* *	PUBLIC	DISCLOSURE	COPY	* *
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Form 990
(Rev. January 2020)
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)

OMB No. 1545-0047 9 Open to Public Inspection

Do not enter social security numbers on this form as it may be made public	с.
► Go to www.irs.gov/Form990 for instructions and the latest information.	

AF	or the	2019 calendar year, or tax year beginning and	ending			
B c	heck if pplicable	NATIONAL ENERGY EDUCATION DEVELOPMENT		D Employer identific	cation number	
	Change	PROJECT, INC.			7.0	
	_change			54-16466'		
	return]Final		Room/suite	E Telephone number		
	return/	8408 KAO CIRCLE		(703) 25		
_	termin- ated			G Gross receipts \$	4,764,849.	
	_return ∃Applica	MANASSAS, VA ZUIIU		H(a) Is this a group re		
	_ tion pendin	F Name and address of principal officer: MARY E. SPRUILL SAME AS C ABOVE		for subordinates		
				H(b) Are all subordinates in		
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (e: ► WWW • NEED • ORG	or 527	1 '	list. (see instructions)	
		organization: X Corporation Trust Association Other		H(c) Group exemption	State of legal domicile: VA	
		Summary			State of legal dominitie. VA	
		Briefly describe the organization's mission or most significant activities: NEED	DESIG	NS & DELIVER	RS	
Se		COMPREHENSIVE ENERGY EDUC. CURRICULUM & T				
Activities & Governance		Check this box 🕨 🔄 if the organization discontinued its operations or dispos				
ver				1.1	12	
ဗီ		Number of independent voting members of the governing body (Part VI, line 1b)				
ა ა		Total number of individuals employed in calendar year 2019 (Part V, line 2a)				
itie		Total number of volunteers (estimate if necessary)			70	
cti∕		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
Ā	b Net unrelated business taxable income from Form 990-T, line 39				0.	
				Prior Year	Current Year	
0	8 (Contributions and grants (Part VIII, line 1h)		5,204,521.	4,259,938.	
nu	9 1	Program service revenue (Part VIII, line 2g)		359,895.	335,918.	
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		13,337.	20,938.	
ĉ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,404.	9,744.	
	12 -	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,587,157.	4,626,538.	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		32,426.	94,304.	
	14 1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,405,260.	1,399,338.	
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ed X	b -	Total fundraising expenses (Part IX, column (D), line 25) 🕨60,20	06.			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,984,857.	2,932,912.	
	18 -	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,422,543.	4,426,554.	
	19	Revenue less expenses. Subtract line 18 from line 12		1,164,614.	199,984.	
OC SES			Be	ginning of Current Year	End of Year	
sets	20 -	Total assets (Part X, line 16)		2,384,306.	2,827,874.	
Net Assets or	21	Total liabilities (Part X, line 26)		200,739.	444,323.	
Re	22	Net assets or fund balances. Subtract line 21 from line 20		2,183,567.	2,383,551.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	MARY E. SPRUILL, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	AARON M. FOX	05/12/20 self-employed P01365820
Preparer	Firm's name MARCUM LLP	Firm's EIN ▶ 11-1986323
Use Only	Firm's address 🖌 1899 L STREET, NW, SUITE 850	
	WASHINGTON, DC 20036	Phone no. (202) 227 – 4000
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instructi	ions. Form 990 (2019)
		COPY

*** ELECTRONICALLY FILED ON 05/12/2020 ***

Form	NATIONAL ENERGY EDUCATION DEVELOPMENT 990 (2019) PROJECT, INC. 54-1646670 Page 2
	t 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? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 1,992,484. including grants of \$ 88,004.) (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
4b	(Code:) (Expenses \$729,025. 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
4c	(Code:) (Expenses \$670,331. 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
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 913,167. including grants of \$ 6,300.) (Revenue \$ 335,918.)
4e	Total program service expenses ► 4,305,007.
	Form 990 (2019
32002	SEE SCHEDULE O FOR CONTINUATION(S)
	12 150872 NEED 2019.03042 NATIONAL ENERGY EDUCATION NEED

 NATIONAL ENERGY EDUCATION DEVELOPMENT

 Form 990 (2019)
 PROJECT, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	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,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(00.1-)
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Form	<u>990 (2019)</u> PROJECT, INC. 54-1646	670	P	_{age} 4
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	~	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	050		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV	20a	х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
_	"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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
0-1	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?			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	l
	Charle if Cabadula O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of hote to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 72			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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NATIONAL E	NERGY B	EDUCATION	DEVELOPMENT
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Form	Form 990 (2019) PROJECT, INC. 54-1646670 Pag				
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			-	
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 19				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x	
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
	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				
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:				
	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 10			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand	4.4-	-	v	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		- v	
	excess parachute payment(s) during the year?	15		X	
10	If "Yes," see instructions and file Form 4720, Schedule N.	40		v	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2019)

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1 990	(2019) PROJECT, INC.	54-16466		Pa	age 6
rt V	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b l	pelow, and for a "N	lo" re	spons	е
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instru-				
	Check if Schedule O contains a response or note to any line in this Part VI				X
:tior	n A. Governing Body and Management				
		_		Yes	No
Ent	ter the number of voting members of the governing body at the end of the tax year	12			
lf th	nere are material differences in voting rights among members of the governing body, or if the governing				
bod	ly delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
Ent	er the number of voting members included on line 1a, above, who are independent 1b	12			
Did	I any officer, director, trustee, or key employee have a family relationship or a business relationship with any	other			
offi	cer, director, trustee, or key employee?		2		Х
Did	I the organization delegate control over management duties customarily performed by or under the direct su	pervision			
of c	officers, directors, trustees, or key employees to a management company or other person?		3		Х
Did	I the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?	4		Х
Did	the organization become aware during the year of a significant diversion of the organization's assets?	L	5		Х
Did	the organization have members or stockholders?		6		Х
Did	I the organization have members, stockholders, or other persons who had the power to elect or appoint one				
	re members of the governing body?		7a		Х
Are	any governance decisions of the organization reserved to (or subject to approval by) members, stockholder				
	sons other than the governing body?		7b		Х
	the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the second se				
	e governing body?	-	8a	Х	
	ch committee with authority to act on behalf of the governing body?		8b	x	
	here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	anization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		х
	B. Policies (This Section B requests information about policies not required by the Internal Revenue Co		•		
	The section brequests information about policies not required by the internal Revenue Coc	<i>ic.)</i>		Yes	No
Dic	I the organization have local chapters, branches, or affiliates?	Г	10a	163	X
	Yes," did the organization have written policies and procedures governing the activities of such chapters, aff	F	IUa		23
			10b		
		F		x	
	s the organization provided a complete copy of this Form 990 to all members of its governing body before fill		11a	<u></u>	
	scribe in Schedule O the process, if any, used by the organization to review this Form 990.		10-	x	
	I the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	re officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts		12b		
	I the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri			v	
	Schedule O how this was done	······ -	12c	X X	
	I the organization have a written whistleblower policy?		13		
	the organization have a written document retention and destruction policy?		14	X	
	I the process for determining compensation of the following persons include a review and approval by independent	endent			
	sons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	e organization's CEO, Executive Director, or top management official	······	15a	X	
	ner officers or key employees of the organization	·····	15b		X
lf "`	Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
Did	I the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1			
	able entity during the year?		16a		X
If "	Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic	pation			
in je	oint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	empt status with respect to such arrangements?		16b		
tior	n C. Disclosure				
Lisí	t the states with which a copy of this Form 990 is required to be filed NONE				
Sec	ction 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (S	Section 501(c)(3)s o	only)	availal	ole
for	public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Sched	lule O)			
Σ	scribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of initiation of the second statement of the sec	,	inanc	ial	
		,			
Des	tements available to the public during the tax year.				
Des sta		cords 🕨			
Des sta Sta	tements available to the public during the tax year. the the name, address, and telephone number of the person who possesses the organization's books and rec $ARY E \cdot SPRUILL - (703) 257 - 1117$	cords 🕨			
Des sta Sta MA	te the name, address, and telephone number of the person who possesses the organization's books and red	cords			
Des sta Sta MA	te the name, address, and telephone number of the person who possesses the organization's books and red ARY E. SPRUILL – (703) 257–1117 408 KAO CIRCLE, MANASSAS, VA 20110		Form	990	(2019)

