WEGNER CPAS, LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION 1850 M ST NW, NO. 610 WASHINGTON, DC 20036

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** PUBLIC DISCLOSURE COPY **

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number THE NATIONAL ENERGY AND UTILITY X Address change AFFORDABILITY COALITION Name change 52-1559709 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 202-530-2210 1850 M ST NW l610 termin-ated 968,050. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20036 H(a) Is this a group return Applica-F Name and address of principal officer: MICHAEL BRADFORD for subordinates? L Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► NEUAC . ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1987 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: THE NATIONAL ENERGY AND UTILITY Activities & Governance AFFORDABILITY COALITION IS A BROAD-BASED COALITION OF DIVERSE MEMBER Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 28 Number of voting members of the governing body (Part VI, line 1a) 28 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 968. b Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 490,702. 239,821. Contributions and grants (Part VIII, line 1h) Revenue 500,978. 476,122. Program service revenue (Part VIII, line 2g) 338. 156. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 888. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 968,050. 740,955. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 87,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 163,036. 223,063. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 420,412. 556,458. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 583,448. 866,521. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 101,529. 157,507. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 790,207. 655,701. Total assets (Part X, line 16) 60,671. 0. 21 Total liabilities (Part X, line 26) 701. 729,536**.** Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MICHAEL BRADFORD, PRESIDENT Here Type or print name and title PTIN

LHA For Paperwork Reduction Act Notice, see the separate instructions.

ALEXANDRIA, VA 22314-2301

Print/Type preparer's name

Paid

Preparer

Use Only

GLENN MILLER, CPA

Firm's name WEGNER CPAS, LLP

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address 419 N LEE ST

X Yes No Form **990** (2018)

₱00086726

39-0974031

Phone no. 703-519-0990

Firm's EIN

Preparer's signature

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	POLICY	DISCUSSION,	AND N	IETWOF	RKING	WITH	STATE	AND	REGIONAL	TEAMS,	IN	
4c	(Code:) (Expenses \$			including gr	ants of \$) (Revenue \$)
4d	Other progra	m services (Describe in	Schedule C	O.)								

Form **990** (2018)

686,327.

including grants of \$

Total program service expenses

10570628 788028 13415.3RV01

) (Revenue \$

Page **3**

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Form 990 (2018)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Revenue Procedure 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<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	l		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			177
	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,"			\ _V
00	complete Schedule G, Part III	19		X
20a	7 /	20a		<u> </u>
	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	x	
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Page 4

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Form 990 (2018)

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
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	١		\ _V
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? 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			<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			\ _V
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			۱
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			 ₩
24	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 Part V, line 1	34		x
35 a	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	554		<u> </u>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,.	
D-	Note. All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			L_
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

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Form 990 (2018) AFFORDABILITY COALITION

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

	t t ctatements regarding care me image and rax compilaries (continued)			
	1 1		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 2			
_			Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Λ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		X
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		
Б	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
a h	Gross income from members or shareholders			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	.za		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

AFFORDABILITY COALITION Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 28 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 28 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KATRINA METZLER - 202-530-2210

Form **990** (2018)

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1850 M ST NW, SUITE 610, WASHINGTON, DC

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MICHAEL BRADFORD	1.00	7,		7.7				0	0	0
PRESIDENT	1.00	Х		Х				0.	0.	0.
(2) TANYA JONES	1.00	X		х				0.	0.	0.
1ST VICE CHAIR (3) DAN ALDERSON	1.00	^		Δ		-		0.	0.	0.
2ND VICE CHAIR	1.00	X		х				0.	0.	0.
(4) JOHN RICH	1.00	Δ		Δ				0.	0.	· ·
TREASURER	1.00	x		х				0.	0.	0.
(5) KELLY CAPLAN	1.00							· ·	•	<u></u>
SECRETARY	1.00	x		x				0.	0.	0.
(6) KATHLEEN KERR	1.00	 								
DIRECTOR		x						0.	0.	0.
(7) SCOTT THACH	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DAVID CONN	1.00									
DIRECTOR (THROUGH JUNE)		Х						0.	0.	0.
(9) RHONDA HARPER	1.00									
DIRECTOR (THROUGH JUNE)		Х						0.	0.	0.
(10) CHAD QUINN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) WINSTON FEEHELEY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ENRIQUE HERNANDEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(13) LIZ BRISTER	1.00									
DIRECTOR		Х						0.	0.	0.
(14) STEVE WHITWORTH	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(15) CAMI CAUDILL	1.00									
DIRECTOR	1 00	Х	_			_	<u> </u>	0.	0.	0.
(16) CHERE COLEMAN	1.00	,							_	_
DIRECTOR	1 00	Х						0.	0.	0.
(17) ERIN STEUER	1.00	Ψ,							^	_
DIRECTOR (THROUGH JUNE)		Х						0.	0.	0 . Form 990 (2018)

