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

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION PO BOX 33878 WASHINGTON, DC 20033

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### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2021 calendar year, or tax year beginning	and	ending		
<b>B</b> c	heck if pplicable	C Name of organization THE NATIONAL ENERGY AND	UTILITY		D Employer identific	cation number
	Addres	S ADDODDADILITHY COALITHOU				
	Name change				52-15597	09
Ē	Initial return Final	Number and street (or P.0. box if mail is not deliver PO BOX 33878	red to street address)	Room/suite	E Telephone numbe	r
	□return/ termin-		Lor foreign poetal code		G Gross receipts \$	594,154.
	ated Amend	City or town, state or province, country, and ZIP WASHINGTON, DC 20033	or foreign postal code		H(a) Is this a group re	
H	_return _Applica _tion		NA METZLER		for subordinates	
	pending	SAME AS C ABOVE			H(b) Are all subordinates in	
	- ay-eye		(insert no.) 4947(a)(1)	or 527	1	list. See instructions
		e: NEUAC • ORG	(modit no.) 4047 (a)(1)	01 021	H(c) Group exemptio	
		organization: X Corporation Trust Associ	ciation Other	I Year		M State of legal domicile: MO
Pa		Summary		<b>=</b> 10a1	or formation, — = = = [	otato or rogar dormono, == =
	1 [	Briefly describe the organization's mission or most sig	nificant activities: THE 1	NATION	AL ENERGY AI	ND UTILITY
ce	` ;	AFFORDABILITY COALITION IS	A BROAD-BASED	COALIT	ION OF DIVE	RSE MEMBER
Activities & Governance		Check this box 🕨 🔲 if the organization discontin				
ver		Number of voting members of the governing body (Pa	·		3	36
ဗွ		Number of independent voting members of the govern				36
<u>«</u>		Fotal number of individuals employed in calendar year				3
iţi		Fotal number of volunteers (estimate if necessary)				75
ξį		Fotal unrelated business revenue from Part VIII, colum				0.
Ă		Net unrelated business taxable income from Form 990				0.
			- · · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year
	8 (	Contributions and grants (Part VIII, line 1h)			419,732.	372,404.
Revenue	l				165,992.	221,653.
Ver	l	nvestment income (Part VIII, column (A), lines 3, 4, an			196.	97.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			615.	0.
	l	Fotal revenue - add lines 8 through 11 (must equal Pa			586,535.	594,154.
		Grants and similar amounts paid (Part IX, column (A),			7,780.	500.
	l	Benefits paid to or for members (Part IX, column (A), li			0.	0.
	45 6	Salaries, other compensation, employee benefits (Parl			261,986.	245,087.
Expenses	162	Professional fundraising fees (Part IX, column (A), line			0.	0.
)en	h i	Fortal fundraising expenses (Part IX, column (D), line 25	5) <b>&gt;</b> 76.0'	74.	<u> </u>	
Ä	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11			279,728.	249,119.
		Fotal expenses. Add lines 13-17 (must equal Part IX, c			549,494.	494,706.
		Revenue less expenses. Subtract line 18 from line 12			37,041.	99,448.
