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

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

Intilliadhaadhalladdah

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.





THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION 1850 M ST NW, SUITE 610 WASHINGTON, DC 20036 ATTENTION: KATRINA METZLER

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

TAX-EXEMPT ORGANIZATIONS ARE REQUIRED TO MAKE AVAILABLE FOR PUBLIC INSPECTION A COPY OF THEIR ANNUAL RETURNS UPON REQUEST. RETURNS MUST BE AVAILABLE FOR A PERIOD OF THREE YEARS BEGINNING ON THE DATE THE RETURNS ARE REQUIRED TO BE FILED (INCLUDING EXTENSIONS) OR ARE ACTUALLY FILED, WHICHEVER IS LATER. WE HAVE ENCLOSED A PUBLIC DISCLOSURE COPY OF YOUR RETURN THAT MAY BE USED TO COMPLY WITH THE PUBLIC INSPECTION REQUIREMENTS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

GLENN MILLER, CPA PARTNER

IRS e-file Signature Authorization for an Exempt Organization

r calendar year 2019, or fiscal year beginning	, 2019, and ending

OMB No. 1545-1878

Department of the Treasury

Internal Revenue Service

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization THE NATIONAL ENERGY AND UTILITY Employer identification number

AFFORDABILITY COALITION

Fo

52-1559709

Name and title of officer

SAUNTEEL JENKINS

PRESIDENT

Part I	Type of Return and Return Information	(Whole Dollars Only
--------	---------------------------------------	---------------------

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	908,869.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. is being filed with a state agency(ies) regulating charities as part of the IRS Federater my PIN on the return's disclosure consent screen.	. ,
As an officer of the organization, I will enter my PIN as my signature on the org indicated within this return that a copy of the return is being filed with a state a program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date ▶

Certification and Authentication

X Lauthorize WEGNER CPAS, LLP

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

39224553713 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

12482

to enter my PIN

923051 10-03-19

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Open to Public

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

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

Inspection

OMB No. 1545-0047

Α	For the	2019 calendar year, or tax year beginning and en	ding		
В	Check if applicabl	I THE NATIONAL ENERGY AND UTILITY		D Employer identifie	cation number
	Addre	AFFORDABILITY COALITION			
	Name chang Initial	Doing business as		52-15597	
	return Final return/	,	om/suite L O	E Telephone number $202-530-3$	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	908,869.
	Ameno return	WASHINGTON, DC 20036		H(a) Is this a group re	eturn
	Application pendir			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ()	<u> </u>		list. (see instructions)
		e: NEUAC • ORG	1	H(c) Group exemption	
		organization: X Corporation Trust Association Other ► Summary	L Year o	of formation: 190/ N	State of legal domicile: VA
		Briefly describe the organization's mission or most significant activities: THE NA	MOTTA	AL ENERGY A	עיידודייו מא
Governance	'	AFFORDABILITY COALITION IS A BROAD-BASED O	COALI	TION OF DIV	ERSE MEMBER
r.	1	Check this box if the organization discontinued its operations or disposed			
ove	1			3	31
<u>ن</u> «	4	Number of independent voting members of the governing body (Part VI, line 1b)			31
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	2
ĭ₹		Total number of volunteers (estimate if necessary)			75
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39	·····		0.
		Contributions and suggets (Dout VIII line 11b)		Prior Year 490,702.	Current Year 458,950.
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		476,122.	447,494.
	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		338.	1,330.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		888.	1,095.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		968,050.	908,869.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		87,000.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		223,063.	226,533.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>1.</u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		556,458.	523,292.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		866,521.	749,825.
	19	Revenue less expenses. Subtract line 18 from line 12		101,529.	159,044.
Net Assets or Fund Balances			Beg	ginning of Current Year 790,207.	End of Year
SSE	20	Total assets (Part X, line 16)		60,671.	987,939. 99,359.
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		729,536.	888,580.
P	22 art II	Signature Block		125,550	000,3001
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules at	nd stateme	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			,
Sig	ın	Signature of officer		Date	
He	re	SAUNTEEL JENKINS, PRESIDENT			
		Type or print name and title	1.0	oto I	TI DTIN
. .		Print/Type preparer's name OT FINAL MELLIFIED CD 3	ا	ate Check if	PTIN
Pai		GLENN MILLER, CPA		self-employe	P00086726
	parer	Firm's name WEGNER CPAS, LLP		Firm's EIN	39-0974031
USE	Only	Firm's address 419 N LEE ST ALEXANDRIA, VA 22314-2301		Dhone no 70	3-519-0990
N/a	v tha II	RS discuss this return with the preparer shown above? (see instructions)		Phone no. 7 U	77
ivid	y une il	to discuss this return with the preparer shown above? (see instructions)			A Yes No