Form 990 (2019) PROJECT, INC.	54-1646670	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated					
Employees, and Independent Contractors					
Check if Schedule O contains a response or note to any line in this Part VII					
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.					

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

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

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

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

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

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

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

Name and title Average hours per hours per veck between the electron table organization provide and electron table program. Reportable compension from the organization (W2/1099-MISC) Estimated compension from related organization (W2/1099-MISC) Estimated compension from the organization (W2/1099-MISC) Estimated compension from the organization (W2/1099-MISC) Estimated compension from the organization (W2/1099-MISC) Estimated compension from the organization and related organization (1) WATNE YONKELOWITZ 2.00 X X 2.600. 0. 0. (1) WATNE YONKELOWITZ 2.00 X X 0. 0. 0. (1) WATNE YONKELOWITZ 2.00 X X 0. 0. 0. (2) JOIN MEINER 2.00 X X 0. 0. 0. (3) DAINE LEAR 2.00 X X 0. 0. 0. (3) DAINE LEAR 2.00 X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. (1) MAGE E DOWNEY	(A)	(B)	i) (C)		(D)	(E)	(F)				
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Form 990 (2019)

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2019.03042 NATIONAL ENERGY EDUCATION NEED

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			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	is	com fr org and	pensa om th anizat d relat nizati	e ion ed
				-											
	otal I from continuation s I (add lines 1b and 1		I, Section A							<u>427,250.</u> 0. 427,250.		0.0.0.		1,6 1,6	45. 0. 45.
2 Total	•	s (including but n	ot limited to th					e) wh	o re	eceived more than \$100,	000 of reportable		-	- , .	3
										ghest compensated emp		[Yes	No
4 For a	ny individual listed or	n line 1a, is the su	im of reportab	le co	mpe	ensa	tion	and	otl	her compensation from t	he organization		3	x	X
5 Did a	ny person listed on li	ne 1a receive or a	accrue comper	nsati	on fr	rom	any	unre	elat	for such individual ed organization or individ	dual for services		4 5	<u> </u>	x
Section B	3. Independent Contr	ractors											tions for		
										hat received more than \$ n the organization's tax y					
NODUII		(A) me and business								(B) Description of s	ervices	С	(C comper		n
	EAST CONSTRU VHITEPINE RO			Ά	23	23	7			SOLAR INSTAL	LATIONS		11	4,8	16.
0 T-1-1				- + 1'											
	,000 of compensation	•	•	UC III	niteo	u (0 1	thos 1		req	l above) who received mo	ore trian			200	
													Form	390 ()	2019)

932008 01-20-20

8 2019.03042 NATIONAL ENERGY EDUCATION NEED___1 NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

			<u>PROJECT, INC.</u>				54-1646	670 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(5)	(2)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b						
∆ Amo G		с	Fundraising events 1c					
Gift: lar /		d	Related organizations 1d					
ns, (Government grants (contributions) 1e	356,333.				
er S		f	All other contributions, gifts, grants, and					
Dthu				903,605.				
ont nd (-	Noncash contributions included in lines 1a-1f	30,000.	4,259,938.			
<u>0</u> a		n	Total. Add lines 1a-1f	Business Code	4,239,930.			
	2	2	CONFER. & YOUTH AWARDS	900099	335,918.	335,918.		
vice		a b		500055	555,510.			
Ser		c						
am evel		d						
Program Service Revenue		е						
Pr		f	All other program service revenue					
		g	Total. Add lines 2a-2f		335,918.			
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		20,938.			20,938.
	4		Income from investment of tax-exempt bond p		1 726			1 1 2 2 6
	5		Royalties		1,736.			1,736.
	_		(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b Rental income or (loss) 6c		-			
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	-	-	assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses					
evenue		с	Gain or (loss)					
Re		d	Net gain or (loss)	►				
Other R	8		Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b	L				
			Net income or (loss) from fundraising events	▶				
	9	а	Gross income from gaming activities. See Part IV, line 19 9a					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10a	138,311.				
		b	Less: cost of goods sold 10k	138,311.				
			Net income or (loss) from sales of inventory	►	0.			
s				Business Code				
Miscellaneous Revenue	11		OTHER INCOME	900099	5,106.			5,106.
lanc			REBATES	900099	2,902.			2,902.
scel		c	<u></u>					
Ξ			All other revenue	L ►	8,008.			
	12	e	Total. Add lines 11a-11d		4,626,538.	335,918.	0.	30,682.
932009		20-:		····· F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Form 990 (2019)