S	15 1	Teveride less experises. Oubtract line 10 from line 12		Rei	ginning of Current Year	End of Year
ets (	20	Total assets (Part X, line 16)			986,297.	1,075,491.
Ass( Bal	21	Fotal liabilities (Part X, line 26)			60,676.	50,422.
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from line	20		925,621.	1,025,069.
Pa	rt II	Signature Block	<i>5</i>		,	
		ties of perjury, I declare that I have examined this return, inc	luding accompanying schedules	s and stateme	ents, and to the best of my	/ knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is				
Sigi	,	Signature of officer			Date	
Her	- 1	KATRINA METZLER, EXECUTI	VE DIRECTOR			
	Ĭ	Type or print name and title				
		Print/Type preparer's name Pr	eparer's signature		Date Check	PTIN
Paid	ı k		LENN MILLER, CI	PA 1	0/06/22 if self-employ	
Prep		Firm's name WEGNER CPAS LLP		<u> </u>		39-0974031
	- F	Firm's address 419 N LEE ST			THIII 3 LIIV	
	,	ALEXANDRIA, VA 223	14-2301		Phone no (7	03) 519-0990
May	the IR	S discuss this return with the preparer shown above?			11 HOHO HO. ( 7	X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION IS A
	BROAD-BASED COALITION OF DIVERSE MEMBER ORGANIZATIONS AND INDIVIDUALS
	DEDICATED TO HEIGHTENING AWARENESS OF THE UTILITY NEEDS OF LOW-INCOME
	UTILITY CONSUMERS, FOSTERING PUBLIC-PRIVATE PARTNERSHIPS AND ENGAGING
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 242,727 • including grants of \$ 0 • ) (Revenue \$ 101,053 • )
	ANNUAL CONFERENCE - THE NATIONAL ENERGY AND UTILITY AFFORDABILITY
	COALITION (NEUAC) ANNUAL CONFERENCE HAS PROVIDED TRAINING FOR ENERGY
	ASSISTANCE STAKEHOLDERS FOR MORE THAN 30 YEARS. UP TO 700 ATTENDEES
	PARTICIPATE ANNUALLY SPANNING THE COUNTRY, MAINLY FROM NONPROFIT,
	GOVERNMENT, TRIBAL, AND UTILITY SECTORS. TOPICS INCLUDE ENERGY
	INSECURITY, SERVING VULNERABLE POPULATIONS, ENERGY EFFICIENCY AND
	RENEWABLES, WATER AFFORDABILITY, UNDERSTANDING FEDERAL ENERGY
	ASSISTANCE PROGRAMS, AND COMMUNITY ENERGY EDUCATION.
	·
4b	(Code:) (Expenses \$ 78,404. including grants of \$ 500. ) (Revenue \$ 120,600. )
	RESEARCH AND ADVOCACY - THE NATIONAL ENERGY AND UTILITY AFFORDABILITY
	COALITION (NEUAC) PROVIDES POLICY ANALYSIS, ADVOCACY, AND FUNDS
	RESEARCH ON FEDERAL AND STATE ENERGY POLICIES TO MORE THAN 200 MEMBER
	ORGANIZATIONS AND OTHER INTERESTED STAKEHOLDERS. TOPICS COVERED INCLUDE
	IMPLEMENTATION OF THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
	(LIHEAP), INNOVATIVE PROGRAM DESIGN AND PARTNERSHIPS, NEWS FROM THE
	FIELD OF ENERGY ASSISTANCE, WEATHERIZATION AND ENERGY EFFICIENCY. THE
	ORGANIZATION PROVIDES RESOURCES ON ITS WEBSITE, INCLUDING A POLICY
	TOOLKIT, AND RESPONDS TO MEDIA REQUESTS FOR INFORMATION ON UTILITY
	ASSISTANCE POLICY AND PROGRAMMING. EACH YEAR, THE ORGANIZATION HOSTS
	LIHEA ACTION DAY, A TWO-DAY PROGRAM FOR EFFECTIVE ADVOCACY TRAINING,
	POLICY DISCUSSION, AND NETWORKING WITH STATE AND REGIONAL TEAMS, IN
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 321,131.
	Form <b>990</b> (2021)