832007 12-31-18 Form **990** (2018) Form 990 (2018)

Form 990 (2018) AF FORDAB.									52-15	009	103	P	age c
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box,	not cl unles	Posi heck r ss per id a di	itior more rson	than	th an	(D) Reportable compensation from	(E) Reportable compensation from related	n	an	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizati	e ion ed
(18) GARY SWAN DIRECTOR	1.00	X	ıı	0	ž	王高	-	0.		0.			0.
(19) MELANIE LITTLEJOHN DIRECTOR	1.00	x						0.		0.			0.
(20) GREGORY SEITZ DIRECTOR	1.00	x						0.		0.			0.
(21) CHRIS ALLWEIN DIRECTOR	1.00	x						0.		0.			0.
(22) BRENDA WATSON DIRECTOR	1.00	х						0.		0.			0.
(23) CELIA ANDRADE DIRECTOR	1.00	х						0.		0.			0.
(24) PAUL GRIFFIN DIRECTOR	1.00	x						0.		0.			0.
(25) SILVIA ALDANA DIRECTOR	1.00	х						0.		0.			0.
(26) ANDREW BINEGAR DIRECTOR	1.00	х						0.		0.			0.
1b Sub-total c Total from continuation sheets to Part VI							>	0. 121,688.		0.		9,8	
d Total (add lines 1b and 1c)								121,688. eceived more than \$100	0,000 of reportable	0.	2	9,8	69. 1
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•			•	•	•	-	highest compensated e			3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	mpe	ensa	atior	n and	d otl	her compensation from	the organization		4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsati	on f	rom	any	/ uni	relat	ted organization or indiv	idual for services		5		Х
Section B. Independent Contractors				_									
Complete this table for your five highest co the organization. Report compensation for	•	•							•	pens	ation f	rom	
(A) Name and business	address	NC	NE	3				(B) Description of s	services	С	ompe		n
O Tatal number of finding and to 1	and the second	-4."	- 14		11-			d ala ava Vista a m	and the sec				
2 Total number of independent contractors (i	ncluaing but r	iot lin	nite	u to	τno	se li	stec	apove) wno received n	nore than				

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2018)

Form 990

Form 990 AFFORDAB	ILITY CO)AI	LIT	ric	ON				52-155	9709
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Average				1		Reportable	Reportable	Estimated
	hours	(c	heck	all	ıll that apply)		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any hours for	irecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			satec		(88-2/1099-181130)		and related
	organizations	truste	al frus		yee	mper				organizations
	below	Individual trustee or director	Institutional trustee	l la	Key employee	Highest compensated employee	Je.			Ü
	line)	lndi	Insti	Officer	Key	High	Former			
(27) BONNIE TEMME	1.00									
DIRECTOR		Х						0.	0.	0
(28) MARY WILKINS	1.00									
DIRECTOR		Х						0.	0.	0
(29) KIM RIKALO	1.00							_	_	_
DIRECTOR		Х						0.	0.	0
(30) CONNIE SANCHEZ	1.00								_	_
DIRECTOR	1 00	Х						0.	0.	0
(31) SAUNTEEL JENKINS	1.00	,,							0	0
DIRECTOR (THROUGH JUNE)	1 00	Х						0.	0.	0
(32) KIM CAMPBELL	1.00	Ι.,						0.	0.	_
DIRECTOR (THROUGH JUNE)	1.00	Х						0.	0.	0
(33) MARY SPRAYRAGEN DIRECTOR	1.00	х						0.	0.	0
(34) KATRINA METZLER	40.00	^						0.	0.	0
EXECUTIVE DIRECTOR	40.00			x				121,688.	0.	29,869
EARCOTIVE DIRECTOR	 			<u> </u>				121,000.	0.	20,000
		-								
			_	_		_				
		ł								
	-			_		\vdash	-			
	-	ł								
	<u>I</u>						<u> </u>			
Total to Dort VII. Continu A. line 1 -								121,688.		29,869
Total to Part VII, Section A, line 1c								121,000.		45,009

