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

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Α	For the	2021 calendar year, or tax year beginning and en	nding					
В	Check if applicable Address change	NATIONAL ENERGY EDUCATION DEVELOPMENT		D Employer identifi	cation number			
	Name			54-16466	70			
	change Initial return							
	Final return/	8408 KAO CIRCLE	oom/suite	(703) 25				
	termin- ated			G Gross receipts \$	4,443,120.			
	Amend return	MANASSAS, VA 20110		H(a) Is this a group re	eturn			
	Applica tion	F Name and address of principal officer. FIART 11: DIROTHE		for subordinates	? Yes X No			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	· · · · · · · · · · · · · · · · · · ·	list. See instructions			
		e: WWW.NEED.ORG		H(c) Group exemptio				
K P		organization: X Corporation Trust Association Other ► Summary	L Year o	of formation: 1991 N	M State of legal domicile: VA			
•		Briefly describe the organization's mission or most significant activities: ${f NEED}$	TESTCI	NS & DELTVE	2 9			
٥	3 '	COMPREHENSIVE ENERGY EDUC. CURRICULUM & TRA	ATNTN	IG TO K-12 S	CHOOLS.			
& Governance	2	Check this box if the organization discontinued its operations or disposed						
Ver	3			3	13			
ç	8 4	Number of independent voting members of the governing body (Part VI, line 1b)			13			
o V	5 5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			17			
vitio	6	Total number of volunteers (estimate if necessary)		6	70			
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.			
				Prior Year	Current Year			
٩	8	Contributions and grants (Part VIII, line 1h)		4,446,355.	4,207,915.			
Revenue	9	Program service revenue (Part VIII, line 2g)		10,097.	1,541.			
B	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,057.	10,530.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,853. 4,467,305.	4,327,526.			
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		71,095.	189,635.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
u	1 45 1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,320,560.	1,440,376.			
ď	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Fynenses	<u>}</u> b	Total fundraising expenses (Part IX, column (D), line 25)	5.					
Ú	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,691,121.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,082,776.	3,410,551.			
_	19	Revenue less expenses. Subtract line 18 from line 12		1,384,529.	916,975.			
Net Assets or	DC es		Вед	ginning of Current Year	End of Year			
sset	gg 20	Total assets (Part X, line 16)		3,881,270. 113,190.	4,802,187. 117,132.			
let A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		3,768,080.	4,685,055.			
P	∃ 22 art II	Signature Block		3,700,000.	4,005,055			
		ties of perjury, I declare that I have and all this return, including accompanying schedules an	nd stateme	nts, and to the best of my	/ knowledge and belief, it is			
		t, and complete. Declarat and an afficer) is based on all information of which						
		Margar -						
Sig	gn	Signature of officer		Date				
Не	re	MARY E. SPRUILL, EXECUTIVE DIRECTOR						
		Type or print name and title	15	\\	L DTIN			
		Print/Type preparer's name Preparer's signature		Onte Check	PTIN			
Pai	1	AARON M. FOX		05/20/22 self-employ				
	parer	Firm's name MARCUM LLP Firm's address 1899 L STREET, NW, SUITE 850	Firm's EIN	11-1986323				
Use Only Firm's address 1899 L STREET, NW, SUITE 850 Phone no. (202)								
N/~	v the I	RS discuss this return with the preparer shown above? See instructions		Pilotte IIo. (Z	37			
IVIO	ıy ii ie iF	o discuss this return with the brehaler shown above? See Histructions			X Yes No			