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## THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		<del> </del> -
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		<sub>v</sub>
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			\ <sub>3,7</sub>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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 asschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del>  ^``</del>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<sub>v</sub>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<sub>v</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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## THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Form 990 (2021)

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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		_
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			, .
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?  f	28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	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? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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	0.7		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa		, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		l

132004 12-09-21

AFFORDABILITY COALITION 52-1559709 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Page 5

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	າຣ? ຺຺		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of	O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices p	rovided to the payor?	7a		<u> X</u>
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s req	uired			
	to file Form 8282?		 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		00	7f		<u>X</u>
_	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained			7h		
0	anapagring expenization have expense business heldings at any time during the year?	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? I	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	405	I			
_	organization is licensed to issue qualified health plans	13b 13c		1		
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Scheduli</i>			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1.75		
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form **990** (2021) 2021.04030 THE NATIONAL ENERGY AND U 13415.31 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	36			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	36			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a	Х	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	<u> </u>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a			
	taxable entity during the year?			16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3):	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, and	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records 🕨			
	KATRINA METZLER - 202-838-8375					
	PO BOX 33878, WASHINGTON, DC 20033					

132006 12-09-21

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

<b>(A)</b> Name and title	(B) Average hours per week	box	not c , unle: cer an	Pos heck i ss per	more rson i	than o	n an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KATRINA METZLER	40.00								_	
EXECUTIVE DIRECTOR				Х				135,401.	0.	30,493
(2) RHONDA HARPER	1.00									
PRESIDENT		Х		Х				0.	0.	0 .
(3) TANYA JONES	1.00	l								
1ST VICE PRESIDENT	1 00	Х	_	Х		_		0.	0.	0
(4) KIM RIKALO	1.00	.,		,,					_	
2ND VICE PRESIDENT	1 00	X		Х				0.	0.	0 .
(5) JOHN RICH TREASURER	1.00	X		х				0.	0.	0 .
(6) KEELIE GUSTIN	1.00	Λ		^				0.	0.	0 .
SECRETARY	1.00	X		х				0.	0.	0 .
(7) SAUNTEEL JENKINS	1.00							0.	0.	0 .
PAST PRESIDENT	1.00	1		Х				0.	0.	0 .
(8) KATHLEEN KERR	1.00									
DIRECTOR		х						0.	0.	0
(9) KIM CAMPBELL	1.00									
DIRECTOR		Х						0.	0.	0
(10) ARIEL DREHOBL	1.00									
DIRECTOR		Х						0.	0.	0
(11) FAYE KINNER	1.00									
DIRECTOR		Х						0.	0.	0
(12) DAVID CONN	1.00									
DIRECTOR		X						0.	0.	0 .
(13) SARAH SCHAFFER	1.00									
DIRECTOR		Х						0.	0.	0
(14) EDITH BALTIERREZ	1.00								_	_
DIRECTOR		X						0.	0.	0
(15) HALY LAASME	1.00								_	_
DIRECTOR	1 00	Х			_		_	0.	0.	0
(16) KENLEY FARMER	1.00	٠,							_	_
DIRECTOR	1 00	X			$\vdash$			0.	0.	0
(17) CHAD QUINN	1.00	J	1	1	l	1		0.	0.	0

Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from	Reportable compensation from related		an	timate nount other	of
	(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/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		fr org and	pensa om th anizat d relat anizati	ie tion ted
(18) NANCY LOEHR	1.00												
DIRECTOR	1	Х				_	-	0.		0.			0.
(19) ENRIQUE HERNANDEZ	1.00	ļ											_
DIRECTOR	1	Х				_	-	0.		0.			0.
(20) STEVE WHITWORTH	1.00									,			•
DIRECTOR	1 00	Х				_	-	0.		0.			0.
(21) PATRICK STRICKLAND	1.00	٠,,								,			^
DIRECTOR	1 00	Х			_	┢	-	0.		0.			0.
(22) TAMMY MAYNOR	1.00	₹.								ا ۸			٥
DIRECTOR	1 00	Х				-	+	0.		0.			0.
(23) JOE DIAMOND	1.00	₹.								ا ۸			٥
DIRECTOR (24) CHERE COLEMAN	1.00	Х					-	0.		0.			0.
DIRECTOR	1.00	х						0.		0.			Λ
(25) TANASIA POKE	1.00	^				┢	-	· ·		<del>"</del>			0.
DIRECTOR	1.00	Х						0.		0.			0.
(26) CHERYL STOWELL	1.00	Α				$\vdash$	+	· ·	•	<del>'</del> +			0.
DIRECTOR	1.00	x						0.		0.			0.
di Orbitali	L				<u> </u>	<u> </u>	┢	135,401.		0.	3	n 4	93.
1b Subtotal c Total from continuation sheets to Part VI							-	0.		0.		<i>,</i> <u> </u>	0.
d Total (add lines 1b and 1c)								135,401.		0.	3	0 4	93.
Total number of individuals (including but n							no r	•		<u>, , , , , , , , , , , , , , , , , , , </u>		<del>, _</del>	<del>, , , ,</del>
compensation from the organization	or minica to th	000	11010	u u.	,000	,, ***	10 1	cocived more than \$100,	occ or reportable				1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee. k	ev e	lame	ove	e. oi	r hi	ghest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su										.			
and related organizations greater than \$150	•		-					•	-		4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com										[	5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs t	hat received more than \$	100,000 of compe	nsatio	on fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	ithiı	the organization's tax y	ear.				
(A)								(B)			(C		
Name and business	address	N	INC	3				Description of s	ervices	Co	mpe	nsatio	n
2 Total number of independent contractors (in	naludina but s	ot li-	nita	4 + ^ ·	thar	o lic	nt o o	I abovo) who received m	oro than				
2 Total number of independent contractors (ii \$100,000 of compensation from the organize	•	טנ ווו	ııı.e(	10		)	oieC	above, who received mo	חום וו				
SEE PART VII, SECTION		'IN	UΑ	ΤI			HF	EETS		F	orm	990 (	(2021)
= <b>,</b> ========		_•		_									·/