52-1559709 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 490,702. similar amounts not included above 10,350 g Noncash contributions included in lines 1a-1f: \$ 490,702. h Total. Add lines 1a-1f. Business Code 561920 389,422. 389,422 2 a ANNUAL CONFERENCE Program Service Revenue b MEMBERSHIP DUES 86,700. 900099 86,700. С All other program service revenue 476,122. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 338 338 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **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 b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b 900099 888. 888. d All other revenue

1,226.

888.

968,050.

Total revenue. See instructions

e Total. Add lines 11a-11d

476,122.

Form	1990 (2018) AFFORDABILIT rt IX Statement of Functional Expens	TY COALITION		52-15	59709 Page 10
	-		or organizations	amplete celumn (A)	
Secti	ion 501(c)(3) and 501(c)(4) organizations must com				X
	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21	87,000.	87,000.		
2	Grants and other assistance to domestic	07,000.	07,000.		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ü	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	151,557.	90,934.	30,311.	30,312.
6	Compensation not included above, to disqualified				·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,554.	6,332.	2,111.	2,111.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	629.	377.	126.	126.
10	Payroll taxes	60,323.	36,194.	12,064.	12,065.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	6,087.		6,087.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	150 111	100 500	45.005	
	column (A) amount, list line 11g expenses on Sch O.)	162,111.	122,693.	17,335.	22,083.
12	Advertising and promotion	2 221	1 004	0 000	
13	Office expenses	3,931.	1,924.	2,007.	1 000
14	Information technology	6,441.	3,865.	1,288.	1,288.
15	Royalties	01 000	10 500	4 0 4 0	4 0 4 0
16	Occupancy	21,200.	12,720.	4,240.	4,240.
17	Travel	17,160.	10,296.	3,432.	3,432.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	325,011.	313,992.	11,019.	
19	Conferences, conventions, and meetings	343,011.	313,334.	11,019.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,643.		1,643.	
23	Insurance Other expenses. Itemize expenses not covered	1,043.		1,043.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)	12,874.		12,874.	
-	-	12,0/4•		12,0/1	
b b					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	866,521.	686,327.	104,537.	75,657.
26	Joint costs. Complete this line only if the organization		200,02,0		,
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	655,664.	1	29,236.
	2	Savings and temporary cash investments	37.	2	672,971.
	3	Pledges and grants receivable, net		3	88,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
y,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	655,701.	16	790,207.
	17	Accounts payable and accrued expenses	•	17	21,221.
	18	Grants payable		18	9,000.
	19	Deferred revenue		19	30,450.
	20	Tax-exempt bond liabilities		20	-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	60,671.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	655,701.	27	584,934.
ala	28	Temporarily restricted net assets		28	144,602.
d B	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ō		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
χ¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	655,701.	33	729,536.
	34	Total liabilities and net assets/fund balances	655,701.	34	790,207.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65	55,7	01.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			-
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2	27,6	94.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	72	29,5	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e 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 in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

