Х	
	Part VI	11a	Λ	-
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	- 22	$\vdash$
C		11c		x
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		<del></del>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<del></del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
		Г	aan	(0010)

# NATIONAL ENERGY EDUCATION DEVELOPMENT

Form 990 (2018)

PROJECT, INC.

Part IV   Checklist of Required Schedules (contin	nued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	Х	
240	Schedule J	20		
<b>24</b> a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
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			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?   If "Yes."			
		26		x
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	<b>~</b> =		x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
- •	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20		31		122
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
Par	Note. All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	30	21	l
_ ui	Check if Schedule O contains a response or note to any line in this Part V			
				N <sub>2</sub>
<b>.</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the manner of Fermi W Zea included in line fat. Enter of in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	v	
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2018) PROJECT, INC.

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

ı aı	Statements Regarding Other Ins I lings and Tax Compliance (continued)				
		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	4.5			
	filed for the calendar year ending with or within the year covered by this return	2a 17		7.7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				v
3a			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account.)		4a		х
h	If "Yes," enter the name of the foreign country:	county?	<del>4</del> a		- 21
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	_		37
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For		7f 7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization like For		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		<b>,</b>		
•	sponsoring organization have excess business holdings at any time during the year?	oy 1110	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441			
40-	,	11b	40-		
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?   <b>12b</b>	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.		104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	· · · · · · · · · · · · · · · · · · ·	13b			
С		13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
	excess parachute payment(s) during the year?		15		Х
	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.			000	10.5
			Earm	990	(2010)

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

	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			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (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		Х
	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	
b	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	
b	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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	X	
b	Other officers or key employees of the organization	15b		Х
	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			
	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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
	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			

### Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

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

Check this box if neither the organiz		orga T	niza			npen	sate			
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee o	nstee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARGARET DOWNEY	line) 2 • 0 0	흐	Ë	-0¢	<u>\$</u>	± 5	요			
CHAIRMAN - UNTIL 06/2018	2.00	х		Х				0.	0.	0.
(2) WAYNE YONKELOWITZ	2.00	25		25				•	•	<b>0.</b>
CHAIRMAN - FROM 06/2018	2.00	х						2,650.	0.	0.
(3) JOHN WEINER	2.00	1							•	
SECRETARY		Х		Х				0.	0.	0.
(4) DIANE LEAR	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) LAUREN ALLEN	2.00									
DIRECTOR		Х						0.	0.	0.
(6) LEIGH V. GRANTHAM	2.00									
DIRECTOR		Х						0.	0.	0.
(7) CLAUDIA KREISLE	2.00	]								
DIRECTOR		Х						0.	0.	0.
(8) MICHAEL PERNA	2.00	1						_	_	_
DIRECTOR - UNTIL 06/2018		Х						0.	0.	0.
(9) H. ALFRED RYAN	2.00	l								
DIRECTOR		Х						0.	0.	0.
(10) MARK SARTAIN	2.00	٠,,							0	0
DIRECTOR	2.00	Х						0.	0.	0.
(11) STEVE SOLOMON DIRECTOR	2.00	х						0.	0.	0.
(12) RICHARD ZUERCHER	2.00	^						0.	0.	0.
DIRECTOR - UNTIL 06/2018	2.00	Х						0.	0.	0.
(13) MARY E. SPRUILL	40.00							•	•	•
EXECUTIVE DIRECTOR	10000	1		х				212,896.	0.	12,234.
(14) KAREN REAGOR	40.00			<u></u>				,	•	,,
REGIONAL DIRECTOR		1				x		100,677.	0.	6,002.
(15) REBECCA LAMB	40.00							,		•
PROGRAM DIRECTOR						х		101,179.	0.	5,852.
		<u> </u>								
		1								
										000

Form 990 (2018)

(C)

Position

(D)

(B)

(A)

(E)

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(F)