132008 12-09-21

s, Key Er (B) verage hours per week ist any ours for elated anizations			<b>(C</b> Posi	<b>;)</b> ition		est (	Compensated Employe (D)	es (continued) (E)	(F)
verage hours per week ist any ours for elated			Posi	tion				(E)	(F)
hours per week ist any ours for elated									
per week ist any ours for elated		neck	all t				Reportable	Reportable	Estimated
week ist any ours for elated	director			hat	appl	y)	compensation	compensation	amount of
unzalions	I trustee or	Institutional trustee		oyee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
below line)	Individual trustee	Institutio	Officer	Key employee	Highesto	Former			
1.00									
	Х						0.	0.	0.
1.00									
	X						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00							-	-	-
	х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
	х						0.	0.	0.
1.00							• •		
	х						0.1	0.	0.
1.00	<u> </u>								
	Х						0.	0.	0.
1.00				$\neg$			30	30	
	х						0.	0.	0.
	<u> </u>								
	1								
		П							
	1								
	1.00 1.00 1.00 1.00 1.00 1.00	1.00 X	1.00 X 1.	X 1.00 X	X 1.00 X	X 1.00 X	X 1.00 X	X     0.       1.00     X     0.	X     0.       1.00     0.       1.00     0.       X     0.       1.00     0.

Form 990 (2021) AFFORDA
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	o in this Part VIII			
		Check il Schedule O contains a response d	I Hote to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns1a					
ira oui	b	Membership dues 1b					
s, c	C	Fundraising events 1c					
ar,	d	Related organizations 1d					
s, C	е	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants, and					
buti her		similar amounts not included above 1f	372,404.				
ĕ₽	g						
Ν	5 h	Total. Add lines 1a-1f	<b>•</b>	372,404.			
<u>U 10</u>	- "	Total. Add liftes 14-11	Business Code	37271011			
	_	MEMBERSHIP DUES	900099	120,600.	120,600.		
ice	2 a		561920	101,053.			
er v	b	ANNUAL CONFERENCE	361920	101,053.	101,053.		
S	С						
ev a	d		ļ				
Program Service Revenue	е						
Ā	f	All other program service revenue	į				
	g	Total. Add lines 2a-2f	<b>&gt;</b>	221,653.			
	3	Investment income (including dividends, interes					
		other similar amounts)		97.			97.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	ı				
	_	(i) Real	(ii) Personal				
	6 a		(-)				
		` '					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
nue		and sales expenses					
Revenue	c	Gain or (loss) 7c					
	d	Net gain or (loss)	<b></b>				
Jer	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	<b>&gt;</b>				
		Gross income from gaming activities. See	,				
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	IU a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
<u>0</u>			Business Code				
eon Ie	11 a						
lan	b						
Sell	c						
Miscellaneous Revenue	d	All other revenue					
_	е	Total. Add lines 11a-11d	<b>&gt;</b>				
	12	Total revenue. See instructions		594.154.	221,653.	0.	97.

## Part IX Statement of Functional Expenses

Check if Schedule O contains a respons	e or note to any line in t	his Part IX		Σ
not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	500.	500.		
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,	165 004	00 506	22 150	22 4 77 0
trustees, and key employees	165,894.	99,536.	33,179.	33,179
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	6 010	4 146	1 200	1 200
Other salaries and wages	6,910.	4,146.	1,382.	1,382
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.700	5 050	1 060	1 066
Other employee benefits	9,799.	5,879.	1,960.	1,960
Payroll taxes	62,484.	37,490.	12,497.	12,497
Fees for services (nonemployees):				
Management	11 007		11 007	
Legal	11,207.		11,207.	
Accounting				
d Lobbying				
Professional fundraising services. See Part IV, line 17				
Investment management fees				
Other. (If line 11g amount exceeds 10% of line 25,	140 702	111 126	17 070	20 507
column (A), amount, list line 11g expenses on Sch 0.)	149,703.	111,136.	17,970.	20,597
Advertising and promotion	8,897.	478.	8,419.	
Office expenses	13,902.	8,342.	2,780.	2,780
Information technology	13,302.	0,342.	2,700.	2,700
Royalties	12,992.	7,796.	2,598.	2,598
Occupancy	5,407.	3,245.	1,081.	1,081
	3,407.	3,243.	1,001.	1,001
Payments of travel or entertainment expenses				
for any federal, state, or local public officials	42,583.	42,583.		
Conferences, conventions, and meetings Interest	±4,505•	42,303.		
Interest Payments to affiliates				
Depreciation, depletion, and amortization				
Insurance	4,428.		4,428.	
Other expenses. Itemize expenses not covered	1, 120		1,120.	
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
amount, list line 24e expenses on Schedule O.)				
·				
·				
·				
<sup>1</sup>				
All other expenses	101 706	201 121	07 501	76 074
Total functional expenses. Add lines 1 through 24e	494,706.	321,131.	97,501.	76,074
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