9 2019.03042 NATIONAL ENERGY EDUCATION NEED___1

NATIONAL ENERGY EDUCATION DEVELOPMENT Form 990 (2019) PROJECT, INC. Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp. Check if Schedule O contains a respons				Г
D -		(A)	(B)	(C)	<u>(</u> D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	00.004	00.004		
	and domestic governments. See Part IV, line 21	88,004.	88,004.		
2	Grants and other assistance to domestic	c 200	<pre>c</pre>		
	individuals. See Part IV, line 22	6,300.	6,300.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	004 400	100 000	00.000	22.20
	trustees, and key employees	234,482.	189,906.	22,288.	22,288
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 0 1 1 0 1 0	1 004 660	14.265	
7	Other salaries and wages	1,041,318.	1,024,660.	14,365.	2,293
8	Pension plan accruals and contributions (include		20 502	0.00	10
	section 401(k) and 403(b) employer contributions)	39,593.	38,593.	862.	13
9	Other employee benefits	00.045			
0	Payroll taxes	83,945.	79,453.	2,708.	1,78
1	Fees for services (nonemployees):				
а	Management	6 01 0	6.010		
b	Legal	6,913.	6,218.	280.	41
С	Accounting	27,348.	24,258.	2,984.	10
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	195,987.	194,283.	1,469.	23
2	Advertising and promotion				
3	Office expenses	457,242.	437,198.	7,127.	12,91
4	Information technology	20,506.	11,101.		9,40
5	Royalties				
6	Occupancy	129,080.	121,583.	6,465.	1,032
7	Travel	456,419.	449,708.	162.	6,54
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
9	Conferences, conventions, and meetings	586,035.	584,614.		1,42
C	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	5,321.	4,650.	578.	9
3	Insurance	10,121.	9,033.	938.	15
1	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	KIT PURCHASES	336,124.	336,124.		
b	YOUTH AWARDS	256,752.	256,752.		
с	STIPENDS	154,044.	154,044.		
d	CURRICULUM PURCHASES	135,946.	135,946.		
е	All other expenses	155,074.	152,579.	1,115.	1,38
5	Total functional expenses. Add lines 1 through 24e	4,426,554.	4,305,007.	61,341.	60,20
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

932010 01-20-20

18140512 150872 NEED

Check here

if following SOP 98-2 (ASC 958-720)

10 2019.03042 NATIONAL ENERGY EDUCATION NEED

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Form **990** (2019)

Form 990 (2019)

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

Part)	X	Balance Sheet					
		Check if Schedule O contains a response or	note to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			46,878.	1	54,335
	2	Savings and temporary cash investments			863,258.	2	1,752,971
:	3	Pledges and grants receivable, net			1,161,227.	3	779,074
4	4	Accounts receivable, net			18,865.	4	23,569
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified perso	ns (as defined			
		under section 4958(f)(1)), and persons descri	bed in sectio	n 4958(c)(3)(B)		6	
<u>ა</u> კ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			136,147.	8	138,679
ኛ 🤉	9	Description of the second state of the second			10,174.	9	59,280
10	0a	Land, buildings, and equipment: cost or othe	er 🛛				
		basis. Complete Part VI of Schedule D	10a	80,029.			
	b	Less: accumulated depreciation	10b	60,063.	13,863.	10c	19,966
1	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, lir	ne 11		133,894.	12	
1:	3	Investments - program-related. See Part IV, li	ne 11			13	
14	4	Intangible assets		14			
1	5	Other assets. See Part IV, line 11				15	
16	6	Total assets. Add lines 1 through 15 (must e	equal line 33)		2,384,306.	16	2,827,874
17	7	Accounts payable and accrued expenses			156,811.	17	423,577
18	8	Grants payable			18		
19	9	Deferred revenue	34,951.	19	12,110		
20	0	Tax-exempt bond liabilities		20			
2	1	Escrow or custodial account liability. Comple	Schedule D		21		
န္မွ 22	2	Loans and other payables to any current or f	ormer officer	, director,			
Ĕ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	hese person	s		22	
- 23	3	Secured mortgages and notes payable to un				23	
24	4	Unsecured notes and loans payable to unrela	-			24	
2	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). C	Complete Part X	0 0 0 0		0.000
		of Schedule D			8,977.		8,636
26	6	Total liabilities. Add lines 17 through 25			200,739.	26	444,323
<u>ه</u>		Organizations that follow FASB ASC 958, o	check here				
Ű		and complete lines 27, 28, 32, and 33.			100 600		102 000
191 27					102,683.	27	123,096
28	8	Net assets with donor restrictions			2,080,884.	28	2,260,455
ŭ		Organizations that do not follow FASB AS	C 958, checl	k here ▶ 🛄			
-		and complete lines 29 through 33.					
ຍ ຍ	9	Capital stock or trust principal, or current fun				29	
8 8 3 3 9 3		Paid-in or capital surplus, or land, building, o		Г		30	
Net Assets or Fund Balances E. E. B. R. B. C. S. C. S. S. C. S.		Retained earnings, endowment, accumulated				31	
		Total net assets or fund balances		I	2,183,567.	32	2,383,551
33	3	Total liabilities and net assets/fund balances			2,384,306.	33	<u>2,827,874</u>

Form 990 (2019)

932011 01-20-20

NATIONAL	ENERGY	EDUCATION	DEVELOPMENT

Form	990 (2019) PROJECT, INC.	54-	1646670	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,626		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,426		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,183	3,50	<u>57.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,383	3,5	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it 🛛		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