	Name and title	Average hours per	box	not cl unles	ss per	more rson is	than o	n an	Reportable compensation	Reportable compensation	,	ed of		
		week (list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer Officer	Key employee	Highest compensated surply a		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		comp fro orga	m th inizat relat	e ion ed
			•											
С	Sub-total Total from continuation sheets to Part VI	I, Section A							417,402.		0.			88.
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but n							<b>▶</b> o re	417,402.		0.	24	.,0	88.
	compensation from the organization						,					1.		3
3	Did the organization list any <b>former</b> officer,	director, or tru	ıstee	e, ke	y en	nplo	yee,	or l	nighest compensated er	nployee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om	any	unre	elate	ed organization or individ		···			
_	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on .					5		X
	ction B. Independent Contractors  Complete this table for your five highest contractors	mnonostod inc	lana		at 0.0	+			act received more than C	1100 000 of comp	nnasti	on from	<u> </u>	
1	the organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·	ziisali	OII IIOI	"	
	(A)	, , , , , , , , , , , , , , , , , , ,							(B)			(C)	)	
	Name and business								Description of s	ervices	Co	ompen	satio	<u>n</u>
	TTER IMPRESSIONS, 45150 ITE 450, STERLING, VA 2		SS	C(	OU:	RT —	′		PRINTING			134	, 0	23.
2	Total number of independent contractors (in \$100,000 of compensation from the organization)	•	ot lin	nitec	d to	thos		ted	above) who received mo	ore than				
	+ 0,000 c. componication nom the organiz											orm 9	ΩΩ.	

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			a	<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					
ant		Membership dues						
ତ୍ର ପ୍ର		Fundraising events						
ffts, r A		Related organizations						
ig G		Government grants (contributi		270,793.				
Sir		All other contributions, gifts, gran	, <del></del>					
et i	•	similar amounts not included above		933.728.				
를 를 를	a	Noncash contributions included in lines		40 000				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			5,204,521.			
<u> </u>		Total Add lines 12 11		Business Code				
	2 a	CONFER. & YOUTH	AWARDS	900099	359,895.	359,895.		
Nice	2 a b			30003	333,0331	333,0331		
Ser	c							
ž Š	d							
gra Re	e							
Program Service Revenue		All other program service reve	nue					
		Total. Add lines 2a-2f			359,895.			
	3	Investment income (including			,			
		other similar amounts)			13,337.			13,337.
	4	Income from investment of tax			,			,
	5	Royalties	-		1,169.			1,169.
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	V	,				
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b>&gt;</b>				
		Gross amount from sales of	(i) Securities					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ne		Gross income from fundraising including \$	g events (not					
Ne.		contributions reported on line						
Other Revenu		Part IV, line 18	•					
iper	b	Less: direct expenses						
ō		Net income or (loss) from fund		<b></b>				
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances	a	148,007.				
	b	Less: cost of goods sold	b	148,007.				
	С	Net income or (loss) from sales	s of inventory	<u> </u>	0.			
		Miscellaneous Revenue	e	Business Code				
		OTHER INCOME		900099	5,318.			5,318.
	b	REBATES		900099	2,917.			2,917.
	С							
		All other revenue			0.005			
		Total. Add lines 11a-11d			8,235.	250 005	^	22 741
	12	Total revenue. See instructions			5,587,157.	359,895.	0.	22,741.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
10, 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	27,426.	27,426.		
2	Grants and other assistance to domestic	27,4200	27,1201		
2	individuals. See Part IV, line 22	5,000.	5,000.		
3	Grants and other assistance to foreign	3,000.	3,000.		
3	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,				
5	trustees, and key employees	227,780.	184,502.	21,639.	21,639
6	Compensation not included above, to disqualified	22777001	101/3021	21,000.	21,000
U	persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	1,063,089.	1,047,367.	13,566.	2,156
8	Pension plan accruals and contributions (include	_, ,	_, 0 _, , 0 0 / 6	10,000	2,130
5	section 401(k) and 403(b) employer contributions)	34,975.	34,032.	814.	129
9	Other employee benefits	51,5,5	21,032.	<u> </u>	
9 10	Payroll taxes	79,416.	75,090.	2,599.	1,727
11	Fees for services (non-employees):	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , ,	2,3331	
	Management				
	Legal	7,525.	7,194.	286.	45
	Accounting	19,086.	16,750.	2,015.	45 321
	Lobbying	23,0001	20,7001	2,0201	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	137,917.	136,714.	1,038.	165
12	Advertising and promotion	20773270	200,7220	2,0001	
13	Office expenses	457,518.	442,425.	6,448.	8,645
14	Information technology	5,988.	2,994.	0,2201	2,994
15	Royalties	373331			
16	Occupancy	128,421.	121,245.	6,191.	985
17	Travel	478,381.	475,542.	312.	2,527
17 18	Payments of travel or entertainment expenses	1707021	1,0,0121	3221	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	563,755.	563,707.		48
20		2007.201	000,7070		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,397.	2,936.	405.	56
23		16,560.	14,533.	1,749.	278
23 24	Other expenses. Itemize expenses not covered	= 0,0001	==,000	= , , = > \	2.0
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	KIT PURCHASES	389,299.	389,299.		
b	YOUTH AWARDS	279,612.	279,612.		
	CURRICULUM PURCHASES	168,747.	168,747.		
d	SUBSTITUTE PAY	151,852.	151,852.		
-	All other expenses	176,799.	175,100.	868.	831
25	Total functional expenses. Add lines 1 through 24e	4,422,543.	4,322,067.	57,930.	42,546
25 26	Joint costs. Complete this line only if the organization	-, -22, 545	_,	3,,550.	12,540
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	outoutional outinparyti and fundraising solicitation.				