Form 990 (2021)

Part X | Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		282,335.	1	439,474
	2	Savings and temporary cash investments		525,920.	2	464,017
	3	Pledges and grants receivable, net		161,500.	3	154,000
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ĕ۱	9			16,542.	9	18,000
	10a	Land, buildings, and equipment: cost or other	·			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	986,297.	16	1,075,491
	17	Accounts payable and accrued expenses	10,326.	17	11,822	
	18	Grants payable	50 250	18	20.600	
	19	Deferred revenue	50,350.	19	38,600	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
es	22	Loans and other payables to any current or fo				
≣		trustee, key employee, creator or founder, sul				
Liabilities		controlled entity or family member of any of the			22	
-	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,	• •			
		parties, and other liabilities not included on lir	, ,			
	00			60,676.	25	50,422
+	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	hadrhara N Y	00,070.	26	30,422
g		and complete lines 27, 28, 32, and 33.	neck nere			
ğ	27	• • • • •		665,621.	27	731,069
<u>a</u>	27	Net assets without donor restrictions		260,000.	28	294,000
8 8	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC		200,000	20	254,000
틸		and complete lines 29 through 33.	936, Check here			
ō	20		do.		29	
ets	29 30	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or			30	
1SS		Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	31 32			925,621.	32	1,025,069
Z	33	Total net assets or fund balances  Total liabilities and net assets/fund balances		986,297.	33	1,075,491
	JJ	Total liabilities and het assets/fully balances		700,271	<b>J</b> J	Form <b>990</b> (202

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,7	
3	Revenue less expenses. Subtract line 2 from line 1	3	9:	9,4	48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	92	5,6	21.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,02	5,0	69.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	<b>J</b>	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

THE NATIONAL ENERGY AND UTILITY

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

AFFORDABILITY COALITION 52-1559709 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

52-1559709 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	239,821.	490,702.	458,950.	419,732.	372,404.	1981609.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	239,821.	490,702.	458,950.	419,732.	372,404.	1981609.
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)						786,475.
6	Public support. Subtract line 5 from line 4.						1195134.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	239,821.	490,702.	458,950.	419,732.	372,404.	1981609.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	156.	338.	1,330.	196.	97.	2,117.
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.)						
11	<b>Total support.</b> Add lines 7 through 10						1983726.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	<u>,814,837.</u>
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
	ction C. Computation of Publi					г г	
14	Public support percentage for 2021 (li					14	60.25 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	61.23 %
16a	<b>33 1/3</b> % <b>support test - 2021.</b> If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	<b>stop here.</b> The organization qualifies		•				
b	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and <b>stop here.</b> The organization qual		•				
17a	17a 10% -facts-and-circumstances test - 2021. 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				•	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· ▶∟

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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.)						<u> </u>
Se	ction B. Total Support		1	_	T	1	T
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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 on line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)					.01( )(0)	
14	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			. —
Se	check this box and stop here ction C. Computation of Publi		centage				P
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	<del></del>
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				10, 00141111 (1))		18	<del>/0</del> %
	a 33 1/3% support tests - 2021. If the						
.00	more than 33 1/3%, check this box ar						<b>▶</b> □
ŀ	33 1/3% support tests - 2020. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>&gt;</b>

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### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
- Gu		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
30		
9с		
10a		
Ioa		
10b		
ule A (Fori	m 990)	2021

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Pai	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, 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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	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			
		1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part 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 lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021 AFFORDABILITY COALITION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting oras	nization (see
	instructions).	, 5	7, 11 5-9-	,

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Current Year					
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	3	3			
4	Amounts paid to acquire exempt-use assets		4			
_5	Qualified set-aside amounts (prior IRS approval required - pro		5			
_6	Other distributions (describe in Part VI). See instructions.			6		
_7_	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
_9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount					
i_	Carryover from 2016 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
С	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