932012 01-20-20

SCHE	DULE A									OMB No. 1545-0047
(Form 9	90 or 990-EZ)				ty Status a ntion is a section 5					2010
					a)(1) nonexempt cl					2015
	of the Treasury enue Service		Go to wavaw irr		ach to Form 990 o orm990 for instruc			formation		Open to Public Inspection
Name of	the organizati			-	EDUCATION				Employer	identification number
	Ū	PROJ								4-1646670
Part I	Reason	for Public C	Charity Statu	S (All o	organizations must	complete th	is part.) Se	e instructions	3.	
The orga	nization is not a	private found	ation because it	is: (For	lines 1 through 12,	check only	one box.)			
1	A church, cor	nvention of chu	urches, or assoc	iation o	of churches describe	ed in sectio	on 170(b)(1)(A)(i).		
2	A school des	cribed in secti	ion 170(b)(1)(A)	ii). (Atta	ach Schedule E (Fo	rm 990 or 99	90-EZ).)			
3	•	•	•	•	ation described in					
4 📖		-	ation operated li	1 conjur	nction with a nospit	al described	in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
5	city, and state		or the benefit of	a colleg	e or university own	ed or operat	ed by a do	vernmentalu	nit describe	ed in
•			Complete Part II.				ou by u go	von montar a		
6					tal unit described ir	section 1	70(b)(1)(A)	(v).		
7 X	An organizati	on that normal	lly receives a sul	ostantia	al part of its support	from a gove	ernmental	unit or from th	ne general p	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community	trust describe	ed in section 17	0(b)(1)(/	A)(vi). (Complete P	art II.)				
9	An agricultura	al research org	anization descri	bed in s	section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or a non-land-g	rant college of a	gricultu	ure (see instructions). Enter the	name, city	, and state of	the college	or
10	university:									
10	0		, , ,			• •		,	. ,	d gross receipts from rom gross investment
			-		•					fter June 30, 1975.
			mplete Part III.)				eee acqui			
11				clusively	y to test for public s	afety. See	section 50)9(a)(4).		
12	An organizati	on organized a	and operated ex	clusively	y for the benefit of,	to perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations desc	ribed ir	n section 509(a)(1)	or section	509(a)(2).	See section	5 09(a)(3). C	Check the box in
_	_	-			upporting organizati		-		-	
a			-		ervised, or controlle	•	-			
		•		-	arly appoint or elect	a majority o	of the direc	tors or truste	es of the su	ipporting
b			complete Part IN		controlled in conne	ction with it	e supporte	d organizatio	n(e) by bay	ina
	_ ,		•		zation vested in the			U	()/ 2	8
		0		•	ctions A and C.				90o oolph	
с 🗌	_ ~	. ,	-		rganization operate	d in connec	tion with, a	and functional	ly integrate	d with,
	its supporte	ed organizatior	n(s) (see instruct	ions). Y	You must complete	e Part IV, Se	ections A,	D, and E.		
d	Type III no	n-functionally	vintegrated. A	support	ing organization op	erated in co	nnection w	ith its suppor	ted organiz	ation(s)
					on generally must s			•	an attentiv	reness
_			-	-	ete Part IV, Sectio					
e		•			ten determination f			Type I, Type	II, Type III	
f Ent	er the number	•			y integrated support	0 0				
		••	about the supp		organization(s).					
	(i) Name of supp	orted	(ii) EIN	(ii	i) Type of organization lescribed on lines 1-10	in your govern	anization listed ing document?	(v) Amount of	-	(vi) Amount of other
	organization				bove (see instructions)		No	support (see ir	nstructions)	support (see instructions)
						1				
Total										
LHA For	Paperwork Re	duction Act N	lotice, see the I	nstruct	ions for Form 990	or 990-EZ.	932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019

13 2019.03042 NATIONAL ENERGY EDUCATION NEED____

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Schedule A (Form 990 or 990-EZ) 2019 PROJECT , INC.

Part II

54-164<u>6670 Page 2</u>

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4213502.	2958022.	3297836.	5204521.	4259938.	19933819.
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	4213502.	2958022.	3297836.	5204521.	4259938.	19933819.
	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)						9241826.
6	Public support. Subtract line 5 from line 4.						10691993.
	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	4213502.	2958022.	3297836.	5204521.	4259938.	19933819.
	Gross income from interest,	1213302.	2930022.	5257050.	5204521.	42555500	<u> </u>
0							
	dividends, payments received on						
	securities loans, rents, royalties,	6,948.	4,016.	4,901.	14,506.	22,674.	53,045.
~	and income from similar sources	0,940.	4,010.	4,901.	14,500.	22,074.	55,045.
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		4,102.	6,683.	5,318.	5,106.	21 200
	assets (Explain in Part VI.)		4,102.	0,003.	5,510.		<u>21,209.</u> 20008073.
	Total support. Add lines 7 through 10		`````				,793,941.
	Gross receipts from related activities,						,/95,941.
13	First five years. If the Form 990 is for				-		
<u>Sar</u>	organization, check this box and stor ction C. Computation of Publi	c Support Per	contago			<u></u>	P
							E2 //
	Public support percentage for 2019 (I			•••		14	53.44 %
	Public support percentage from 2018					15	54.04 %
16a	33 1/3% support test - 2019. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the c				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	t VI how the orgar	nization
	meets the "facts-and-circumstances"	-		• • • •			
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Soho	dulo A (Earm 990	or 990-E7) 2019

Chedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

14 2019.03042 NATIONAL ENERGY EDUCATION NEED___1

Schedule A (Form 990 or 990-EZ) 2019 PROJECT , INC. 54-1646670 Page 3

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.)

Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
· · · · · · · · · · · · · · · · · · ·						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)					+	+
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	-			•		
check this box and stop here	. O					
Section C. Computation of Public						
15 Public support percentage for 2019 (lin			column (f))		15	9
16 Public support percentage from 2018					16	9
Section D. Computation of Invest					т	
17 Investment income percentage for 20			ine 13, column (f))			0
18 Investment income percentage from 2					18	0
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	d stop here. The	organization qua	ifies as a publicly s	supported organization	ation	►
more than 33 1/3%, check this box and		ant abaak a bay a	n line 14 or line 19a	a, and line 16 is me	ore than 33 1/3%,	and
more than 33 1/3%, check this box and b 33 1/3% support tests - 2018. If the d	organization did 1	IOL CHECK & DOX OF				
	•			as a publicly supp	orted organizatior	י ד
b 33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, chec	k this box and s	top here. The org	anization qualifies a			
b 33 1/3% support tests - 2018. If the	k this box and s	top here. The org	anization qualifies a	his box and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2019 PROJECT ,

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.)

INC.

Section A. All Supporting Organizations

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

16

932024 09-25-19

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

54-1646670 Page 4

Yes No

Schedule A (Form 990 or 990-EZ) 2019

10a

10b

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2019.03042 NATIONAL ENERGY EDUCATION NEED

Schedule A (Form 990 or 990-EZ) 2019 PROJECT, INC.

Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c 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. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised. or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (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 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions, С Yes No 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (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 2b activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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

17

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

54-1646670 Page 5

18140512 150872 NEED

17 2019.03042 NATIONAL ENERGY EDUCATION NEED

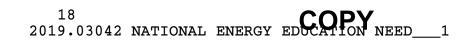
54-	16	46	67	0	Page 6

Sche	dule A (Form 990 or 990-EZ) 2019 PROJECT,INC.			54-1646670 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. All
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19



54-	16	466	70	Page 7

Coho	NATIONAL ENER dule A (Form 990 or 990-EZ) 2019 PROJECT, INC.	GY EDUCATION D		4-1646670 Page 7
Par		(a)(3) Supporting Orga		4-1040070 Page 7
	on D - Distributions		inizations (continued)	Current Year
<u> 1</u>	Amounts paid to supported organizations to accomplish exe	mot ourooses		
	Amounts paid to perform activity that directly furthers exemption			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es 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 Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

c Excess from 2017 d Excess from 2018 e Excess from 2019

Part V	Part IV, S line 1; Pa	ection A, I rt IV, Secti), lines 5, 6	on D, lines 2 a	8c, 4b, 4c, nd 3; Part	5a, 6, 9a, 9b, IV, Section E	9c, 11a, 11 , lines 1c, 2a	b, and 1 ⁻ a, 2b, 3a,	1c; Part IV, \$ and 3b; Pa	Section B, lines rt V, line 1; Par	or 17b; Part III, I 1 and 2; Part IV t V, Section B, Ii ional informatior	/, Section C, ne 1e; Part V,	
SCHEI	DULE A,	PART	II, LIN	IE 10,	EXPLA	NATION	FOR	OTHER	INCOME:			
OTHER	R INCOM	Ξ										
2016	AMOUNT	: \$	4,102.									
2017	AMOUNT	: \$	6,683.									
2018	AMOUNT	: \$	5,318.									
2019	AMOUNT	: \$	5,106.									
	25-19								Sched	ule A (Form 99) or 990-EZ) 2	201