Pai	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?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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, 051, 229
	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 \$ 835,029. including grants of \$ 169,935.) (Revenue \$)
	PROGRAM ADMINISTRATION: NEED'S MISSION IS TO DESIGN AND DELIVER COMPREHENSIVE ENERGY EDUCATION CURRICULUM AND TRAINING. AS PART OF THIS
	EFFORT, NEED ESTABLISHES AND ADMINISTERS MANY SIGNATURE PROGRAMS FOR
	AGENCIES, COMPANIES AND ORGANIZATIONS WHO PROVIDE FUNDING FOR ENERGY
	EDUCATION OUTREACH, CLASSROOM SUPPORT, AND CURRICULUM DESIGN. THESE
	PROGRAMS INCLUDE CURRICULUM, TRAINING WORKSHOPS, AND KITS ARE MENTIONED
	THROUGHOUT NEED'S FEDERAL FORM 990, BUT THESE PROGRAMS ALSO INCLUDE
	TURN-KEY STAFF SUPPORT OF LOCAL SCHOOLS - PROVIDING CLASSROOM VISITS,
	LOCAL COMMUNITY SUPPORT FOR PROGRAMMING, IN-CLASS TEACHING
	OPPORTUNITIES, TEACHER SUPPORT AND CLASSROOM TROUBLE-SHOOTING, DESIGN
	AND DELIVERY OF WEBSITES TO SUPPORT PROGRAMMATIC GOALS, AND OVERALL
	ADMINISTRATION OF THE ENERGY EDUCATION PROGRAMS NEED HAS UNDERWAY EACH
4c	(Code:) (Expenses \$ 624,440 • including grants of \$) (Revenue \$)
	KITS AND MATERIALS: NEED'S GOAL IS TO DESIGN AND DELIVER COMPREHENSIVE
	ENERGY EDUCATION CURRICULUM. ALL NEED CURRICULA ARE UPDATED WITH NEW
	DATA, TECHNOLOGIES, AND ISSUES ON AN ANNUAL BASIS. NEED'S HANDS-ON APPROACH TO ENERGY EDUCATION REQUIRES THAT EDUCATORS BE PROVIDED THE
	TOOLS AND RESOURCES NEEDED IN THE CLASSROOM. NEED'S TEACHER ADVISORY
	BOARD AND CURRICULUM COMMITTEE CREATE HANDS-ON EXPLORATIONS AND KITS
	FOR MULTIPLE GRADE LEVELS AND FOR MULTIPLE CONTENT AREAS. THESE KITS
	ARE INTEGRATED WITH PRINTED NEED CURRICULUM AND ARE PROVIDED TO
	EDUCATORS ATTENDING NEED WORKSHOPS. NEED CURRICULUM MATERIALS ARE
	DESIGNED AT FOUR READING LEVELS - PRIMARY, ELEMENTARY, INTERMEDIATE,
	AND SECONDARY. EACH GUIDE CONTAINS A TEACHER GUIDE AND STUDENT LESSONS
_	FOR THE ENERGY UNITS. THE ENTIRE NEED PORTFOLIO IS AVAILABLE FREE OF
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 796,517. including grants of \$ 13,200.) (Revenue \$ 107,312.)
4e	Total program service expenses ► 3,307,215.
	Farma 990 /0004

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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		Х
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		Х
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	 -		
124	Schedule D, Parts XI and XII	12a	х	
h		IZa	- 21	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the appropriation projection of the control of the United Otelson	13		-
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_V
	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> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				-

Part 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		OEL		x
00	Schedule L, Part I	25b		
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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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? <i>If</i> "Yes." <i>complete</i>			
	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04		34		x
25.0	Part V, line 1 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	33a		
D		2Eh		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		v
0-	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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 on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule 0	38	X	
rai				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
			aan	(0001)

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Par	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									
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х						
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
	If "Yes," enter the name of the foreign country	ти								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
		5a		х						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	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									
Va		6a		x						
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa								
b	and the state of t	6b								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD								
	• • • • • • • • • • • • • • • • • • • •	7-		х						
	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 7b		122						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x						
الم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c								
		7e		х						
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
-	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8								
•	sponsoring organization have excess business holdings at any time during the year?									
	Sponsoring organizations maintaining donor advised funds.	0-								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90								
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a									
	, , , , , , , , , , , , , , , , , , , ,									
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
120	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								
		IZa								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
		120								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the									
D	, , , , , , , , , , , , , , , , , , , ,									
_	organization is licensed to issue qualified health plans Enter the amount of recorned on hand									
	Enter the amount of reserves on hand [13c]	110		Х						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		 ^ `						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		 						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x						
	excess parachute payment(s) during the year?	15		\vdash^{Δ}						
If "Yes," see the instructions and file Form 4720, Schedule N.										
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

54-1646670

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

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

						X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or								
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or								
	persons other than the governing body?			7b		_X_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:								
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a											
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe								
	on Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	Х						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>					
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	s only)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain		•								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, and	d financ	cial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨								
	MARY E. SPRUILL - (703) 257-1117										
	8408 KAO CTRCLE MANASSAS VA 20110										