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

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization
THE NATIONAL ENERGY AND UTILITY
AFFORDABILITY COALITION

Employer identification number
52-1559709

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-E	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	inization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections contribut	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, con is checke purpose.	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Pa	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

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

Name of organization
THE NATIONAL ENERGY AND UTILITY
AFFORDABILITY COALITION

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(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		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization
THE NATIONAL ENERGY AND UTILITY
AFFORDABILITY COALITION

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ll space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 20,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$50,000.	Person X Payroll

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

Name of organization
THE NATIONAL ENERGY AND UTILITY
AFFORDABILITY COALITION

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		- - \$ 10,000.	Person X Payroll

Name of organization
THE NATIONAL ENERGY AND UTILITY
AFFORDABILITY COALITION

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
			-				
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
23453 11-11			Schedule B (Form 9				

Schedule B (Form 990) (2021) Name of organization **Employer identification number** THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION 52-1559709 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

### (e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

2021

**ZUZ**Open to Public

OMB No. 1545-0047

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	THE NAT	IONAL ENERGY AND		Empl	oyer identification number		
Part I-A Compl		BILITY COALITION panization is exempt und		or is a spection 507 or	52-1559709		
Provide a description	on of the organiz	cation's direct and indirect politic	cal campaign activities i	n Part IV.			
Part I-B Compl	ete if the org	janization is exempt und	ler section 501(c)(	3).			
<ul><li>2 Enter the amount of</li><li>3 If the organization in</li></ul>	of any excise tax ncurred a section nade?	incurred by the organization un incurred by organization manag n 4955 tax, did it file Form 4720	gers under section 4955  ) for this year?	<b>&gt;</b> \$	Yes No		
Part I-C Compl	ete if the org	janization is exempt und	ler section 501(c),	except section 501(c	)(3).		
<ul> <li>2 Enter the amount of exempt function acts.</li> <li>3 Total exempt funct line 17b</li></ul>	1 Enter the amount directly expended by the filing organization for section 527 exempt function activities    2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities    3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b    4 Did the filing organization file Form 1120-POL for this year?    5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.						
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0		

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021 AF	FORDABILI	TY COALITIO	N	52-1	L559709 Page 2
Part II-A Complete if the organ section 501(h)).	ization is exen	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
	of excess lobbying e	expenditures).	n Part IV each affiliated	group member's nam	e, address, EIN,
	on Lobbying Expe	nditures		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influen	ce a legislative bod	ly (direct lobbying)			
c Total lobbying expenditures (add lines	1a and 1b)				
<b>d</b> Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter the		following table in bot	h columns.		
If the amount on line 1e, column (a) or (b	) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc	·		
Over \$1,000,000 but not over \$1,500,		00 plus 10% of the exc	· <i>' '</i>		
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
<ul><li>g Grassroots nontaxable amount (enter</li><li>h Subtract line 1g from line 1a. If zero or</li></ul>	rlaga antar O				
i Subtract line 1f from line 1c. If zero or	less, enter -0				
j If there is an amount other than zero or reporting section 4911 tax for this year		,	ation file Form 4720		Yes No
(Some organizations that	made a section 50	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		T
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(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					

# 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	1)	(b	<u> </u>
	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		L	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	37		
С	Media advertisements?		X		
d	, , , , , , , , , , , , , , , , , , , ,		X X		
e	Publications, or published or broadcast statements?		X		
1	Grants to other organizations for lobbying purposes?	Х	Λ	1 2	799.
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	$\vdash$	Х		, 133.
n :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?		X		
'			Λ	1 2	799.
J.	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		1, 1000
	If "Yes," enter the amount of any tax incurred under section 4912		21		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion	
	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 th	e prior year?	? 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part I	II-A, line	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	,				
b	Carryover from last year				
С	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the e				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	DIITICAI			
_	expenditure next year?  Taxable amount of lobbying and political expenditures. See instructions		4		
5 Par	t IV Supplemental Information		5		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict\: Dart II	Λ lines 1 ar	nd 2 (Soo	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	iisty, i ait ii i	A, IIIICS I AI	Iu 2 (066	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
	ti ii b, lind i, lobbiino neiiviiilo.				
тні	E NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITIC	N ADVO	CATES	FOR	
UT:	LLITY ASSISTANCE VIA SCHEDULED MEETINGS WITH STAFF A	ND MEM	IBERS (	OF	
COI	NGRESS, HOSTING AN ACTION DAY FLY-IN TO SUPPORT THE	LOW IN	ICOME I	HOME	
ENI	ERGY ASSISTANCE PROGRAM (LIHEAP), AND LEADING OR SUP	PORTIN	G EFF	ORTS	
	·				
ON	VARIOUS LETTERS THROUGHOUT THE YEAR, INCLUDING THE	OPEN I	ETTER	TO	
			Schedu	le C (Form	990) 2021