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

* *	PUBLIC	DISCLOSURE	COPY	*
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Schedule of Contributors

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

cation number

Name	OT	the	orgai	nizatior	1

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)



Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$984,084.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000.	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
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$223,526.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
3452 11-06	-19 23	Schedule B (Form	990, 990-EZ, or 990-PF) (201

Name of organization

Page **2**

Employer identification number

1 (4 ((7 7 7

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

rt I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$163,745.	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		\$\$	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
9		\$120,000.	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
10		\$116,134.	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
11		\$106,893.	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		\$104,699.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

18150512 150872 NEED

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

NATIONAL ENERGY EDUCATION DEVELOPMENT

Name of organization

Page **2**

Schedule B	(Form 990,	990-EZ, or	990-PF) (2019)
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Name of organization

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

Employer identification number

Page **2**

54-1646670

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additiona	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$96,190.	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
14		\$90,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
			990, 990-EZ, or 990-PF) (2019)

2019.03042 NATIONAL ENERGY EDUCATION NEED____1

ame of org	(Form 990, 990-EZ, or 990-PF) (2019) ganization		Page 3 Employer identification number
	AL ENERGY EDUCATION DEVELOPMENT		54-1646670
art II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed	ł
(a) No. from Part I	(b) Description of noncash property given	e) (d)) Date received	
		 \$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	l late received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
153 11-06-	¹⁹ 26		B (Form 990, 990-EZ, or 990-PF) (2019) RGY EDUCATION NEED_

Name of or			Employer identification number
	NAL ENERGY EDUCATION D	EVELOPMENT	54-1646670
Part III	Exclusively religious, charitable, etc., contrib	utions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or	ry. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		e) Transfer of gif	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gif	
_	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		· · · · · · · · · · · · · · · · · · ·	
		(e) Transfer of gif	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		·	
F		(e) Transfer of gif	
ŀ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
923454 11-06-	-19		Schedule B (Form 990, 990-EZ, or 990-PF) (2019

27 2019.03042 NATIONAL ENERGY EDUCATION NEED____1

SC	HEDULE D	-	-		Statement		OMB No. 15	45-0047
(Forr	n 990)				d "Yes" on Form 990 d, 11e, 11f, 12a, or 1			19
	ment of the Treasury I Revenue Service			Attach to Form 990			Open to Inspect	
	e of the organization	NATIONAL E					ployer identification	n number
		PROJECT, I					54-16466	70
Pa	-	ons Maintaining I			er Similar Funds	s or Accou	nts. Complete if th	ne
	organization a	nswered "Yes" on Forr	m 990, Part IV, lin		al da a al francia	(1) 5	and a second settle second second	
				(a) Donor a	dvised funds	(b) Fu	inds and other accou	nts
1		of year						
2 3		ontributions to (during y						
3 4		ants from (during year) nd of year						
-+ 5		nform all donors and d			ts held in donor advi	l sed funds		
Ŭ	-	property, subject to the		-			Yes	No
6		nform all grantees, dor						
-		es and not for the bene						
	impermissible private					•	Yes	No
Pa		on Easements. C						
1		ation easements held						
	Preservation of	land for public use (fo	r example, recrea	tion or education)	Preservation of	of a historically	y important land area	1
	Protection of na	atural habitat			Preservation of	of a certified h	istoric structure	
	Preservation of	open space						
2	Complete lines 2a thr	ough 2d if the organiza	ation held a qualif	ied conservation co	ntribution in the form	of a conserv	ation easement on th	ne last
	day of the tax year.						Held at the End of th	e Tax Year
а	Total number of cons	ervation easements				<u>2</u> a		
b	•	ed by conservation eas						
С	Number of conservat	ion easements on a ce	rtified historic stru	ucture included in (a)	<u>2</u> c		
d		ion easements include	., .					
		Register						
3		ion easements modifie	d, transferred, rel	eased, extinguished	, or terminated by th	e organizatior	n during the tax	
	year							
4		ere property subject to				-		
5	•	n have a written policy ement of the conserva	• • •				Yes	No
6	,	ours devoted to monito			s and enforcing con			
Ū			sing, inspecting,		is, and chloreng con			201
7	Amount of expenses	– incurred in monitoring,	inspecting hand	ling of violations an	d enforcing conserv	ation easemer	nts during the year	
•	► \$	incurred in monitoring,	, mopeoting, name	ing of violations, an			nto during the your	
8	· · · ·	ion easement reported	on line 2(d) abov	e satisfy the require	ments of section 170)(h)(4)(B)(i)		
		(B)(ii)?					Yes	No
9		now the organization re						
	balance sheet, and in	clude, if applicable, the	e text of the footr	ote to the organizat	ion's financial statem	nents that des	scribes the	
	organization's accour	nting for conservation e	easements.	-				
Pa	t III Organizatio	ons Maintaining (Collections of	Art, Historical	Treasures, or O	ther Simila	ar Assets.	
	Complete if th	e organization answere	ed "Yes" on Form	990, Part IV, line 8.				
1a	If the organization ele	cted, as permitted und	der FASB ASC 95	8, not to report in its	s revenue statement	and balance s	sheet works	
	of art, historical treas	ures, or other similar a	ssets held for put	lic exhibition, educa	ation, or research in f	urtherance of	public	
	service, provide in Pa	rt XIII the text of the fo	otnote to its finar	icial statements that	t describes these iter	ns.		
b	If the organization ele	cted, as permitted und	der FASB ASC 95	8, to report in its rev	venue statement and	balance shee	et works of	
	art, historical treasure	es, or other similar asse	ets held for public	exhibition, education	on, or research in furt	herance of pu	ublic service,	
		amounts relating to the						
		d on Form 990, Part VI					\$	
-	(ii) Assets included i	· · ·			1		\$	
2		ceived or held works of	-			aı gaın, provic	e	
_	-	s required to be report		-		•	¢	
a h		Form 990, Part VIII, lin					\$	
		orm 990, Part X				····· 🚩	_ b Schedule D (Form	990) 2010
	10-02-19	action Act Notice, See						550) 20 19
99209	10-02-13			28			COPY	,