PROJECT

54-1646670

<u> Page</u> **7**

Form 990 (2021) 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organiz (A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	Position					Reportable	Reportable	Estimated	
Name and the	hours per		(do not check more than one box, unless person is both an					compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	steec	ruste			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	moo a		1099-NEC)		and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARY E. SPRUILL	40.00	_=	드	0	Ä	工品	Fe			
EXECUTIVE DIRECTOR	2000			х				234,261.	0.	12,263.
(2) REBECCA LAMB	40.00							•		•
PROGRAM DIRECTOR						Х		112,334.	0.	6,371.
(3) WAYNE YONKELOWITZ	2.00									-
VICE CHAIRMAN		Х		Х				5,656.	0.	0.
(4) MAGGIE DOWNEY	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) JOHN WEINER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) RETA WHITE	2.00									
TREASURER		Х		Х				0.	0.	0.
(7) LAUREN ALLEN	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CARRIE ANNAND	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) PAULA CONRAD	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JOHN DABBAR	2.00									•
DIRECTOR - UNTIL 11/2021		Х						0.	0.	0.
(11) LEIGH V. GRANTHAM	2.00	37							_	•
DIRECTOR (12) HARMONY JURKASH	2.00	Х						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(13) CLAUDIA KREISLE	2.00	Λ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(14) DIANE LEAR	2.00	-22						0.		0.
DIRECTOR	2.00	Х						0.	0.	0.
(15) MARK SARTAIN	2.00	† -								3.
DIRECTOR		х						0.	0.	0.
(16) STEVE SOLOMON	2.00									
DIRECTOR		Х		L		L	L	0.	0.	0.
				l				1		

Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C						
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average hours per	(do not check more than one						Reportable	Reportable			timate	
		week					is both or/trus		compensation	compensatio			nount	Of
		(list any	to						from the	organization			other pensa	ition
		hours for	direc				٥			(W-2/1099-MIS			om th	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	trust	nal tru		oyee	ompe "		1099-NEC)			and	d relat	ed
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizati		anizati	ons
		line)	ш	lust	ijJO	Key	e Hig	윤						
1b	Subtotal								352,251.		0.	1	8,6	34.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								352,251.		0.	1	8,6	34.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	•			_
	compensation from the organization												Yes	2 No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual									[3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	Х	
5	Did any person listed on line 1a receive or a													
Soci	rendered to the organization? If "Yes," com	plete Schedule	e <i>J f</i>	or su	ıch ı	oers	on					5		Х
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated ind	lene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of comp	ensati	ion fro	m	
	the organization. Report compensation for	· ·	-							· · · · · ·				
	(A) Name and business	address	NΙ	ONE	7				(B) Description of s	ervices	Co	(C ompe	;) nsatio	n
			141	7141					2 22214					
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)		ot lir	nited	d to		se lis)	ted	above) who received mo	ore than				
	Too, ood or compensation from the organia	Lation										Form	990 (2021)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 435,759. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,772,156. similar amounts not included above ... 1f 9,000 g Noncash contributions included in lines 1a-1f 4,207,915. h Total. Add lines 1a-1f **Business Code** 900099 107,540. 2 a CONFER. & YOUTH AWARDS 107,540. Program Service f All other program service revenue 107,540. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,541 1,541. other similar amounts) Income from investment of tax-exempt bond proceeds 1,521. 1,521. 5 (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a 115,594 and allowances 106 115,594 **b** Less: cost of goods sold 0. c Net income or (loss) from sales of inventory **Business Code** 6,305. 11 a OTHER INCOME 900099 6,305 900099 2,704. 2,704. **b** REBATES d All other revenue 9,009. e Total. Add lines 11a-11d 4,327,526. 107,540. 12,071. Total revenue. See instructions 12