Form **990** (2018)

Form 990 (2018)
Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			46,383.	1	46,878.
	2	Savings and temporary cash investments			713,242.	2	863,258.
	3	Pledges and grants receivable, net			374,575.	3	1,161,227
	4	Accounts receivable, net		43,016.	4	18,865	
	5	Loans and other receivables from current and for		•		•	
	_	trustees, key employees, and highest compensation					
		Part II of Schedule L	-			5	
	6	Loans and other receivables from other disquali		Ť			
	•	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section		-			
.		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			7		
Ass	8	Inventories for sale or use		112,996.	8	136,147	
	9	B			18,276.	9	10,174
		Land, buildings, and equipment: cost or other	I		10/2/01		10/1/1
	iva	basis. Complete Part VI of Schedule D	100	158,293.			
	h	Less: accumulated depreciation	10a	144,430.	6,542.	10c	13,863
	11	Investments publicly traded securities			0,342.	11	13,003
	12	Investments - publicly traded securities			115,754.	12	133,894
	13	Investments - program-related. See Part IV, line			113,734.	13	133,034
	14				14		
		Intangible assets			15		
	15	Other assets. See Part IV, line 11		1,430,784.	16	2,384,306	
	<u>16</u> 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses	402,441.	17	156,811		
	18				102,111.	18	130,011
	19	Grants payable			3,150.	19	34,951
	20	Deferred revenue			3,130.	20	34,331
	21	Tax-exempt bond liabilities				21	
	22	Loans and other payables to current and former					
ies	22	key employees, highest compensated employee					
Liabilities						22	
Lia	00	Secured mortgages and notes payable to unrela				23	
	23 24	Unsecured notes and loans payable to unrelate				24	
	2 <del>5</del>	Other liabilities (including federal income tax, pa				-24	
	25	parties, and other liabilities not included on lines					
		0 1 1 1 0	-	•	6,240.	25	8 977.
	26	Total liabilities. Add lines 17 through 25			411,831.	26	8,977. 200,739.
		Organizations that follow SFAS 117 (ASC 958					
.		complete lines 27 through 29, and lines 33 ar					
Net Assets or Fund Balances	27	Unrestricted net assets			162,549.	27	102,683.
lan	28	Temporarily restricted net assets	856,404.	28	2,080,884		
Ba	29					29	
בַ		Organizations that do not follow SFAS 117 (A					
ᆫ		and complete lines 30 through 34.		, chock here p			
80	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or ea			31		
۱ <u>۶</u>	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			1,018,953.	33	2,183,567.
- 1	34	Total liabilities and net assets/fund balances			1,430,784.	34	2,384,306.