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2019.03042 NATIONAL ENERGY EDUCATION NEED___1

		L ENERGY E	DUCAI	ION D	EVELOPM	ENT					~
	dule D (Form 990) 2019 PROJECT			<u> </u>		<u>.</u>		54-16			age 2
Par	t III Organizations Maintaining C								(contin	ued)	
3 a b c	Using the organization's acquisition, accessi collection items (check all that apply): Public exhibition Scholarly research Preservation for future generations	c	1 🗌 I	_oan or exc	following that hange progra	m	nificant u	use of its			
4	Provide a description of the organization's co	ollections and explai	n how the	ov further th	ne organizatio	n's exem	nt nurno	se in Part	XIII		
5	During the year, did the organization solicit of							sennan	AIII.		
5									Yes		_ N
Dar	to be sold to raise funds rather than to be matter than to be matter that to be matt	antained as part of t	ne organ	IZALION S CO							No
1 01	reported an amount on Form 990, Pa		ete if the	organizatio	on answered "	res" on i	-orm 990	, Part IV, I	ine 9, or		
<u> </u>											
та	Is the organization an agent, trustee, custod								٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatior	n has been	provided on F	Part XIII					
Par	t V Endowment Funds. Complete	if the organization ar	nswered "	'Yes" on Fo	orm 990, Part I	IV, line 10	Э.				
		(a) Current year	(b) Pi	rior year	(c) Two years	s back 🛛 🕻	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
с	Net investment earnings, gains, and losses										
b b	Grants or scholarships										
	Other expenditures for facilities										
e											
	and programs										
	Administrative expenses										
g	End of year balance	L			<u> </u>						
2	Provide the estimated percentage of the curr	•		, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment										
С	· · · · · · · · · · · · · · · · · · ·	%									
	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administere	ed for the	e organiza	ation	Г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	inds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV,	, line 11a. S	See Form 990,	Part X, li	ine 10.				
	Description of property	(a) Cost or o basis (investi		.,	t or other (other)	• •	cumulate reciation	ed	(d) Book	valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			3	1,777.		13,8	50.	17	. 9	17.
	Other				8,252.		46,2			-	49.
	Add lines 1a through 1e. (Column (d) must e		V colure		· · ·		-			-	66.
Total	in de miles ra through re. (Column (g) must e	<u>quai roini 990, Part</u>	A, COIUM	<u>u (D). III e 1</u>	<u>UC.</u> /			Schedule			

NATIONAL	ENERGY	EDUCATION	DEVELOPMENT
	TNO		

	D (Form 990) 2019 PROJECT, IN	NC.			54	<u>1-1646670 р</u>
Part VII	Investments - Other Securities.					
() D	Complete if the organization answered "Yes		<u>11b.</u>			
	ption of security or category (including name of security)	(b) Book value	-	(c) Method of valuation	: Cost or en	id-of-year market value
	ial derivatives		-			
	y held equity interests		-			
Other			-			
(A)			<u> </u>			
(B)			-			
(C)			-			
(D)			-			
(E)			-			
(F)			-			
<u>(G)</u>			-			
(H)	(h)					
	(b) must equal Form 990, Part X, col. (B) line 12.) ► I Investments - Program Related.	•				
	Complete if the organization answered "Yes (a) Description of investment	(b) Book value	<u>11C.</u> T	(c) Method of valuation		d-of-year market value
(4)	(a) Description of investment	(b) DOOK value	-			d-or-year market value
(1) (0)			-			
(2)			-			
(3) (4)			-			
(4) (5)			-			
(5) (6)			-			
(6) (7)						
(7)						
(8)						
(0)			-			
(9)						
tal. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.)					
	Other Assets.			0		
al. (Col.	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d.	See Form 990, Part X, I	ine 15.	
al. (Col. art IX	Other Assets. Complete if the organization answered "Yes		11d.	See Form 990, Part X, I	ine 15.	(b) Book value
al. (Col. art IX (1)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d.	See Form 990, Part X, I	ine 15.	(b) Book value
al. (Col. art IX (1) (2)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d.	See Form 990, Part X, I	ine 15.	(b) Book value
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d.	See Form 990, Part X, I	ine 15.	(b) Book value
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d.	See Form 990, Part X, I	ine 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d.	See Form 990, Part X, I	ine 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d.	See Form 990, Part X, I	ine 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line	111d.	See Form 990, Part X, I	ine 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d.	See Form 990, Part X, I	ine 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes (a	" on Form 990, Part IV, line) Description			ine 15.	(b) Book value
al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Col	Other Assets. Complete if the organization answered "Yes (a	" on Form 990, Part IV, line) Description			ine 15.	(b) Book value
al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Col	Other Assets. Complete if the organization answered "Yes (a (a (a) (b) must equal Form 990, Part X, col. (B) lin (b) Ther Liabilities.	" on Form 990, Part IV, line) Description				· · ·
(1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Co)	Other Assets. Complete if the organization answered "Yes (a (a (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes	" on Form 990, Part IV, line) Description				5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (al. (Co) art X	Other Assets. Complete if the organization answered "Yes (a (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	" on Form 990, Part IV, line) Description				· · ·
(1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (9) (1) Fe	Other Assets. Complete if the organization answered "Yes (a (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability deral income taxes	" on Form 990, Part IV, line) Description				5. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) (8) (7) (8) (7) (8) (7) (8) (7) (7) (8) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes (a (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	" on Form 990, Part IV, line) Description				5.
(1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) (3) (1) Fe (2) D (3)	Other Assets. Complete if the organization answered "Yes (a (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability deral income taxes	" on Form 990, Part IV, line) Description				5. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (9) (3) (1) Fe (2) D: (3) (4)	Other Assets. Complete if the organization answered "Yes (a (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability deral income taxes	" on Form 990, Part IV, line) Description				5. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (1) Fe (2) D: (3) (4) (5)	Other Assets. Complete if the organization answered "Yes (a (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability deral income taxes	" on Form 990, Part IV, line) Description				5. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (1) Fe (2) D (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes (a (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability deral income taxes	" on Form 990, Part IV, line) Description				5. (b) Book value
al. (Col. art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (art X (1) Fe (2) D: (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes (a (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability deral income taxes	" on Form 990, Part IV, line) Description				5. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (1) Fe (2) D (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes (a (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes (a) Description of liability deral income taxes	" on Form 990, Part IV, line) Description				5. (b) Book value

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

Schedule D (Form 990) 2019

932053 10-02-19

	NATIONAL ENERGY EDUCATION D	EVELO	PMENT		
Sche	dule D (Form 990) 2019 PROJECT , INC .				1646670 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,768,349.
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				
d	Other (Describe in Part XIII.)		138,311.		
е	Add lines 2a through 2d			2e	141,811.
3	Subtract line 2e from line 1			3	4,626,538.
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>		5	4,626,538.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,568,365.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,500.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	138,311.		
е	Add lines 2a through 2d			2e	141,811.
3	Subtract line 2e from line 1			3	4,426,554.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	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	4,426,554.
Pa	t XIII Supplemental Information.				