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 31,000. 31,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 158,635. 158,635. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 202,875. 24,652. 252,180. 24,653. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,065,934. 1,048,860. 12,933. 4,141. Other salaries and wages 7 Pension plan accruals and contributions (include 40,529. 39,505. 776. 248. section 401(k) and 403(b) employer contributions) Other employee benefits 9 81,733. 77,915. 2,245 1,573. 10 Payroll taxes 11 Fees for services (nonemployees): Management 9,993. 9,769. 188. 36. Legal 27,617. 24,260. 2.815. 542. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 78,571. 77,702. 728. 141. column (A), amount, list line 11g expenses on Sch O.) 769. 769. Advertising and promotion 12 497,012. $\overline{485},710.$ 5,081. 6,221. Office expenses 13 12,629. 10,064. 654. 1,911. Information technology 14 Royalties 15 132,206. 124,706. 6,288. 1,212. 16 Occupancy 121,811. 121,806. 4. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 281,557. 280,864. 693. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 6,590. 5,788. 673. 129. Depreciation, depletion, and amortization 22 17,468. 15,344. 1,781. 343. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 249,137. 249,137. KIT PURCHASES STIPENDS 203,440. 203,440. CURRICULUM PURCHASES 84,330. 84,330. 57,410. 1,721. OTHER EXPENSES 54,736. 953. All other expenses 3,410,551. 3,307,215. 60,540. 42,796. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			120,870.	1	754,324
	2	Savings and temporary cash investments			1,978,018.	2	3,359,509
	3	Pledges and grants receivable, net			1,523,503.	3	398,768
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial contri	ibutor, or 35%			
		controlled entity or family member of any of the	nese persons			5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in section	4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			180,595. 47,203.	8	229,289
Ř	9	Prepaid expenses and deferred charges	paid expenses and deferred charges				35,806
	10a	Land, buildings, and equipment: cost or other	-	0= 604			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	97,691.	24 224		24 424
	b				31,081.		24,491
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		2 001 270	15	4 000 107	
	16	Total assets. Add lines 1 through 15 (must e			3,881,270.	16	4,802,187
	17	Accounts payable and accrued expenses			108,065.	17	114,798
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21 22	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for trustee, key employee, creator or founder, sul					
≣		controlled entity or family member of any of the				22	
Ë.	23	Secured mortgages and notes payable to unr		urties		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D	100 17 2 17. 001	mpioto i uit x	5,125.	25	2,334
	26	Total liabilities. Add lines 17 through 25			113,190.	26	117,132
		Organizations that follow FASB ASC 958, c			,		, -
es		and complete lines 27, 28, 32, and 33.					
auc	27				267,649.	27	348,293
Bal	28	Net assets with donor restrictions		3,500,431.	28	4,336,762	
pu		Organizations that do not follow FASB ASC					
Ī		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current fund			29		
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ąŝ	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,768,080.	32	4,685,055
_	33	Total liabilities and net assets/fund balances		1	3,881,270.	33	4,802,187
				•			Form 990 (202

Form **990** (2021)

Pa	T 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		<u>, 32'</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	3			51.		
3	Revenue less expenses. Subtract line 2 from line 1	3				75. 80.		
4								
5	5 Net unrealized gains (losses) on investments							
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	4	, 68	5,0	55.		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.	_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?	-		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection Employer identification number

		PROJ	ECT, INC.					5	4-16466	70			
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The o	organ	ization is not a private found	lation because it is: (For lines 1 through 12, cl	heck only	one box.)							
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect											
3		A hospital or a cooperative		•		(b)(1)(A)(ii	i).						
4		A medical research organiz					•	(iii). Enter	the hospital's	name,			
		city, and state:	·					,	•	·			
5		An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X												
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)								
9	一	An agricultural research org				ed in coniu	ınction with a	land-grant	college				
-		or university or a non-land-g	-			-		-	-				
		university:	gram comogo er agne	anare (666 mendeneme).			,	and domogo					
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membersh	ip fees, and	d aross receip	ts from			
-		activities related to its exen											
		income and unrelated busin		•	` '				•				
		See section 509(a)(2). (Co		(,,,,				,	,				
11		An organization organized a	•	ively to test for public sat	fetv. See	section 50)9(a)(4).						
12		An organization organized a	•	•	•			rry out the	purposes of o	ne or			
		more publicly supported or	•	•	-			•	•				
		lines 12a through 12d that	-										
а		Type I. A supporting orga	* *					-	giving				
		the supported organization		·	•	-							
		organization. You must o							•				
b		Type II. A supporting org			ion with its	s supporte	d organizatio	n(s), by hav	ving				
		control or management o											
		organization(s). You mus			·		·						
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	/ integrated. A supp	oorting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)				
		that is not functionally int						_					
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type	II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated supporting	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information											
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount				
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see in	structions)			

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and					• •	
	membership fees received. (Do not						
	include any "unusual grants.")	3297836.	5204521.	4259938.	4446355.	4207915.	21416565.
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	22252	5004504	4050000	4446055	4000015	04445555
	Total. Add lines 1 through 3	3297836.	5204521.	4259938.	4446355.	4207915.	21416565.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						0526125
	column (f)						9736135.
	Public support. Subtract line 5 from line 4.						11680430.
		() 0047	(1) 0040	() 0040	(1) 0000	() 0004	(n =
	ndar year (or fiscal year beginning in)	(a) 2017 3297836.	(b) 2018 5204521.	(c) 2019 4259938.	(d) 2020 4446355.	(e) 2021 1207915	(f) Total 21416565.
	Amounts from line 4	3297030.	7204721.	4239930.	4440222	4207913.	21410303.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	4,901.	14,506.	22,674.	10,097.	3,062.	55,240.
۵	Net income from unrelated business	4,501.	11,500.	22,074.	10,007.	3,002.	33,240.
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,683.	5,318.	5,106.	10,853.	6,305.	34,265.
11	Total support. Add lines 7 through 10		·	•	•		21506070.
	Gross receipts from related activities,	etc. (see instructio	ns)				,889,883.
	First 5 years. If the Form 990 is for th	-				D1(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Public						
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	54.31 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	50.80 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	•		•		•	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•	*	-		
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets th				•		, —
	organization meets the facts-and-circu			•			>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
5	The value of services or facilities						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	Γ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		· ·	•	. , . , .	
0	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2021 (li	, , , , , , , , , , , , , , , , , , , ,	,	(//		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	n/
	Investment income percentage for 20					18	<u>%</u>
	33 1/3% support tests - 2021. If the						
198	more than 33 1/3%, check this box ar						. —
L	33 1/3% support tests - 2020. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4-		
	4a		
	415		
	4b		
	4c		
	5a		
	Ju		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9c		
	55		
	10a		
	10b		
ulo	A (Form	n 000)	2021