Form **990** (2018)

Par	t XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
	Check to the control of the control				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,58	7,1	57.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,42	2,5	<del>43.</del>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,16		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,01	3,9	<del>53.</del>
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,18	3,5	<u>67.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	Х	
	review, or compilation of its financial statements and selection of an independent accountant?		2C	Λ	
20	If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
Sa		gi <del>c</del> Audit	3a		x
h	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit	Sa		
J	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	cu audit	3b		
	er addite, explain mily in estication of and accombe any stope taken to analogo each addite			990	(2018)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

NATIONAL **Employer identification number** Name of the organization **PROJECT** INC. 54-1646670 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3909685.	4213502.	2958022.	3297836.	5204521.	19583566.
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	3909685.	4213502.	2958022.	3297836.	5204521.	19583566.
	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)						8959372.
6	Public support. Subtract line 5 from line 4.						10624194.
	ction B. Total Support				ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	3909685.	4213502.	2958022.	3297836.	5204521.	19583566.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	25,702.	6,948.	4,016.	4,901.	14,506.	56,073.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,640.		4,102.	6,683.	5,318.	18,743.
11	<b>Total support.</b> Add lines 7 through 10						19658382.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 2	,913,371.
13	First five years. If the Form 990 is for	the organization's				501(c)(3)	
	organization, check this box and stop	~			•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2018 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	54.04 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	53.76 <u>%</u>
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	<b>stop here.</b> Explair	in Part VI how the	e
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organizatio						<u> </u>
_						dula A /Farm 000	

Schedule A (Form 990 or 990-EZ) 2018

## 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.)

Section A. Public Support	non, piedee cem	oroto i di tini,				
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1)	, , , , , , , , , , , , , , , , , , ,	, , , = · · ·	(1) = 0.11	(7)	17,100
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)				<u> </u>		<u></u>
<b>14 First five years.</b> If the Form 990 is for	· ·			•		·
check this box and stop here  Section C. Computation of Public						<b>P</b>
•			column (fl)		15	0/
<ul><li>15 Public support percentage for 2018 (lin</li><li>16 Public support percentage from 2017</li></ul>		•	.,,		16	<u>%</u>
Section D. Computation of Inves					10	
17 Investment income percentage for 20			ine 13 column (f)\		17	%
18 Investment income percentage from 2			(i)		18	
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box an					- 4.5	▶ □
<b>b 33 1/3% support tests - 2017.</b> If the	organization did	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ind
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization		-	•		-	

Schedule A (Form 990 or 990-EZ) 2018

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### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) 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")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
3a		
01:		
3b		
3с		
55		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
35		
9с		
10a		
105		
10b 990 or 99	0-E7\	2018
	/	

Schedule A (Form 990 or 990-EZ) 2018 832024 10-11-18

		104007	U P	age <b>5</b>
ı u	rt IV   Supporting Organizations <sub>(continued)</sub>		V	N <sub>2</sub>
44	Lies the examination accepted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly contribute controls either clans or together with persons described in (b) and (c)			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	110		
h	, 0 0 1 11 0	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion B. Type I supporting organizations		Voc	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	INO
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	tion of type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	and any any per and any any and any		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		oxdot
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	- agr
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections 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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% 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 .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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	IIv integrat	ed Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization:	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	·	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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						
2014 AMOUNT: \$ 2,640.						
2016 AMOUNT: \$ 4,102.						
2017 AMOUNT: \$ 6,683.						
2018 AMOUNT: \$ 5,318.						

### Schedule B

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

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

OMB No. 1545-0047

Name of the organization	Employer identification number		
NATIONAL	ENERGY EDUCATION	DEVELOPMENT	
PROJECT,	INC.		54-1646670
Organization type (check one):			

Filers of:	Section:				
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 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				
	oo (o)(o) taxable private roundation				
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; Z, 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.					
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{1}{2} \int \frac{1}{2} \text{ for minimum any one contribution, during the year \bigsim \frac{1}{2} \text{ for minimum any one contribution, during the year \bigsim \frac{1}{2} \text{ for minimum any one contribution, during the year \bigsim \frac{1}{2} \text{ for minimum any one contribution, during the year \bigsim \frac{1}{2} \text{ for minimum any one contribution, during the year \bigsim \frac{1}{2} \text{ for minimum any one contribution, during the year \bigsim \frac{1}{2} \text{ for minimum any one contribution, during the year \bigsim \frac{1}{2} \text{ for minimum any one contribution, during the year \bigsim \frac{1}{2} \text{ for minimum any one contribution, during the year \bigsim \frac{1}{2} \text{ for minimum any one contribution, during the year \bigsim \frac{1}{2}  for minimum any one contribution, during the year				
but it <b>must</b> answer "No" o	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), in 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 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) (2018)