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION IS A	
	BROAD-BASED COALITION OF DIVERSE MEMBER ORGANIZATIONS AND INDIVIDUAL	
	DEDICATED TO HEIGHTENING AWARENESS OF THE ENERGY NEEDS OF LOW INCOME	
	ENERGY 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?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
3	If "Yes," describe these changes on Schedule O.	140
4	·	
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	_1
	revenue, if any, for each program service reported.	u
	400 505	44 \
4a	(Code:) (Expenses \$ 487,505 • including grants of \$ U •) (Revenue \$ 366,77 • 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.	
	INDIPITATE INCOMED, IND COMMINITI ENERGY EDUCATION.	
4b	(Code:) (Expenses \$ 98,290 • including grants of \$ 0 •) (Revenue \$ 80,75	50. \
40	RESEARCH AND ADVOCACY - THE NATIONAL ENERGY & UTILITY AFFORDABILITY	, , , , , , , , , , , , , , , , , , ,
	COALITION (NEUAC) PROVIDES POLICY ANALYSIS, ADVOCACY, AND FUNDS	
	RESEARCH ON FEDERAL AND STATE ENERGY POLICIES TO APPROXIMATELY 165	
	MEMBER ORGANIZATIONS AND OTHER INTERESTED STAKEHOLDERS. TOPICS COVE	RED
	INCLUDE IMPLEMENTATION OF THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAMMENTATION OF THE LOW INCOME HOME PROGRAMMENTATION OF THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAMMENTATION OF THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAMMENTATION OF THE LOW INCOME HOME PROGRAMMENTATION OF THE LOW INCOME HOME PROGRAMMENTATION OF THE LOW INCOME PROGRAMMENTATION OF THE PROGRAMMENTATION OF THE PROGRAMMENTATION OF THE LOW OF THE PROGRAMMENTATION OF THE	
	(LIHEAP), INNOVATIVE PROGRAM DESIGN AND PARTNERSHIPS, NEWS FROM THE	
		HE
	ORGANIZATION PROVIDES RESOURCES ON THEIR WEBSITE, INCLUDING A POLICY	
	TOOLKIT, AND RESPONDS TO MEDIA REQUESTS FOR INFORMATION ON UTILITY	
	ASSISTANCE POLICY AND PROGRAMMING. EACH YEAR, THE ORGANIZATION HOSTS	
	LIHEAP ACTION DAY, A TWO-DAY PROGRAM FOR EFFECTIVE ADVOCACY TRAINING	
	POLICY DISCUSSION, AND NETWORKING WITH STATE AND REGIONAL TEAMS, IN	<u>-</u>
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 ► 585,795.	
	Form 990	(2019)

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Form 990 (2019)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		. v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
40	If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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			_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

932003 01-20-20

Form **990** (2019)

Page 4

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Form 990 (2019)

Part IV Checklist of Required Schedules (continued)