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail i	n Part VI.	11c		
Sect	tion B	. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organiz	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
		·			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sect	superv	rised, or controlled the supporting organization. Type II Supporting Organizations	2		
		Type in eapperting enganizations		Yes	No
1	Were s	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sect	tion D	. All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i	i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
S001	suppoi	rted organizations played in this regard. . Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b		The organization satisfied the Activities Test. Complete line 2 below.			
С		The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entity (see ins</i>	.tatia.m	اء	
2		ies Test. Answer lines 2a and 2b below.	iruction	Yes	No
a		bstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
_		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	the reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
3	Parent	of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

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

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	1		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

Schedule A (Form 990) 2021 PROJECT,

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
SCHEI	DULE A,	PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:			
OTHER	RINCOME	:				
2017	AMOUNT:	\$	6,683.			
2018	AMOUNT:	\$	5,318.			
2019	AMOUNT:	\$	5,106.			
2020	AMOUNT:	\$	10,853.			
2021	AMOUNT:	\$	6,305.			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

0004

2021

OMB No. 1545-0047

Name of the organization

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

Employer identification number

54-1646670

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization
NATIONAL ENERGY EDUCATION DEVELOPMENT
PROJECT, INC.

Employer identification number

54-1<u>646670</u>

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EXELON 10 S. DEARBORN STREET CHICAGO, IL 60603	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PHILLIPS 66 3010 BRIARPARK DRIVE HOUSTON, TX 77042	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COMED 3 LINCOLN CENTER 2ND FL. CHICAGO, IL 60181	\$\$\$\$\$\$\$\$	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
4	DOMINION FOUNDATION PO BOX 26666 RICHMOND, VA 23261	\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PACIFIC, GAS & ELECTRIC 77 BEALE STREET SAN FRANCISCO, CA 94105	\$\$	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
122452 11-1	DELMARVA POWER 401 EAGLE RUN ROAD NEWARK, DE 19702	\$198,246.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization
NATIONAL ENERGY EDUCATION DEVELOPMENT
PROJECT, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PRINCE GEORGE'S COUNTY 1400 MCCORMICK DR., #159 LARGO, MD 20774	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PEPCO 701 NINTH STREET, NW WASHINGTON, DC 20001	\$ <u>175,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	UNITED WAY OF GREATER PHILADELPHIA 1800 JOHN F KENNEDY BLVD., SUITE 1200 PHILADELPHIA, PA 19103	\$149,050.	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	DOMINION CORPORATION 707 EAST MAIN STREET, 12TH FLOOR RICHMOND, VA 23219	\$\$	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_	EXELONPAC 300 BRICKSTONE SQUARE, SUITE 601 ANDOVER, MA 01810	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	SHELL ONE SHELL PLAZA , 44TH FLOOR 910 LOUISIANA STREET HOUSTON, TX 77002	\$	Person X Payroll
	1.21	L	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Pag

Name of organization
NATIONAL ENERGY EDUCATION DEVELOPMENT
PROJECT, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CONOCOPHILLIPS 600 N. DAIRY ASHFORD HOUSTON, TX 77079	\$\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
NATIONAL ENERGY EDUCATION DEVELOPMENT
PROJECT, INC.

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
—		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$	Cabachila P. (Farm 200) (2004)				

Name of organization Employer identification number

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT. INC.