Name of organization Employer identification number NATIONAL ENERGY EDUCATION DEVELOPMENT 54-1646670 PROJECT, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	tion
1		\$ 1,099,197. Person X Payroll Noncash (Complete Part II for noncash contributions.)	] ] r
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of contribution	tion
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)	] ] r
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of contribution	tion
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)	] ] r
(a)	(b)	(c) (d)	
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d)  Total contributions Type of contribution	tion
5	Name, audi 655, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)	] ] ]
(a)	(b)	(c) (d)	
No. 6	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X  Payroll Noncash (Complete Part II for noncash contributions)	] ] ]

Name of organization **Employer identification number** NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

54-1646670

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>232,574.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions  \$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 200,000.	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
12		\$158,776.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number Name of organization NATIONAL ENERGY EDUCATION DEVELOPMENT 54-1646670 PROJECT, INC.

Part I	<b>Contributors</b> (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
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 14	Name, address, and ZIP + 4	* 120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 15	Name, address, and ZIP + 4	* 119,908.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.

Part II

(a) No.

from

Part I

(a)

No.

from

Part I

(a)

No.

from

Name of organization NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

(b)

(b)

(b)

**Employer identification number** 54-1646670 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (d) FMV (or estimate) Description of noncash property given **Date received** (See instructions.) (c) (d) FMV (or estimate) Description of noncash property given Date received (See instructions.) (c) (d) FMV (or estimate) Description of noncash property given Date received (See instructions.)

Part I	Description of noncastr property given	(See instructions.)	Date received
		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-   -   -   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
30419	26	Schedule B (Form NATIONAL ENERGY E	990, 990-EZ, or 990-PF) (2018) COPY COPY NEED_

Name of organization **Employer identification number** NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, 54-1646670 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

**Employer identification number** 54-1646670

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	_					
	are the organization's property, subject to the organization's e						
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor or	, , , , , ,	· — —				
Da							
Par			Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation or e		torically important land area				
	Protection of natural habitat	Preservation of a cer	tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
a	Total number of conservation easements		1 1				
b	, , , , , , , , , , , , , , , , , , , ,						
С	Number of conservation easements on a certified historic stru						
d	Number of conservation easements included in (c) acquired a						
_	listed in the National Register						
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax				
4	year ▶ Number of states where property subject to conservation eas	ament is leasted					
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·					
3	violations, and enforcement of the conservation easements it		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, l						
Ū	b	mandaning of violations, and officioning cont	servation deserments during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year				
-	<b>&gt;</b> \$	g or moranorio, and ornoronig concerna	mon casements adming and year				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation						
	include, if applicable, the text of the footnote to the organizat						
	conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,				
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that describ	oes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of pul	blic service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
			<b>L</b> .				
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	ıl gain, provide				
	the following amounts required to be reported under SFAS 17	16 (ASC 958) relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
b	Assets included in Form 990, Part X						

Schedule D (Form 990) 2018

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

	t III   Organizations Maintaining Co		. ∐icto	rical Tro	acurae a	· Othor	· Simil	or Accet			age <b>∠</b>
	•										
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the f	following that	are a siç	gnificant	use of its of	collection	items	;
	(check all that apply):										
а	Public exhibition	d	ı	_oan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explain	how the	ey further th	ne organizatio	n's exen	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, his	torical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be main	ntained as part of th	ne organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrange	ements. Comple	te if the	organizatio	n answered '	'Yes" on	Form 99	00, Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodiar	n or other intermedi	ary for c	ontributions	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII ar								_		_
	3	1	3						Amount	:	
c	Beginning balance						1c				
	Additions during the year						. —				
	Distributions during the year										
f	Ending balance										
22	Did the organization include an amount on For								Yes		No
	_								_		
Par	If "Yes," explain the arrangement in Part XIII. C										
. u.	2 1 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2				(c) Two year			years back	(a) Four	wooro	haak
4.	Paninning of warmhalanaa	(a) Current year	(D) P	rior year	(C) TWO year	S Dack	(a) Three	years back	(e) Four	years	Dack
ıa											
D	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current		(line 1g	, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiza	tion that	are held ar	nd administer	ed for th	e organi	zation	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the o	rganization's endov	vment fu	ınds.							
Par	t VI Land, Buildings, and Equipme	nt.									
	Complete if the organization answered	"Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) A	ccumula	ted	(d) Bool	k valu	е
		basis (investm	nent)	basis	(other)	de	preciatio	n			
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			15	8,293.	-	144,4	130.	1.3	3,8	63.
	Other				. , =					, ,	
			V 001	n /D\ 1: 1	<u> </u>				1 1	3 8	63.
เบเส	. Add lines 1a through 1e. (Column (d) must equ	uai Form 990, Part )	t. coium	ıı (¤), iine 1	UC.)					, 0	<del>55.</del>