	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		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		v	
04 -	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
				X
00		25b		
26				
		26		x
27				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а				
		—		X
		28b		
С		280		X
29		—		X
30				
		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
		32		X
33				
24		33		X
34		34		x
35a				X
	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		Х
37	, , , , , , , , , , , , , , , , , , ,			
		37		X
38			Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
. u				
	1		Yes	No
1a	Enter the Hamber reported in Box 6 of 1 of in 1666. Enter 6 in 166 applicable			
С				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I bis the organization wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 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 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 A A Strip Controlled entity of one or more individuals and/or organizations described in lines 28a or 28b2If "Yes," complete Schedule M. Part IV 28 B Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part II 31 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part II, III, or IV, and Part V, Iine 1 32 Did			1

932004 01-20-20

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	16		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ħ
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			Ħ
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ħ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
·	to file Form 8282?	7c		X
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
a.	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		000	(0040

52-1559709 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	3:	1							
	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	3	<u>1</u>]							
2											
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?										
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 a	ppoint	one or								
	more members of the governing body?			7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or								
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:								
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	rs, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	ore filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	ıflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe								
	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	Х						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•									
а	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	on'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, a	ınd 99	0-T (Section 501(c)	3)s only	/) avail	lable					
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain	on S	chedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	nd fina	ncial						
	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 bo	oks a	nd records 🕨								
	KATRINA METZLER - 202-530-2210										
	1850 M ST NW, SUITE 610, WASHINGTON, DC 20036										

932006 01-20-20

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A) Name and title	(B) Average hours per		not c	Pos heck	itior more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director		Officer			stee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SAUNTEEL JENKINS	1.00	x		X				0.	0.	0.
PRESIDENT	1.00	Δ.		Λ				0.	0.	0.
(2) RHONDA HARPER 1ST VICE CHAIR	1.00	Х		x				0.	0.	0.
(3) KIM CAMPBELL	1.00	^		Λ		K		0.	0.	0.
2ND VICE CHAIR	1.00	x		X			,	0.	0.	0.
(4) MARY WILKINS	1.00							0.0		
TREASURER		x		х				0.	0.	0.
(5) BRENDA WATSON	1.00									
SECRETARY		x		x				0.	0.	0.
(6) DAN ALDERSON	1.00		7							_
DIRECTOR		x						0.	0.	0.
(7) KATHLEEN KERR	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SARAH SCHAFFER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) EDITH BALTIERREZ	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ENRIQUE HERNANDEZ	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(11) CAMI CAUDILL	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(12) SANDRA MENDEZ	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(13) JOE DIAMOND	1.00	,,								•
DIRECTOR	1 00	Х						0.	0.	0.
(14) CHERE COLEMAN	1.00	٠,,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) GARY SWAN DIRECTOR	1.00	Х						0.	0.	0.
(16) SHERRY HIGGINS	1.00	₽					\vdash	0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(17) MARIA DELAPLAIN	1.00					\vdash		0.	0.	•
DIRECTOR	1.00	Х						0.	0.	0.
000007 04 00 00	<u> </u>									Earm 990 (2010)