Part III	from any one contributor. Complete columns (a)	through (e) and the following	line entry. For o	11(c)(7), (8), or (10) that total more than \$1,000 for the year rganizations				
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	charitable, etc., contributions of \$1,0	000 or less for the	ne 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				
T		(e) Transfer	of gift					
	Transferee's name, address, ar	nd ZIP + 4	Ro	elationship of transferor to transferee				
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held				
-	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held				
-		(e) Transfer	of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

Employer identification number 54-1646670

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	visec	I funds	(b) Fun	ds and other accounts
1	Total number at end of year	. , ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	'Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	tribu	tion in the form o	f a cor	serva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)				2c	
d	Number of conservation easements included in (c) acquired a				е		
	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organiz	zation	during the tax
	year ▶						
4	Number of states where property subject to conservation eas		_				
5	Does the organization have a written policy regarding the peri		ecti	on, handling of			
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations	, and	d enforcing conse	ervatio	n ease	ments during the year
-	Amount of auroration madin manifolian instables bounds						to alcoring the consen
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	ling of violations, and	ente	ording conservation	on eas	semeni	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirem	onto	of section 170/h	\/ <i>4</i> \/ D \/	(i)	
0		•					Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	/113	manolal Statemen	113 1116	it dese	indes tric
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		•			
1a	If the organization elected, as permitted under FASB ASC 95		reve	nue statement an	ıd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	•					
b	If the organization elected, as permitted under FASB ASC 958					sheet	works of
	art, historical treasures, or other similar assets held for public	•					
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea					orovide)
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	-				•	\$
b	Assets included in Form 990, Part X						\$

132051 10-28-21

Schedule D (Form 990) 2021

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

Par	rt III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, or	Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	following that	make sigr	ificant u	se of its		-	
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 I	Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r similar as	sets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contributions	s or other ass	ets not inc	luded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?	\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	rt V Endowment Funds. Complete i	f the organization an	swered '	"Yes" on Fo	rm 990, Part	IV, line 10					
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a))) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
С	Term endowment	 %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administer	ed for the	organiza	tion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo									
Par	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990,	Part X, lin	e 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	d	(d) Book	value	•
		basis (investn	nent)	basis	(other)	depr	eciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment	I		3	8,550.		25,76	51.	12	78	39.
	Other	I		5	9,141.	4	17,43	39.		.,70	
	I. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	Oc.)			D	24	. , 49	$\overline{1.}$

	nvestments - Other Securities. omplete if the organization answered "Yes" o	on Form 990 Part IV line	11h See Form 990 Part X line 12	
	on piece if the organization answered fres to of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial d	erivatives			
(2) Closely hel	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	evet equal Faura 2000 Port V and (P) line 10 \			
Part VIII Ir	nust equal Form 990, Part X, col. (B) line 12.)			
	omplete if the organization answered "Yes" o	on Form 990 Part IV line	11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	(a) Decomplied of investment	(D) Doom raids	(0)	or your marries raids
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) n	nust equal Form 990, Part X, col. (B) line 13.)			
	ther Assets.			
	omplete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Daale value
	(a) i	Description		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line	15.)		
Part X O	ther Liabilities.			
С	omplete if the organization answered "Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	l income taxes			
(2) DEFI	ERRED RENT			2,334.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h)	05.)		2,334.
i Ulaii (Column	(b) must equal Form 990, Part X, col. (B) line	∠ე.)	······	4,334.

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

Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial State	tements With	Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	4,446,620.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	2b	3,500.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)		115,594.		
e Add lines 2a through 2d			2e	119,094.
3 Subtract line 2e from line 1			3	4,327,526.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c 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	4,327,526.
Part XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	Returr) .
Complete if the organization answered "Yes" on Form 990, Part IV, lin				
Total expenses and losses per audited financial statements			1	3,529,645.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities		3,500.		
b Prior year adjustments	2b			
c Other losses		115 501		
d Other (Describe in Part XIII.)		115,594.		440.004
e Add lines 2a through 2d			2e	119,094.
3 Subtract line 2e from line 1			3	3,410,551.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			0
c Add lines 4a and 4b			4c	U.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1s Part XIII Supplemental Information.	8.)		5	3,410,551.
	1. Doubli IV lines of h	and Ob. Dart V. line. 4	. Dart V	Line Or Dest VI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 lines 2d and 4b, and Part VIII lines 2d and 4b, also complete this part to provide an			; Part X	., line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	iy additional infor	nation.		
PART X, LINE 2:				
·				
NEED PERFORMED AN EVALUATION OF UNCERTAINS	ry in inco	OME TAXES F	OR 7	HE YEAR
ENDED DECEMBER 31, 2021, AND DETERMINED THE	HAT THERE	WERE NO MA	TTEF	RS THAT
WOULD REQUIRE RECOGNITION IN THE FINANCIAL	L STATEME	NTS OR THAT	MA	HAVE ANY
EFFECT ON ITS TAX-EXEMPT STATUS, AND THERI	E ARE CURI	RENTLY NO E	XAM:	NATIONS
PENDING OR IN PROGRESS.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
COOR OF COOR OF				115 504
COST OF GOODS SOLD				115,594.
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
IAMI AII, DINE 2D OTHER ADOUGHEMIS:				
COST OF GOODS SOLD				115,594.
132054 10-28-21			Sched	ule D (Form 990) 2021