132043 11-03-21

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 Inspection

Name of the organization

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

**Employer identification number** 52-1559709

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		n Jillilar Fulius (	oi Account	.>. Complete if the	ne
	organization answered 165 offi offi 350, Falt IV, III	(a) Donor ac	vised funds	(b) Fund	s and other accou	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the asset	s held in donor advise	ed funds		
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$	exclusive legal contr	ol?		Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing the	t grant funds can be ι	used only		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or fo	r any other purpose o	conferring		
_	impermissible private benefit?				Yes	No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990, P	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically i	mportant land area	a
	Protection of natural habitat		Preservation of	a certified hist	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation cor	tribution in the form o			
	day of the tax year.				Held at the End of th	ne Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a	,				
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished	or terminated by the	organization d	uring the tax	
	year ▶					
4	Number of states where property subject to conservation eas	•				
5	Does the organization have a written policy regarding the per	•	pection, handling of			
	violations, and enforcement of the conservation easements it					No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing conse	ervation easen	nents during the y	ear
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	d enforcing conservati	ion easements	during the year	
_	<b>\$</b>					
8	Does each conservation easement reported on line 2(d) abov				,	<b></b>
_	and section 170(h)(4)(B)(ii)?					L No
9	In Part XIII, describe how the organization reports conservation		·			
	balance sheet, and include, if applicable, the text of the footn	note to the organizati	on's financial stateme	ents that descr	ibes the	
Dai	organization's accounting for conservation easements.  't III   Organizations Maintaining Collections of	Δrt Historical	Freseures or Otl	her Similar	Accate	
I a	Complete if the organization answered "Yes" on Form		riedsules, or ou		Assets.	
та	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pub				IDIIC	
	service, provide in Part XIII the text of the footnote to its finar					
D	If the organization elected, as permitted under FASB ASC 95	•				
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in further	erance of publ	ic service,	
	provide the following amounts relating to these items:			▶ ^		
	(i) Revenue included on Form 990, Part VIII, line 1					
_	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treations of a standard and a stan			gain, provide		
	the following amounts required to be reported under FASB A			<b>L</b> A		
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X		<u></u>			. 000\ 000
LHA	For Paperwork Reduction Act Notice, see the Instructions	s ior Form 990.		3	Schedule D (Form	ı 99U) 2U27

2-1559709 <sub>Page</sub>	e 2
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Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or (	Other S	Simila	Assets	(conti	nued)	
3	Using	g the organization's acquisition, accession	on, and other record	s, check	any of the f	following that n	nake sign	ificant ι	use of its			
	colle	ction items (check all that apply):										
а		Public exhibition	d	ι 🔲 ι	oan or exc	hange program	า					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Provi	ide a description of the organization's co	llections and explair	n how the	ey further th	ne organization	's exemp	t purpo	se in Part	XIII.		
5	Durin	ng the year, did the organization solicit or	receive donations of	of art, his	torical treas	sures, or other	similar as	sets				
		sold to raise funds rather than to be ma								Yes		No
Par	t IV	Escrow and Custodial Arrang		ete if the	organizatio	n answered "Y	es" on Fo	orm 990	, Part IV,	ine 9, or		
		reported an amount on Form 990, Par	t X, line 21.									
1a		e organization an agent, trustee, custodia							_	_		_
		orm 990, Part X?							L	Yes		No
b	If "Ye	es," explain the arrangement in Part XIII a	and complete the fol	lowing ta	ıble:							
										Amoun	it	
С	-	nning balance						1c				
d		tions during the year						1d				
e		ibutions during the year						1e				
f		ng balance						1f		7		٦
		he organization include an amount on Fo					•		L	Yes		∐ No
Par		es," explain the arrangement in Part XIII.  Endowment Funds. Complete it										
· ui	• •	Complete	(a) Current year		rior year	(c) Two years			ears back	(e) Fou	r vears	hack
10	Pogis	nning of year balance	(a) current year	(6)11	ioi youi	(C) Two yours	У МОВИ	<b>,</b> 111100 )	ouro buon	(0)100	youro	buok
1a b												
0		ributionsnvestment earnings, gains, and losses										
4		ts or scholarships										
e		er expenditures for facilities										
·		programs										
f	-	inistrative expenses										
a .		of year balance										
2		ide the estimated percentage of the curr	ent vear end balance	e (line 1a	column (a)	)) held as:	I					
a		d designated or quasi-endowment		%	, 00.0 (0,)	,,						
b		nanent endowment >										
С			<del></del> * %									
		percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За		here endowment funds not in the posses	•	tion that	are held ar	nd administered	d for the	organiza	ation			
	by:	·	•					Ū			Yes	No
		Jnrelated organizations								3a(i)		
		Related organizations								3a(ii)		
b		es" on line 3a(ii), are the related organiza								3b		
4	Desc	cribe in Part XIII the intended uses of the		wment fu	ınds.							
Par	t VI	Land, Buildings, and Equipm	ent.									
		Complete if the organization answered	d "Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990, F	Part X, lin	e 10.				
		Description of property	(a) Cost or o basis (investr			or other (other)	(c) Acc depre	umulate	ed	(d) Boo	k valu	e 
1a	Land	l										
b		lings										
С	Leas	ehold improvements										
d	Equip	pment										
е	Othe	r										
Total	. Add	lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colum	n (B), line 1	0c.)			<b>&gt;</b>			0.