Form **990** (2019)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			((C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable	•	Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	on	an	nount	of
	week	\vdash	Cer ar	iu a u	recu	or/trus	lee)	from	from related			other	
	(list any hours for	or director				L		the organization	organization (W-2/1099-MI			pensa om the	
	related	e or c	stee			satec		(W-2/1099-MISC)	(00-2/1099-1011	30)		anizat	-
	organizations	truste	al tru		yee	mpe		(** == ****,			_	d relat	
	below	In divid ual trustee	Institutional trustee	er	Key employee	Highest compensated employee	ner				orga	anizati	ons
	line)	ig	Insti	Officer	Key	High	Former						
(18) CHERYL STOWELL	1.00	١								^			_
DIRECTOR	1 00	Х				-		0.		0.			0.
(19) DAVID RINEBOLT	1.00	Į.,								0			0
DIRECTOR	1 00	Х				-		0.		0.			0.
(20) CELIA ANDRADE	1.00	x						0.		0.			Λ
DIRECTOR (21) PAUL GRIFFIN	1.00	^				\vdash		0.		0.			0.
	1.00	x						0.		0.			0.
DIRECTOR (22) SILVIA ALDANA	1.00	^				-		0.		0.			<u> </u>
DIRECTOR	1.00	X						0.		0.			0.
(23) BECKY HAMMOND	1.00	122						0.		<u> </u>			
DIRECTOR	1.00	x					K	0.		0.			0.
(24) BONNIE TEMME	1.00							0.					
DIRECTOR		X						0.		0.			0.
(25) CONNIE SANCHEZ	1.00												
DIRECTOR		X						0.		0.			0.
(26) GERRI DRUMMOND	1.00				7								
DIRECTOR		Х						0.		0.			0.
1b Subtotal							▶	0.		0.			0.
c Total from continuation sheets to Part VI						X.	>	125,232.		0.		6,6	
d Total (add lines 1b and 1c)			<u></u>	,		<u></u>		125,232.		0.	2	6,6	01.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	ole			_
compensation from the organization		9											1
												Yes	No
3 Did the organization list any former officer,			key e	emp	loye	e, o	r hig	hest compensated emp	oloyee on				37
line 1a? If "Yes," complete Schedule J for s	1	·									3		X
4 For any individual listed on line 1a, is the su	•							•	J			х	
and related organizations greater than \$150											4	Λ	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•							•			5		Х
Section B. Independent Contractors	piete Scriedui	e	01 30	JCII	pers	SOIT					3		
Complete this table for your five highest co	mpensated in	dene	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	nnens	ation	from	
the organization. Report compensation for	•	•							•	пропо	acioni		
(A)	,							(B)	,		(0	C)	
Name and business	address	N	INC	3				Description of s	services	C		nsatio	n
							_						
							\dashv						

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

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2019)

Form 990 AFFORDAB	TPTLA CO	JAI	л Т.,	r, T (<u> </u>				52-155	9709
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any hours for	lirecto				l emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			satec		(88-2/1099-181130)		and related
	organizations	truste	al frus		yee	mper				organizations
	below	Individual trustee or director	nstitutional trustee	<u></u>	Key employee	Highest compensated employee	ы			9
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(27) FRANK RAPLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(28) ALISON DONOVAN	1.00									
DIRECTOR		Х						0.	0.	0.
(29) KELLY CAPLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(30) SCOTT THACH	1.00									
DIRECTOR		Х						0.	0.	0.
(31) ARIEL DREHOBL	1.00									
DIRECTOR		Х						0.	0.	0.
(32) CHAD QUINN	1.00									
DIRECTOR THROUGH JUNE		Х						0.	0.	0.
(33) WINSTON FEEHELEY	1.00				4					
DIRECTOR THROUGH JUNE		Х						0.	0.	0.
(34) LIZ BRISTER	1.00								_	_
DIRECTOR THROUGH JUNE		Х					=	0.	0.	0.
(35) STEVE WHITWORTH	1.00	l								•
DIRECTOR THROUGH JUNE	1 00	Х						0.	0.	0.
(36) TANYA JONES	1.00	7.7							0	0
DIRECTOR THROUGH JUNE	1 00	X	7					0.	0.	0.
(37) JOHN RICH	1.00	77						0.	0.	0
DIRECTOR THROUGH JUNE	1.00	X		\sim				0.	0.	0.
(38) MIKE BRADFORD	1.00	x						0.	0.	0.
DIRECTOR THROUGH JUNE	1.00	Α						0.	0.	0.
(39) KIM RIKALO	1.00	x						0.	0.	0.
DIRECTOR THROUGH JUNE (40) KATRINA METZLER	40.00	^						0.	0.	<u> </u>
EXECUTIVE DIRECTOR	40.00			х				125,232.	0.	26,601.
EXECUTIVE DIRECTOR	1							123,232.	0.	20,001
		1								
		1								
		L	L	L	L					
								125,232.		26,601.