NATIONAL ENERGY EDUCATION DEVELOPMENT 54-1646670 Page 5 Schedule D (Form 990) 2021 PROJECT, INC. Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

NATIONAL ENERGY EDUCATION DEVELOPMENT

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization NATIONA PROJECT		UCATION DEV	ELOPMENT				Employer identification number $54-1646670$
Part I General Information on Gran	ts and Assistance						
 Does the organization maintain reco criteria used to award the grants or a Describe in Part IV the organization's 	assistance?						on X Yes No
Part II Grants and Other Assistance recipient that received more the	to Domestic Organi	zations and Domesti	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	on (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c) 3 Enter total number of other organiza	. ,	•	e line 1 table	<u> </u>	<u> </u>	1	>

132101 10-26-21

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

Schedule I (Form 990) 2021

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. (e) Method of valuation (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance EXELON STEM ACADEMY SCHOLARSHIPS 13 143,635, 0 YOUTH LEADERSHIP AWARDS 6,000 0 BOB THOMPSON AWARDS 6 000 0 ESP STEM CHALLENGE 32 2,450. 0 CEWD ENERGY CAREERS CHALLENGE AWARD 550 0 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: NEED RECEIVES GRANT REPORTS BASED ON THE REQUIREMENTS OF EACH INDIVIDUAL GRANT PROGRAM WHICH INCLUDES: BUDGET JUSTIFICATION, DOCUMENTATION OF STUDENT WORK, INVITATIONS TO EVENTS FUNDED BY THE GRANT PROVIDED TO THE SCHOOL, AND REPORTS OF EVALUATIONS AND STUDENT PROGRAMS ASSOCIATED WITH THE GRANT RECEIVED BY THE SCHOOL. THESE REPORTS ARE REVIEWED BY NEED TO ENSURE THE FUNDS HAVE BEEN EXPENDED IN ACCORDANCE WITH THE PURPOSE OF THEIR ISSUANCE.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

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

NATIONAL ENERGY EDUCATION DEVELOPMENT

PROJECT, INC.

Employer identification number 54-1646670

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

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

Schedule J (Form 990) 2021

54-1646670

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

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

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

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARY E. SPRUILL	(i)	222,261.	12,000.	0.	12,263.	0.	246,524.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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, 2021, MARY E. SPRUILL, EXECUTIVE
DIRECTOR, RECEIVED A BONUS OF \$12,000, WHICH WAS AWARDED AT THE BOARD OF
DIRECTORS DISCRETION PER REVIEW OF HER PERFORMANCE.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

NATIONAL ENERGY EDICATION DEVELOPMENT

OMB No. 1545-0047

2021

Open To Public Inspection

	PROJECT,		DUC	ATI	ON DEVELOPE	ATET	N.T.		-	466		on nu	ilibei
			01(c)(3	3), secti	ion 501(c)(4), and se	ctio	n 501(c)(29) orga				, ,		
					art IV, line 25a or 25b								
1 (a) Name of disqualified	(b) Relationship bet			ified	-) D	acceiption of team	o o o ti o	_		(d)	Corre	cted?
(a) Name of disqualified	person	person and or	rganiza	ation	(6) D	escription of tran	ISactio	·		Y	es	No
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2 Enter the amount of tax	-	-	-		•	-	•		•				
section 4958									Φ Φ				
5 Enter the amount of tax,	ii arry, orr iii le z	z, above, reimburs	eu by	ine or	gariization				Ψ				
Part II Loans to and	d/or From I	nterested Pers	sons.										
	organization an	swered "Yes" on I	Form 9	990-EZ	, Part V, line 38a or F	orm	n 990. Part IV. lin	e 26: d	or if th	e orga	nizatic	n	
· ·	Ü	90, Part X, line 5, 6			, ,		, ,	,		9			
(a) Name of	(b) Relationsh	p (c) Purpose		oan to or	(e) Original	(1	f) Balance due) In	(h) Ap	proved ard or	(1) **	/ritten
interested person	with organization	on of loan		n the ization?	principal amount		default? comr		default? con		nittee?	agree	ment?
			То	From				Yes	No	Yes	No	Yes	No
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Γotal			1		> \$	<u> </u>							<u> </u>
	ssistance Be	enefiting Inter	este	d Per									
Complete if the	organization an	swered "Yes" on I	Form 9	990, Pa	art IV, line 27.								
(a) Name of interested		(b) Relationship			(c) Amount of		(d) Type	of		(e) Purp	ose of	 f
.,		interested pers	son an		assistance		assistan	ce		Ì	assista	ance	
		the organiza	ation										
				· ·									