THE NATIONAL ENERGY AND UTILITY Name of the organization Employer identification number AFFORDABILITY COALITION 52-1559709 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 303,815 259,955 239,821 490,702. 1573494. include any "unusual grants.") 279,201 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 303,815. 259,955. 239,821 490,702. 279,201. 1573494. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 506,996. 1066498. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 490,702. 279,201. 303,815 259,955. 239,821. 1573494. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 2,999 3,103 570. 156. 612. 7,440. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1580934. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 816,929. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 67.46 % 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 79.11 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(6) 2016	(4) 2017	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
'	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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	s first, second this	rd, fourth, or fifth t	ax vear as a sectio	on 501(c)(3) organiz	ration.
• •		· ·		,	•	() ()	▶
Se	ction C. Computation of Publi						<u> </u>
	Public support percentage for 2018 (li			column (f))		15	%
	Public support percentage from 2017					16	<u> </u>
	ction D. Computation of Inves					, ,	70
17						17	%
	Investment income percentage from 2					18	——————————————————————————————————————
	a 33 1/3% support tests - 2018. If the						
196	more than 33 1/3%, check this box ar						I IS HOL
L							
,	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	Filvate loundation. If the organization	in ala not check a	DOX OF HILE 14, 18	a, or rab, crieck t	ing bux and see in	อเเนษแบบอ	

832023 10-11-18

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
_		
3с		
4a		
4a		
4.		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
.54		
10b		

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

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 AFFORDABILITY COALITION

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	· · ·	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 AFFORDABILITY COALITION

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti		Distributions		,	Current Year
1	Amount				
2	Amount	ts paid to perform activity that directly furthers exemp			
	organiz	ations, in excess of income from activity			
3	Adminis	strative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amount	ts paid to acquire exempt-use assets			
5	Qualifie	d set-aside amounts (prior IRS approval required)			
6	Other d	istributions (describe in Part VI). See instructions.			
7	Total a	nnual distributions. Add lines 1 through 6.			
8	Distribu	tions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide	e details in Part VI). See instructions.			
9	Distribu	table amount for 2018 from Section C, line 6			
10	Line 8 a	mount divided by line 9 amount			
Secti	ion E - D	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distribu	table amount for 2018 from Section C, line 6			
2	Underd	istributions, if any, for years prior to 2018 (reason-			
	able ca	use required- explain in Part VI). See instructions.			
3	Excess	distributions carryover, if any, to 2018			
а	From 20	013			
b	From 20	014			
С	From 20	015			
d	From 20	016			
е	From 20	017			
f	Total of	f lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2018 distributable amount			
i	Carryov	ver from 2013 not applied (see instructions)			
j	Remain	der. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	tions for 2018 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2018 distributable amount			
С		der. Subtract lines 4a and 4b from 4.			
5		ing underdistributions for years prior to 2018, if			
		btract lines 3g and 4a from line 2. For result greater			
		ro, explain in Part VI. See instructions.			
6		ing underdistributions for 2018. Subtract lines 3h			
		from line 1. For result greater than zero, explain in			
		See instructions.			
7		distributions carryover to 2019. Add lines 3j			
	and 4c.				
8		own of line 7:			
		from 2014			
		from 2015			
		from 2016			
		from 2017			
_	-VCDCC	from 2018			

Schedule A (Form 990 or 990-EZ) 2018

THE NATIONAL ENERGY AND UTILITY

52-1559709 Page 8 Schedule A (Form 990 or 990-EZ) 2018 AFFORDABILITY COALITION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

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

OMB No. 1545-0047

Name of the organization

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Employer identification number

52-1559709

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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	sections 509(a)(1) any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi		
1		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$ 20,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4		\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional and the copies of	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8	Nume, address, and 2n + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
10	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
	IVAIIIC, AUGI ESS, AIIU ZIF + 4	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of F	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
1	MEALS FOR EVENT ATTENDEES		
		\$ \$5,250.	03/12/18
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	MEALS FOR EVENT ATTENDEES		
		\\ \\$ 2,500.	11/15/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. 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