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

PART X, LINE 2:

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

ENDED DECEMBER 31, 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT

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

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

IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

932054 10-02-19

2019.03042 NATIONAL ENERGY EDUCATION NEED

138,311.

<u>138,311.</u> Schedule D (Form 990) 2019

1

Schedule D (Form 990) 2019 Part XIII Supplemental Inform			 DEVELOPMENT	54-1646670 Page 5
Part XIII Supplemental Inform	mation _{(continue}	ed)		
932055 10-02-19				Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)		Gov	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		2019
Department of the Treasury Internal Revenue Service			-	Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organizat	ion NATIONAL PROJECT,		JCATION DEV					Employer identification number $54 - 1646670$
Part I General I	nformation on Grants a							54 1040070
1 Does the organiz	zation maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	 on
	award the grants or assis							X Yes No
2 Describe in Part	IV the organization's pro	ocedures for monito	oring the use of grant	funds in the United	l States.			
	nd Other Assistance to that received more than the state of the state					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INDEPENDENCE HIGH 8001 OLD RIVER RC	DAD	95-6001764		5,600.	0.			PG&E ENERGY ACADEMY GRANT
BAKERSFIELD, CA 9	5511	95-6001/64		5,800.	0.			PG&E ENERGI ACADEMI GRANI
2 Enter total numb	per of section 501(c)(3) a	nd government ora	anizations listed in the	e line 1 table	1		1	▶ 1.
	per of other organization	v v				·····		0.
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

PROJECT, INC.

54-1646670

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BOB THOMPSON AWARDS	3	3,000.	0.		
OUTH LEADERSHIP AWARDS	2	3,000.	0.		
CHOLARSHIP	1	300.	0.		
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ad	dditional information.	
PART I, LINE 2:					
EED RECEIVES GRANT REPORTS BASED	ON THE RE	QUIREMENTS	S OF EACH I	NDIVIDUAL	
RANT PROGRAM WHICH INCLUDES: BUI	DGET JUSTI	FICATION,	DOCUMENTAT	ION OF	
TUDENT WORK, INVITATIONS TO EVEN	S FUNDED	BY THE GRA	NT PROVIDE	D TO THE	

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

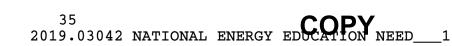
GRANT RECEIVED BY THE SCHOOL. THESE REPORTS ARE REVIEWED BY NEED TO ENSURE

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

ISSUANCE.

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	40	
•		Compensated Employees		20	13	J
_		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatio		Employer i	identificatio	on nui	mber
		PROJECT, INC.	54-1	64667	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or	charter travel Housing allowance or residence for perso	nal use			
	Travel for con	panions Payments for business use of personal re	sidence			
	Tax indemnifi	cation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i			
	CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensatio	n committee Written employment contract				
	Independent of	compensation consultant X Compensation survey or study				
	X Form 990 of c	ther organizations X Approval by the board or compensation c	ommittee			
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	elated organization:				
а		e payment or change-of-control payment?				X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the					
						X
b		ation?		5 b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the	-				37
						X
b		ation?		6b	_	X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37	
		nes 5 and 6? If "Yes," describe in Part III		7	X	
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe			37
				8	_	X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)) 2019

932111 10-21-19



Schedule J (Form 990) 2019

PROJECT, INC.

54-1646670

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MARY E. SPRUILL	(i)	210,268.	9,000.	0.	12,616.	0.	231,884.	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)							

Schedule J (Form 990) 2019

COPY

Schedule J (Form 990) 2019

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, 2019, MARY E. SPRUILL, EXECUTIVE

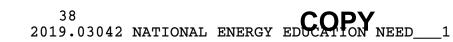
DIRECTOR, RECEIVED A BONUS OF \$9,000, WHICH WAS AWARDED AT THE BOARD OF

DIRECTORS DISCRETION PER REVIEW OF HER PERFORMANCE.

Schedule J (Form 990) 2019

SCHEDUL								erested					ON	/IB No.	1545-00)47
(Form 990 or 990-EZ) 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.									2019							
Department of the T	2000/07/		201	· . ·				Form 990-E2		400.			0	Den T	o Put	olic
Department of the Tr Internal Revenue Ser		► Go	to www.	irs.gov/Fo	orm99	0 for iı	nstruc	tions and the	late	st information.			In	spect	ion	
Name of the or									Employer identification number							
Part I E		PROJECT			01/->/0)+			-+:				466	70		
										n 501(c)(29) orgai			•			
1				nship bet				1118 20a 01 20L	<u>, or</u>	Form 990-EZ, Pa	ut v, i	<u>11e 40</u>	D.	(d)	Corre	ected?
(a) Name of disqualified person				son and o				(sactio	n		· · · ·	es	No		
														_		
2 Enter the	amount of tax	incurred by th	ie organiz	ation man	nagers	or disc	qualifie	d persons dur	ing t	he year under						
section 49																
3 Enter the	amount of tax	k, if any, on line	e 2, above	, reimburs	sed by	the org	ganiza	tion				▶ \$				
Part II L	oans to an	d/or From	Interes	ted Pers	sons.											
C	omplete if the	organization a	answered	"Yes" on	Form 9	90-EZ	, Part '	V, line 38a or F	orm	990, Part IV, line	e 26; d	or if th	e orga	nizatio	n	
		ount on Form												arovod	1	
		(b) Relations with organiza			(d) Loan to or from the			(e) Original principal amount		(f) Balance due				(h) Approved by board or committee? (i) Wr		Vritten
		With organiza		or loan	organization		ł :	sipai amount			Yes No		Comm Yes	No	Yes	<u> </u>
					10	From					162		165	NO	Tes	
Total	rants or A	ssistance E	Ronofiti	na Inter	<u>astar</u>	Dor	eone	> \$								
		organization a		-												
	of interested							c) Amount of		(d) Type	of		(e) Purp	ose c	of
.,			(b) Relationship between interested person and				assistance		assistance					ance		
			tr	ne organiz	ation											
												+				
												+				
LHA For Pape	erwork Reduc	ction Act Noti	ce, see tl	ne Instruc	tions f	or For	m 990) or 990-EZ.		Sche	edule	L (For	rm 990	or 99	90-EZ	2019

932131 10-21-19



Schedule L (Form 990 or 990-EZ) 2019 PROJEC	54-1646	Page 2							
Part IV Business Transactions Involvi	ng Interes	sted	Persons	s.					
Complete if the organization answered	"Yes" on For	m 990	, Part IV, I	ine 28	la, 2	8b, or 28c.			
(a) Name of interested person	(b) Relation person		between in ne organiza		ed	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
								Yes	No
BONNY SPRUILL	PARENT	OF	MARY	Ε.	S	41,618.	BONNY SPRUI		X
Part V Supplemental Information.	•					•	•	•	•
Provide additional information for respo	onses to ques	tions	on Schedı	ule L (see i	nstructions).			