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involvi		d Persons	3.						rage z
Complete if the organization answered	"Yes" on Form 9	990, Part IV,	ine 28a, 2	8b, or 28c.				(a) Cha	wina of
(a) Name of interested person	(b) Relationshi person and	p between ir d the organiz		(c) Amou transac		1 ' '	cription of action	òrganiz rever	
BONNY SPRUILL	PARENT O	F MARY	E. S	48	,678.	BONNY	SPRUI	Yes	No X
Part V Supplemental Information. Provide additional information for response.	nses to question	ns on Sched	ule L (see i	nstructions).					
SCH L, PART IV, BUSINESS TI	RANSACTIO	NI SNC	OLVIN	G INTE	RESTE	D PER	SONS:		
(A) NAME OF PERSON: BONNY	SPRUILL								
(B) RELATIONSHIP BETWEEN II	NTERESTE	D PERSO	N AND	ORGAN	IZATI	ON:			
PARENT OF MARY E. SPRUILL,	EXECUTIV	VE DIRE	ECTOR						
(C) AMOUNT OF TRANSACTION	\$ 48,678	•							
(D) DESCRIPTION OF TRANSACT	rion: Boi	NNY SPF	RUILL	SERVES	ON T	HE NE	ED STA	FF	
IN A PART-TIME CAPACITY MAI	NAGING TI	HE DIST	RIBUT	ION CE	NTER	LOCAT	ED IN		
ROANOKE, VIRGINIA, REPORTII	NG TO THI	E CURRI	CULUM	DIREC'	TOR.				
(E) SHARING OF ORGANIZATION									

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

Employer identification number 54-1646670

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MULTI-SIDED ENERGY EDUCATION PROGRAMS. NEED DESIGNS AND DELIVERS ENERGY
EDUCATION CURRICULUM AND TRAINING TO K-12 CLASSROOMS AND SUPPORTS
EDUCATORS SEEKING TO INTEGRATE ENERGY INTO LOCAL CURRICULUM.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
GENERATION SCIENCE STANDARDS, COMMON CORE STANDARDS AND STATE EDUCATION
STANDARDS. ADDITIONAL TEACHER PROFESSIONAL DEVELOPMENT OPPORTUNITIES
(WEEKLONG CONFERENCES) ARE HELD DURING THE SUMMER.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
YEAR. IN ADDITION, NEED HAS DEVELOPED A STRONG GRANT-MAKING CAPABILITY
AND ADMINISTERS A NUMBER OF GRANT PROGRAMS THANKS TO THE SUPPORT OF
SEVERAL DONORS. ALL OF THESE GRANT PROGRAMS HAVE A RUBRIC AND
INDEPENDENT REVIEWERS. NEED BOTH ADMINISTERS THE RECRUITMENT/MARKETING
PHASE OF THE GRANTS AND THE ONLINE APPLICATION, SELECTION, AND ACTUAL
PAYMENT OF THE GRANT TO THE INDIVIDUAL SCHOOL.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CHARGE ONLINE AT WWW.NEED.ORG.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CURRICULUM DEVELOPMENT
EXPENSES \$ 302,282. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

YOUTH AWARDS PROGRAM

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization NATIONAL ENERGY EDUCATION DEVELOPMENT PROJECT, INC.

Employer identification number 54-1646670

EXPENSES \$ 225,069. INCLUDING GRANTS OF \$ 12,000. REVENUE \$ 107,312.

TRAINING CONFERENCES

EXPENSES \$ 189,153. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROGRAM DEVELOPMENT

EXPENSES \$ 80,013. INCLUDING GRANTS OF \$ 1,200. 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) 2021 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.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CONOCO PHILLIPS	1,100,000.	669,879.
DOMINION FOUNDATION	1,204,000.	773,879.
EXELON	4,480,344.	4,050,223.
NATIONAL FUEL GAS DISTRIBUTION	480,000.	49,879.
NATIONAL GRID	449,413.	19,292.
PACIFIC GAS AND ELECTRIC COMPANY	918,292.	488,171.
PEPCO	949,375.	519,254.
PHILLIPS 66	2,220,073.	1,789,952.
POWERSOUTH ENERGY COOPERATIVE	736,412.	306,291.
PPL ELECTRIC UTILITIES	968,022.	537,901.
SHELL OIL COMPANY	718,076.	287,955.
COMED	673,580.	243,459.
Total Excess Contributions to Schedule A, Part II, Line 5	,	9,736,135.