NATIONAL EN	IERGY	EDUCAT	OI	DEVELOPM	ENT	
Schedule D (Form 990) 2018 PROJECT, IN						54-1646670 Page
Part VII Investments - Other Securities.						
Complete if the organization answered "Yes"	on Form	990, Part IV	, line 11	b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b)	) Book value		(c) Method of v	aluation: Cost or	end-of-year market value
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other						
(A) CERTIFICATES OF DEPOSIT		133,89	94.	END-OF-Y	EAR MARKE	ET VALUE
(B)						
(C)	+					
(D)	+					
	+					
	+					
(G)	1					
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	+	133,89	94			
Part VIII Investments - Program Related.			7 = •			
Complete if the organization answered "Yes"	on Form	000 Part IV	line 11	c See Form 990	Part Y line 13	
(a) Description of investment		) Book value	, 11110 1 1			end-of-year market value
(1)	<del>  (-,</del>	,		(-,		
(2)	1					
(3)	1					
(4)	1					
(5)	1					
(6)						
(7)						
(8)						
(9)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX Other Assets.	-					
Complete if the organization answered "Yes"	on Form	990, Part IV	, line 11	d. See Form 990,	Part X, line 15.	
(a)	<b>)</b> Descript	ion				(b) Book value
<u>(1)</u>						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.	<u>ie 15.)</u>	<u></u>	<u></u>			<u> </u>
Complete if the organization answered "Yes"	on Form	990, Part IV	, line 11	e or 11f. See Forn	n 990, Part X, line	25.
1. (a) Description of liability			(b	) Book value		
(1) Federal income taxes						
(2) DEFERRED RENT				8,977.		
(3)						

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DEFERRED RENT	8,977.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,977.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Par	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,738,664.
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	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	148,007.		
е	Add lines 2a through 2d			2e	151,507. 5,587,157.
3	Subtract line <b>2e</b> from line <b>1</b>			3	<u>5,587,157.</u>
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.)		·· <u>··</u> ······ <u>·</u>	5	5,587,157.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stat		i Expenses per F	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	4,574,050.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities		3,500.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d	148,007.		
е	Add lines 2a through 2d			2e	151,507. 4,422,543.
3	Subtract line 2e from line 1			3	4,422,543.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			_
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,			5	4,422,543.
	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional inforr	mation.		
<b>.</b>	OM 17 T THE O				
PAF	RT X, LINE 2:				
				<u> </u>	
NEL	ED PERFORMED AN EVALUATION OF UNCERTAINT	Y IN INC	OME TAXES F	OR '	I'HE YEAR
	NED DEGENOED 21 0010 AND DEMERMANED WA				
ENI	DED DECEMBER 31, 2018, AND DETERMINED TH	AT THERE	WERE NO MA	TTE	RS THAT
	U.D. DEGUIDE DEGOGNIETON IN EUR EINNAIN	G		3633	
WOL	JLD REQUIRE RECOGNITION IN THE FINANCIAL	STATEME	NTS OR THAT	MA	Y HAVE ANY
	THOM ON THE MAY HYDYDE CHARGE				
EFF	FECT ON ITS TAX-EXEMPT STATUS.				
<b>.</b>	OM NA A TAND OD OMNIDO AD THOMMSHING				
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
~~	OH OH GOODG GOLD				140 000
<u>CO5</u>	ST OF GOODS SOLD				148,007.
דעם דעם	om vit iine on omien antionmeand.				
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
COC	CM OF COORS SOID				1/0 007
<u></u>	ST OF GOODS SOLD				148,007.