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

(A) NAME OF PERSON: BONNY SPRUILL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PARENT OF MARY E. SPRUILL, EXECUTIVE DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 41,618.

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

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

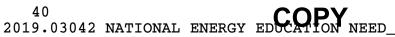
ROANOKE, VIRGINIA, REPORTING TO THE CURRICULUM DIRECTOR.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

SCHEDULE M			Noncash Contributions							
(Fo	orm 990)			2010						
				answered "Yes" o	n Form 990, Part IV, lines 29	9 or 30.	2013			
	ment of the Treasury I Revenue Service	 Attach to Form 990 Go to www.irs.gov/ 		r instructions and		Open to Public Inspection				
Nam	e of the organization	NATIONAL ENE	RGY ED	UCATION DE	Employer id	dentification number				
		PROJECT, INC	•			54	-1646670			
Pa	rt I Types of	Property	_							
			(a) Check if	(b) Number of	(c) Noncash contribution	Mothod c	(d)			
			applicable	contributions or	amounts reported on		of determining tribution amounts			
				items contributed	Form 990, Part VIII, line 1g					
1										
2		sures								
3		rests								
4		tions	X		30,000.	FMV				
5		ehold goods								
6		icles								
7										
8	Intellectual propert									
9		y traded								
10		held stock								
11	Securities - Partner trust interests	ship, LLC, or								
12	Securities - Miscella	aneous								
13	Qualified conservat	tion contribution -								
	Historic structures									
14	Qualified conservat	tion contribution - Other								
15	Real estate - Reside	ential								
16	Real estate - Comn	nercial								
17	Real estate - Other									
18										
19	Food inventory									
20		supplies								
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimer	าร								
24	Archeological artifa	acts								
25	Other 🕨 ()								
26	Other 🕨 ()								
27	Other 🕨 ()								
28	Other 🕨 ()								
29	Number of Forms 8	3283 received by the organi	ization during	g the tax year for co	ontributions					
	for which the orgar	nization completed Form 82	283, Part IV, I	Donee Acknowledg	jement 29					
							Yes No			
30a					orted in Part I, lines 1 throug					
					which isn't required to be us					
			?				<u>30a X</u>			
b		he arrangement in Part II.								
31					of any nonstandard contribut	ions?	<u>31 X</u>			
32a	Does the organizat	ion hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
							. 32a X			
b	If "Yes," describe in									
33		didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is chec	ked,				
	describe in Part II.									
LHA	For Paperwork I	Reduction Act Notice, see	the Instruc	tions for Form 990).	Schedu	le M (Form 990) 2019			



___1

		NAL ENERGY EDUCATION DEVELOPM	
Schedule M	(Form 990) 2019 PROJEC	CT, INC.	54-1646670 Page 2
	is reporting in Part I, column (I this part for any additional info	tion. Provide the information required by Part I, lines 30 b), the number of contributions, the number of items reception mation.	30, 320, and $33, and whether the organization sived, or a combination of both. Also complete$
2142 09-27-*	19		Schedule M (Form 990) 201

SCHEDULE O

(Form 990 or 990-EZ)

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

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



54-1646670

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

INC.

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.

PROJECT

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

CHARGE ONLINE AT WWW.NEED.ORG.

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

YOUTH AWARDS PROGRAM

EXPENSES \$ 365,127. INCLUDING GRANTS OF \$ 6,000. REVENUE \$ 335,918.

CURRICULUM DEVELOPMENT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

42 2019.03042 NATIONAL ENERGY EDUCATION NEED

Schedule O (Form 990 or 990-EZ) (2019) Page 2											
Name of the organization	NATIONAL	ENERGY	EDUCATION	DEVELOPMENT	Employe	r identification number					
	PROJECT,	INC.			54-	1646670					

EXPENSES \$ 252,795. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRAINING CONFERENCES

EXPENSES \$ 180,830. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROGRAM DEVELOPMENT

EXPENSES \$ 114,415. INCLUDING GRANTS OF \$ 300. REVENUE \$ 0.

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

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

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

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

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

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

WITH THE INTERNAL REVENUE SERVICE.

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

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

FORM 990, PART VI, SECTION B, LINE 15A: THE NEED BOARD OF DIRECTORS ANNUALLY REVIEWS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND CONSIDERS ALL ASPECTS OF THE POSITION REQUIREMENTS, SUCCESS BASED ON AN ANNUALLY AGREED UPON SET OF GOALS AND ACTION ITEMS, AND THE OVERALL FINANCIAL HEALTH OF NEED. ANNUALLY, THE EXECUTIVE COMMITTEE Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 43 2019.03042 NATIONAL ENERGY EDUCATION NEED

1

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization NATIONAL ENERGY EDUCATION DEVELOPMENT Employer identification number 54-1646670 PROJECT, INC. REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR, SETS A PERCENTAGE OF SALARY INCREASE, AND A POSSIBLE PERCENTAGE DERIVED BONUS SHOULD NEED'S ORGANIZATIONAL PERFORMANCE AND FISCAL HEALTH WARRANT IT. NEED'S EXECUTIVE COMMITTEE SHARES ITS RECOMMENDATION WITH THE BOARD OF DIRECTORS IMMEDIATELY FOLLOWING THE EXECUTIVE COMMITTEE'S DISCUSSION AT THE ANNUAL DECEMBER BOARD MEETING. THE BOARD OF DIRECTORS THEN APPROVES THE DECISION. THE EXECUTIVE COMMITTEE ISSUES THE REVIEW OF PERFORMANCE AND THE UPCOMING YEAR'S SALARY TO THE EXECUTIVE DIRECTOR AND ACCOUNTING MANAGER FOR FILING AND ACTION. THE EXECUTIVE DIRECTOR'S POSITION AND SALARY ARE REAFFIRMED ANNUALLY PER THE BY-LAWS AT THE SPRING BOARD OF DIRECTORS MEETING.

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

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

1