Employer identification number

Part III				01(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following the contributions of 9	ng line entry. For t	organizations \$
	Use duplicate copies of Part III if additional	space is needed.	, out of less for t	Control of the contro
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	aift	(d) Description of how gift is held
Part I	() ()	() -		
L				
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(1) D	() 11	-61	(1) 5
Part I	(b) Purpose of gift	(c) Use of g	γιπ	(d) Description of how gift is held
Ī		(e) Transf	er of aift	
		(o) Transi	or or give	
	Transferee's name, address, a	nd 7 IP + 4	R	elationship of transferor to transferee
	Transfered & Hame, adarese, ar	id Zii T T		ciationomp of transfer of to transfer co
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held
raiti				
		-		
		-		
-		(e) Transf	or of aift	
		(e) ITalisi	er or gift	
	Transferse's name address as	ad 7 ID + 4	D.	elationship of transferor to transferee
-	Transferee's name, address, a	IIU ZIF + 4	N	elationship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held
Part I				
		-		
		(e) Transf	er of gift	
1	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047 **2018**

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• O 1 -	504(-)(4) (5)(0)	tioner Occupate Boot III			
	on 501(c)(4), (5), or (6) organiza organization THE NAT	IONAL ENERGY ANI	ייידד.דייי ר	Fm	ployer identification number
1441110 01 0		BILITY COALITION		-"	52-1559709
Part I-	Complete if the ord	ganization is exempt un	der section 501(c)	or is a section 527	organization.
2 Politi	ide a description of the organiz	zation's direct and indirect politi ures ign activities	ical campaign activities	in Part IV.	
Part I-I	B Complete if the org	ganization is exempt un	der section 501(c)	(3).	
		incurred by the organization un			\$
2 Enter	the amount of any excise tax	incurred by organization manage	gers under section 4955	5	\$
3 If the	organization incurred a section	n 4955 tax, did it file Form 4720	ofor this year?		Yes No
b If "Ye	es," describe in Part IV.				
Part I-0	C Complete if the org	ganization is exempt un	der section 501(c)	, except section 50	1(c)(3).
1 Ente	the amount directly expended	d by the filing organization for se	ection 527 exempt fund	tion activities	\$
2 Ente	the amount of the filing organ	ization's funds contributed to o	other organizations for s	ection 527	
exen	pt function activities			>	\$
		s. Add lines 1 and 2. Enter here			
4 Did t	he filing organization file Form	1120-POL for this year?			Yes Mo
made conti	e payments. For each organizaributions received that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organi o a separate political org	zation's funds. Also enter ganization, such as a sepa	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

THE NATIONAL ENERGY AND UTILITY

Schedule C (Form 990 or 990-EZ) 2018 AFFORDABILITY COALITION

52-1559709 Page 2

Part II-A Complete if the organization 501(h)).	anizatio	n is exe	mpt under sectio	n 501(c)(3) and fil		election under
				n Part IV each affiliated	group member's nar	ne, address, EIN,
B Check ▶ ☐ if the filing organizat	ion check	ed box A a	nd "limited control" pro	ovisions apply.		
		ying Expe eans amou	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence publ	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add lir						
d Other exempt purpose expenditure						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000						
	•					
g Grassroots nontaxable amount (ent	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero	or less, e	nter -0				
i Subtract line 1f from line 1c. If zero	or less, er	nter -0				
j If there is an amount other than zer						
reporting section 4911 tax for this y	_					Yes No
(Some organizations th	at made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns	pelow.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(b)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		18	3,614.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
j	Total. Add lines 1c through 1i			18	3,614.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior yea	r? 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, lir	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1 a	and 2 (see	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
THI	E NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITI	ON ADV	JOCATE	S FOR	
UT:	LITY ASSISTANCE VIA SCHEDULED MEETINGS WITH STAFF	AND M	EMBERS	OF	
C01	NGRESS, HOSTING AN ACTION DAY FLY-IN TO SUPPORT THE	LOW	INCOME	HOME	
ENI	ERGY ASSISTANCE PROGRAM (LIHEAP), AND LEADING OR SU	PPORT:	ING EF	FORTS	
ON	VARIOUS LETTERS THROUGHOUT THE YEAR, INCLUDING THE	OPEN	LETTE	R TO	
		Schedu	ıle C (Form	990 or 990)-EZ) 2018

Part IV Supplemental Information (continued)
CONGRESS IN SUPPORT OF LIHEAP. ON ALL POLICY ISSUES, NEUAC STRIVES TO
FORWARD OUR MISSION TO HEIGHTEN THE AWARENESS OF ENERGY NEEDS OF
LIMITED INCOME HOUSEHOLDS. WE REPRESENT OUR MEMBERSHIP, WHICH INCLUDES
NONPROFITS, COMMUNITY ACTION AGENCIES, FUEL FUNDS, UTILITIES, AND OTHER
ENERGY AFFORDABILITY STAKEHOLDERS.