# NATIONAL ENERGY EDUCATION DEVELOPMENT 54-1646670 Page 5 Schedule D (Form 990) 2018 PROJECT, INC. Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2018

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

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

**Open to Public** Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

► Go to www.irs.gov/Form990 for instructions and the latest information. NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

Employer identification number 54-1646670

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

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

Schedule J (Form 990) 2018

54-1646670 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
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MARY E. SPRUILL	(i)	203,896.	9,000.	0.	12,234.	0.	225,130.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

Schedule J (Form 990) 2018



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, 2018, MARY E. SPRUILL, EXECUTIVE
DIRECTOR, RECEIVED A BONUS OF \$9,000, REBECCA LAMB, PROGRAM DIRECTOR,
RECEIVED A BONUS OF \$3,650, AND KAREN REAGOR, REGIONAL DIRECTOR, RECEIVED A
BONUS OF \$650 WHICH WERE AWARDED AT THE BOARD OF DIRECTORS DISCRETION PER
REVIEW OF THEIR PERFORMANCE.

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Name of the organization	PROJECT,	INC.					54-1	er iden .6466		on nu	mber
					ion 501(c)(4), and 50			401-			
		Relationship bet			art IV, line 25a or 25b	, or Form 990-EZ, Pa	art v, line	4UD.	(4)	Corro	cted?
(a) Name of disqualified	d person (B) F	person and o			(c	) Description of tran	saction			es	No
		•								63	NO
2 Enter the amount of tax	x incurred by the o	rganization man	agers	or disc	qualified persons duri	ng the year under					
section 4958								\$			
3 Enter the amount of tax	x, if any, on line 2,	above, reimburs	sed by	the oro	ganization		▶	\$			
Part II   Loans to ar	nd/or From Inte	orootod Dor	2000								
•	· ·				, Part V, line 38a or F	orm 990, Part IV, line	e 26; or if	the orga	anizatio	on	
reported an an	nount on Form 990	, Part X, line 5, 6 (c) Purpose		an to or	(a) Original	(f) Deleves due	(m) In	(h) Ar	proved	/:> \A	/ritten
interested person	(b) Relationship with organization	of loan	fron	n the	(e) Original principal amount	(f) Balance due	(g) In default'	by bo	oard or nittee?	(1)	ment?
•				zation? From			Yes N			Yes	1
			+ ''	1 10111			163 1	0 163	110	163	110
Total Cropts or A	Assistance Ben	ofiting Into		J Dos	<b>&gt;</b> \$						
		_									
•	e organization ansv				l '	/ n =		Ι,	١		
(a) Name of interested	d person	(b) Relationship interested pers			(c) Amount of assistance	(d) Type assistan		(6	Purp) assist		T
		the organiz		u	400,014,700				400.01		
<u> </u>											

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

Schedule L (Form 990 or 990-EZ) 2018

Complete if the organization answered (a) Name of interested person	(b) Relationship to person and the	between ir	terest		(c) Amou		(d) Desc	(e) Sharing of organization's		
		3						revenues? Yes No		
BONNY SPRUILL	PARENT OF	MARY	Ε.	ឌ	40,	838.	BONNY	SPRUI		Х
Part V Supplemental Information.  Provide additional information for response.	oonses to questions	on Sched	ule L (s	see i	nstructions).					
SCH L, PART IV, BUSINESS	TRANSACTION	NS INV	OLV	'IN	G INTER	RESTE	ED PER	SONS:		
(A) NAME OF PERSON: BONNY										
B) RELATIONSHIP BETWEEN DEARENT OF MARY E. SPRUILL					ORGANI	[ZAT]	ION:			
C) AMOUNT OF TRANSACTION										
D) DESCRIPTION OF TRANSAC	CTION: BONN	IY SPE	RUIL	ιL	SERVES	ON T	HE NE	ED STA	FF	
N A PART-TIME CAPACITY MA	NAGING THE	E DIST	RIE	UT	ION CEN	NTER	LOCAT	ED IN		
ROANOKE, VIRGINIA, REPORT				UM	DIRECT	OR				
E) SHARING OF ORGANIZATION	ON REVENUES	5? = N	10							
			_			_			_	
						s	chedule L (	Form 990 o	or 990-E	<b>7</b> ) 201

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT INC.