	I L V	4		or note to any lin	e in this Part VIII			
			Check if Schedule O contains a response	or note to any iin		(B)	(C)	(D)
					Total revenue	Related or exempt function revenue		Revenue excluded from tax under
						Tariotion Tovonac	Buomicoo revenue	sections 512 - 514
nts nts	1	а	Federated campaigns1a					
Gra Ioui		b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events1c					
Giff		d	Related organizations1d					
ns,			Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and					
H H			similar amounts not included above 1f	458,950.				
ont od (_	Noncash contributions included in lines 1a-1f 1g \$	15,500.	450 050			
<u>a</u> C		h	Total. Add lines 1a-1f		458,950.			
			ANNUAL CONTERDENCE	Business Code	266 744	266 744		
ice	2		ANNUAL CONFERENCE	561920 900099	366,744. 80,750.	366,744. 80,750.		
ser, ue			MEMBERSHIP DUES	900099	60,750.	80,730.		
m S ven		С						
gra Re		d						
Program Service Revenue		e •	All other program service revenue					
			Total. Add lines 2a-2f		447,494.			
	3		Investment income (including dividends, intere					
	Ū		other similar amounts)		1,330.			1,330.
	4		Income from investment of tax-exempt bond p					·
	5		Royalties	t				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
o.		b	Less: cost or other basis					
Revenue			and sales expenses 7b					
eve		C	Gain or (loss) 7c					
er F			Net gain or (loss)	P				
Oth	0	а	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses9b					
		С	Net income or (loss) from gaming activities	>				
	10	а	Gross sales of inventory, less returns					
			and allowances10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
s n				Business Code				
neo	11			 				
Miscellaneous Revenue		b						
isc. Re		q	All other revenue	900099	1,095.			1,095.
Σ			Total. Add lines 11a-11d		1,095.			2,333.
	12		Total revenue. See instructions		908,869.	447,494.	0.	2,425.

932009 01-20-20

Form **990** (2019)

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	Ţ .	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	454 000	24 222	22 257	22 25
	trustees, and key employees	151,833.	91,099.	30,367.	30,367
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				4
9	Other employee benefits	8,378.	5,027.	1,675.	1,676 13,264
10	Payroll taxes	66,322.	39,793.	13,265.	13,264
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	10,423.		10,423.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	106,833.	87,300.	9,700.	9,833
12	Advertising and promotion				
13	Office expenses	8,441.	1,546.	6,895.	
14	Information technology	10,602.	6,362.	2,120.	2,120
15	Royalties				
16	Occupancy	12,000.	7,200.	2,400.	2,400
17	Travel	25,321.	15,193.	5,064.	5,064
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	344,843.	332,275.	12,568.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,829.		4,829.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	749,825.	585,795.	99,306.	64,724
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

Part X Balance Sheet

Га	ILA	Dalance Sneet		1.77			
		Check if Schedule O contains a response or	note to any line in this Pa	πx Τ	(A)	T	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			29,236.	1	522,662.
	2	Savings and temporary cash investments			672,971.	2	329,520.
	3	Pledges and grants receivable, net			88,000.	3	113,000.
	4	Accounts receivable, net	·	4	<u> </u>		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, si					
		controlled entity or family member of any of				5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr				6	
S	7	Notes and loans receivable, net		г		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			0.	9	22,757.
		Land, buildings, and equipment: cost or other	1 1				,
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities	•			11	
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			790,207.		987,939.
	17	Accounts payable and accrued expenses			21,221.	17	30,784.
	18	Grants payable			9,000.	18	0.
	19	Deferred revenue			30,450.	19	68,575.
	20	Tax-exempt bond liabilities		Г	,	20	
	21	Escrow or custodial account liability. Comple				21	
w	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, so		15%			
ig		controlled entity or family member of any of				22	
Ë	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I		_{t X}			
		of Schedule D	inos in 2 i). Completo i di			25	
	26	Total liabilities. Add lines 17 through 25			60,671.		99,359.
		Organizations that follow FASB ASC 958,			, .		, , , , , , , , , , , , , , , , , , , ,
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			584,934.	27	630,580.
Bal	28	Net assets with donor restrictions			144,602.	28	258,000.
pu		Organizations that do not follow FASB AS		····			•
Ī		and complete lines 29 through 33.	2 000, 00011				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds	- 1		29	
sets	30	Paid-in or capital surplus, or land, building, or		г		30	
Ass	31	Retained earnings, endowment, accumulate				31	
et	32	Total net assets or fund balances			729,536.	32	888,580.
~	33	Total liabilities and net assets/fund balances			790,207.	33	987,939.
		Total habilities and het assets/fully baldfices			.50,201	00	Form 990 (20