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 Open to Public Inspection

Name of the organization

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Employer identification number 52-1559709

Schedule D (Form 990) 2018

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	•	
	are the organization's property, subject to the organization's $ \\$		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Day			
Pai		· · · · · · · · · · · · · · · · · · ·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	`	
	Preservation of land for public use (e.g., recreation or e		corically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year •		
4	Number of states where property subject to conservation ear	-	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	Aling of violations, and onforcing consony	ation agramants during the year
′	\$\\$\$ \$\$ \$\$	alling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(b)(4)(B)(i)
Ŭ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
Ŭ	include, if applicable, the text of the footnote to the organization		
	conservation easements.		The organization of accounting for
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	•	, i
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			· ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

832051 10-29-18

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

52-1559709 Page 2

Schedule D (Form 990) 2018

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	reasures,	or Oth	er Sim	ilar Ass	e ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, checl	any of the	following the	at are a s	ignifica	nt use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	change progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ey further t	the organizat	ion's exe	mpt pui	rpose in Pa	ırt XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or oth	ner simila	r assets	;		
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's c	ollection?			<u> </u>	Yes	No_
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered	"Yes" on	Form 9	90, Part IV	, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contributio	ns or other a	ssets not	include	ed _	_	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c	:		
d	Additions during the year						1d			
е	Distributions during the year						1e			
	Ending balance								_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liabi	lity?	L	Yes	└── No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on F						
		(a) Current year	(b) P	rior year	(c) Two yea	ırs back	(d) Thre	e years back	(e) Four	years back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held a	and administe	ered for t	he orga	nization	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requi	red on S	chedule R?	?				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 99	0, Part X,	, line 10			
	Description of property	(a) Cost or o			t or other		ccumula	I	(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciation	on		
	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colun	nn (B). line	10c.)			▶		0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Schedule	D (Form	aan)	2018

Schedule D (Form 990) 2018 AF F ORDABILIT	TY COALITIO	ON	52	-1559/09 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				1 af a a
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuat	on: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				d-of-year market value
(a) Description of investment	(b) Book value	(c) Method of Valuat	on: Cost or end	a-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		/, line 11d. See Form 990, Part	X, line 15.	#ND 1
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u></u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)			
2 Liability for uncertain tax positions. In Part XIII, provide	the text of the footn	note to the organization's finance	ial statements	that reports the

832053 10-29-18

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial St		nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,		1.1	968,050.
1	Total revenue, gains, and other support per audited financial statements		1	900,030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
_	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			0.
_	Add lines 2a through 2d			968,050
3	Subtract line 2e from line 1		3	200,030
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.) Add lines 4a and 4b	<u>- </u>	4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1			968,050
	t XII Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" on Form 990, Part IV,	=	onoco por motarn	· -
1	Total expenses and losses per audited financial statements		1	866,521
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			000,011
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	·	2e	0.
3	Subtract line 2e from line 1			866,521.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	·	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			866,521.
Par	t XIII Supplemental Information.			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

THE NATIONAL ENERGY AND UTILITY

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AFFORDAB:	LLITY COA	LITION					52-1559709
Part I General Information on Grants	and Assistance						
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's p 	istance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than	_						•
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATIONAL ENERGY ASSISTANCE DIRECTORS' ASSOCIATION - PO BOX							LIHEAP PSA CAMPAIGN AND
42655 - WASHINGTON, DC 20015-0655	42-1445636	501(C)(3)	87,000.	0.			ENERGY ASSISTANCE SURVEY
 Enter total number of section 501(c)(3) Enter total number of other organization 		1 table					

52-1559709

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION GENERALLY PROVIDE	S SUPPOR	T TO ORGAN	IIZATIONS W	TTH SIMILAR	
PURPOSES. GRANTS ARE MONITORED BA	SED ON P	ERFORMANCE	AND COMPL	ETION OF	
DELIVERABLES AS OUTLINED IN EACH G	RANT AGR	EEMENT.			