Employer identification number 54-1646670

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of d noncash contrib	, etermining		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		39,000	. FMV			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23 24	Scientific specimens  Archaelogical artifacts							
2 <del>4</del> 25	Archeological artifacts  Other  ( )							
26	Other ( )							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	ration during	the tax vear for c	ontributions				
	for which the organization completed Form 826							
		,		,		Y	es	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 thre	ough 28, that it			
	must hold for at least three years from the date				-			
	exempt purposes for the entire holding period?		•			30a		Х
b	If "Yes," describe the arrangement in Part II.		•••••					
31						31		Х
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?		-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is c	hecked,			
	describe in Part II.			<u> </u>				
	For Denominade Dedication Act Notice and				0-11-1-1			

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

Schedule M (Form 990) 2018

### NATIONAL ENERGY EDUCATION DEVELOPMENT

Schedule M	(Form 990) 2018	PROJECT,	INC.	54-	-1646670	Page 2
Part II	Supplemental	<b>Information.</b> I, column (b), the	Provide the information required by Part I, lines 30b, 32b, and 33 number of contributions, the number of items received, or a com	and wh	ether the organizati	on

Schedule M (Form 990) 2018

832142 10-18-18

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

**Employer identification number** 54-1646670

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MULTI-SIDED ENERGY EDUCATION PROGRAMS. NEED DESIGNS AND DELIVERS ENERGY
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.
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:
YOUTH AWARDS
EXPENSES \$ 387,311. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 359,895.

CURRICULUM DEVELOPMENT

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization NATIONAL ENERGY EDUCATION DEVELOPMENT **Employer identification number** 54-1646670 PROJECT, INC. EXPENSES \$ 208,334. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. TRAINING CONFERENCES EXPENSES \$ 184,821. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. PROGRAM DEVELOPMENT EXPENSES \$ 65,256. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 4: DURING THE YEAR ENDED DECEMBER 31, 2018, NEED REVISED THE BY-LAWS IN ORDER TO CLARIFY THE ROLE OF HONORARY BOARD MEMBERS. 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:

Name of the organization NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.	Employer identification number 54-1646670
THE NEED BOARD OF DIRECTORS ANNUALLY REVIEWS THE COMPENSAT	ION FOR THE
EXECUTIVE DIRECTOR AND CONSIDERS ALL ASPECTS OF THE POSITI	ON REQUIREMENTS,
SUCCESS BASED ON AN ANNUALLY AGREED UPON SET OF GOALS AND	ACTION ITEMS, AND
THE OVERALL FINANCIAL HEALTH OF NEED. ANNUALLY, THE EXECUT	IVE COMMITTEE
REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR, SETS A	PERCENTAGE OF
SALARY INCREASE, AND A POSSIBLE PERCENTAGE DERIVED BONUS S	HOULD NEED'S
ORGANIZATIONAL PERFORMANCE AND FISCAL HEALTH WARRANT IT. N	EED'S EXECUTIVE
COMMITTEE SHARES ITS RECOMMENDATION WITH THE BOARD OF DIRE	CTORS IMMEDIATELY
FOLLOWING THE EXECUTIVE COMMITTEE'S DISCUSSION AT THE ANNU	AL DECEMBER BOARD
MEETING. THE BOARD OF DIRECTORS THEN APPROVES THE DECISION	. THE EXECUTIVE
COMMITTEE ISSUES THE REVIEW OF PERFORMANCE AND THE UPCOMIN	G YEAR'S SALARY
TO THE EXECUTIVE DIRECTOR AND ACCOUNTING MANAGER FOR FILIN	G AND ACTION. THE
EXECUTIVE DIRECTOR'S POSITION AND SALARY ARE REAFFIRMED AN	NUALLY 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 F	OLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	ALSO, A SECTION
OF OUR WEBSITE IS SET ASIDE FOR THE AUDITED FINANCIAL STAT	EMENTS, FEDERAL
FORM 990, AND ANNUAL REPORT.	