Schedule D		ITY COALITION	52	2-1559709 Page <b>3</b>
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financi	al 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			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-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		11d. See Form 990, Part X, line 15.	T
	(a	) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	umn (b) must equal Form 990, Part X, col. (B) lii Other Liabilities.	ne 15.)	<b>&gt;</b>	· <u>I</u>
FaitA		" on Form 000 Dort IV line	11a or 11f Coa Form 000 Dort V line 05	<u>-</u>
	Complete if the organization answered "Yes	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25	1
1.	(a) Description of liability			(b) Book value
	deral income taxes			<u> </u>
(2)				
(3)				
(4)				<u> </u>
(5)				<u> </u>
(6)				1
(7)				1
(8)				1
(9)				1

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION 52-1559709 Page 4 Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 594,154. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 594,154. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 494,706. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) Add lines 2a through 2d 2e 494,706. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. 2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

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

THE NATIONAL ENERGY AND UTILITY

AFFORDABILITY COALITION

Employer identification number 52-1559709

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee 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		<u>X</u>
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			v
	The organization?	5a		<u>X</u>
D	Any related organization?	5b		
6	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:			
_		6a		Х
	The organization?	6b		X
b	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	OD		- 21
7				
•	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			
Ü	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Ť		
•	Regulations section 53 4958.6/c/2	٩		

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATRINA METZLER	(i)	135,401.	0.	0.	0.	30,493.	165,894.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)						<u> </u>	

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

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

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
UTILITY NEEDS OF LOW-INCOME UTILITY 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 6:
MEMBERSHIP IN THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION SHALL
BE OPEN TO ORGANIZATIONS WITH LOW-INCOME ENERGY/UTILITY PROGRAMS AND OTHER
INDIVIDUALS, GROUPS, ORGANIZATIONS AND/OR CORPORATIONS WHICH SHARE THE
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 35 VOTING MEMBERS) AND THE MEMBERS OF THE GOVERNING
BODY ELECT THE ORGANIZATION'S OFFICERS (PRESIDENT, FIRST VICE PRESIDENT,
ETC.).

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

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

Name of the organization THE NATIONAL ENERGY AND UTILITY Employer identification number AFFORDABILITY COALITION 52-1559709

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:

IT AND SYSTEMS CONSULTANT:

PROGRAM SERVICE EXPENSES 48,000.

MANAGEMENT AND GENERAL EXPENSES 16,000.

FUNDRAISING EXPENSES 16,000.

TOTAL EXPENSES 80,000.

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

Schedule O (Form 990) 2021	Page 2
Name of the organization THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION	Employer identification number 52-1559709
CONFERENCE & EVENT PLANNING CONSULTANT:	
PROGRAM SERVICE EXPENSES	63,136.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	63,136.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,970.
FUNDRAISING EXPENSES	4,597.
TOTAL EXPENSES	6,567.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	149,703.