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>69.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72	9,5	36.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
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	88	8,5	80.
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 in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. THE NATIONAL ENERGY AND UTILITY

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization AFFORDABILITY COALITION 52-1559709 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 AFFORDABILITY COALITION

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	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	303,815.	259,955.	239,821.	490,702.	458,950.	1753243.				
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	303,815.	259,955.	239,821.	490,702.	458,950.	1753243.				
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)						594,800.				
6	Public support. Subtract line 5 from line 4.						1158443.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
7	Amounts from line 4	303,815.	259,955.	239,821.	490,702.	458,950.	1753243.				
8	Gross income from interest,						_				
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	3,103.	570.	156.	338.	1,330.	5,497.				
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	Total support. Add lines 7 through 10						1758740.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,027,833.				
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)					
	organization, check this box and stor	here					<u></u> ▶□				
	ction C. Computation of Publ						<u> </u>				
	Public support percentage for 2019 (14	65.87 %				
	Public support percentage from 2018					15	67.46 %				
16a	33 1/3% support test - 2019. If the o										
	stop here. The organization qualifies										
b	33 1/3% support test - 2018. If the o										
	and stop here. The organization qual										
17a	10% -facts-and-circumstances tes										
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization										
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
b	b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the										
	organization meets the "facts-and-circ										
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b							
					Sche	dule A (Form 990	or 990-F7) 2019				

932022 09-25-19

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.)

qualify under the tests listed be Section A. Public Support	pelow, please com	plete Part II.)				
	1,10015	(1) 0010	() 604-	/ n 22/2	1.20210	(0
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
					+	
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
- "						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and						
• •						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				•	•	
Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		<u> </u>
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth to	ax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here						▶∟
Section C. Computation of Pub					1 1	
15 Public support percentage for 2019 (column (f))		15	
Public support percentage from 2018					16	
Section D. Computation of Inve					1 1	
17 Investment income percentage for 20						
8 Investment income percentage from						
19a 33 1/3% support tests - 2019. If the	-					17 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2018. If the	e organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	
line 18 is not more than 33 1/3%, ch	eck this box and s t	top here. The orga	anization qualifies a	as a publicly supp	ported organization	▶ <u></u>
20 Private foundation If the organization	on did not check a	boy on line 1/1 10	a or 10h check th	hie hay and eas i	netructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	- Ou		
	3b		
	3с		
	30		
	4a		
	4.		
	4b		
	4c		
	5a		
	FL.		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	.54		
	10b		
n a	90 or 99	0-F7	2019

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	mon or type in eapper unity or game anone		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	-110
•	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		<u> </u>	<u> </u>
	tion 217th Type in cupper and Cigarina attention		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	2		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions			
' a	The organization satisfied the Activities Test. Complete line 2 below.	/ -		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
C	The organization is the parent of each on its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	c)	
_	Activities Test. Answer (a) and (b) below.	Huchons	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а				
	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			
		200		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	CI.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		۵.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1 /	1