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Employer identification number 52-1559709

	·		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 filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	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		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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		Х
	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		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(()-(U)	reported as deferred on prior Form 990
(1) KATRINA METZLER (i)	121,688.	0.	0.	0.	29,869.	151,557.	0.
EXECUTIVE DIRECTOR (ii		0.	0.	0.	0.	0.	0.
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
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Pertill Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1s, 1b, 3, 4s, 4b, 4c, 5s, 5b, 6s, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Schedule J (Form 990) 2018 AFFORDABI	LITY COALITION	52-1559709	Page 3
	Part III Supplemental Information			
		uired for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, a	nd for Part II. Also complete this part for any additional information	າ.
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Employer identification number 52-1559709

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ORGANIZATIONS AND INDIVIDUALS DEDICATED TO HEIGHTENING AWARENESS OF THE ENERGY NEEDS OF LOW INCOME ENERGY CONSUMERS, FOSTERING PUBLIC-PRIVATE PARTNERSHIPS AND ENGAGING IN OTHER ACTIVITIES TO HELP ADDRESS THESE NEEDS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN OTHER ACTIVITIES TO HELP ADDRESS THESE NEEDS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ADDITION TO MEETING WITH POLICYMAKERS ON THE HILL. FORM 990, PART VI, SECTION A, LINE 4: TERM FOR BOARD MEMBERS IS NOW THREE YEARS. FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP IN THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION SHALL BE OPEN TO ORGANIZATIONS WITH LOW-INCOME ENERGY/UTILITY PROGRAMS AND OTHER ORGANIZATIONS AND/OR CORPORATIONS WHICH SHARE THE GROUPS, INDIVIDUALS, PURPOSES AND OBJECTIVES OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S MEMBERSHIP HAS THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY (UP TO 28 VOTING MEMBERS) AND THE MEMBERS OF THE GOVERNING BODY ELECT THE ORGANIZATION'S OFFICERS (PRESIDENT, FIRST VICE PRESIDENT, ETC.).

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

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

Employer identification number 52-1559709

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

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE

AND REVIEWED AND APPROVED BY THE GOVERNING BODY BEFORE THE RETURN IS FILED

WITH THE IRS.

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

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT

PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY

MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE EXECUTIVE

COMMITTEE MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW

ACTUAL CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM

PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE

TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE DETERMINES THE EXECUTIVE DIRECTOR'S COMPENSATION
USING DATA ON COMPENSATION PAID BY COMPARABLE ORGANIZATIONS FOR SIMILAR
SERVICES.

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

THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ACCOUNTING AND PROGRAM CONSULTANT:

PROGRAM SERVICE EXPENSES

40,970.

MANAGEMENT AND GENERAL EXPENSES

13,657.

Name of the organization THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION	Employer identification number 52-1559709
FUNDRAISING EXPENSES	13,656.
TOTAL EXPENSES	68,283.
CONFERENCE & EVENT PLANNING CONSULTANT:	
PROGRAM SERVICE EXPENSES	81,723.
MANAGEMENT AND GENERAL EXPENSES	115.
FUNDRAISING EXPENSES	115.
TOTAL EXPENSES	81,953.
PROFESSIONAL SALES AND FUNDRAISING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,563.
FUNDRAISING EXPENSES	8,312.
TOTAL EXPENSES	11,875.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	162,111.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ADJUSTMENT FOR CHANGE IN BASIS OF ACCOUNTING	-27,694.
FORM 990, PART XII, LINE 1:	
THE COALITION PREVIOUSLY MAINTAINED ITS RECORDS AND PREPA	RED ITS
FINANCIAL STATEMENTS ON THE CASH BASIS OF ACCOUNTING.	