Schedule A (Form 990 or 990-EZ) 2019 AFFORDABILITY COALITION

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

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 AFFORDABILITY COALITION

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)						
Secti	ion D - Distributions		,	Current Year					
1	Amounts paid to supported organizations to accomplish ex	empt purposes							
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organizatior	าร						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which	the organization is responsive	e						
	(provide details in Part VI). See instructions.	J							
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
	Eine o amount aviaca by ino o amount	(i)	(ii)	(iii)					
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2019								
а	From 2014								
b	From 2015								
С	From 2016								
d	From 2017								
е	From 2018								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2019 distributable amount								
i	Carryover from 2014 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount								
С	Remainder. Subtract lines 4a and 4b from 4.	/							
	Remaining underdistributions for years prior to 2019, if								
•	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2019. Subtract lines 3h								
-	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j								
•	and 4c.								
8	Breakdown of line 7:								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018 Excess from 2019								
е	EXCESS HOULZUIM								

Schedule A (Form 990 or 990-EZ) 2019

THE NATIONAL ENERGY AND UTILITY

52-1559709 Page 8 Schedule A (Form 990 or 990-EZ) 2019 AFFORDABILITY COALITION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
AMERICAN GAS ASSOCIATION	272,750.	237,575.
ATMOS ENERGY	49,500.	14,325.
BALTIMORE GAS AND ELECTRIC COMPANY	60,000.	24,825.
CITIZENS ENERGY GROUP	56,000.	20,825.
EDISON ELECTRIC INSTITUTE	50,000.	14,825.
ENTERGY SERVICES, INC.	70,000.	34,825.
FLORIDA POWER AND LIGHT	52,000.	16,825.
NATIONAL GRID	42,500.	7,325.
NISOURCE/ COLUMBIA GAS OF PA	37,000.	1,825.
PACIFIC GAS AND ELECTRIC COMPANY	136,000.	100,825.
SMUD	76,500.	41,325.
SOUTHERN CALIFORNIA GAS COMPANY	46,500.	11,325.
TENNESSEE VALLEY AUTHORITY	75,000.	39,825.
TXU ENERGY	63,500.	28,325.
Total Excess Contributions to Schedule A, Part II, Line 5		594,800.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

2010

OMB No. 1545-0047

Name of the organization

Organization type (check one):

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Employer identification number

52-1559709

Filers of:	Section:
Form 990 or 9	90-EZ X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your	organization is covered by the General Rule or a Special Rule .
	ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
,	
General Rule	
	n organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or erty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
section section any contract the section secti	n 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 ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ne 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 Form 990-EZ, line 1. Complete Parts I and II.
year,	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the intion of cruelty to children or animals. Complete Parts I, II, and III.
year, is cho purpo	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ecked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., ose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively bus, charitable, etc., contributions totaling \$5,000 or more during the year
	rganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), swer "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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
1	AMERICAN GAS ASSOCIATION 400 N CAPITOL ST NW WASHINGTON, DC 20001-1511	\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
2	BALTIMORE GAS AND ELECTRIC P.O. BOX 1475	\$ 25,000.	Person X Payroll Noncash					
	BALTIMORE, MD 21203		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3	CENTERPOINT ENERGY 1111 LOUISIANA ST	s 10,000.	Person X Payroll Noncash					
	HOUSTON, TX 77002		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4	CITIZENS ENERGY GROUP 2020 N MERIDIAN ST INDIANAPOLIS, IN 46202-1306	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
5	CONSUMERS ENERGY 1 ENERGY PLAZA DR JACKSON, MI 49201	\$10,000.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
6	EDISON ELECTRIC INSTITUTE		Person X					
	701 PENNSYLVANIA AVE NW	\$15,000.	Payroll Noncash (Complete Part II for					
002450 11.0	WASHINGTON, DC 20004-2608		noncash contributions.)					

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	ENTERGY SERVICES, INC. 639 LOYOLA AVENUE NEW ORLEANS, LA 70113	\$15,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	FLORIDA POWER AND LIGHT		Person X	
	700 UNIVERSE BLVD	\$11,000.	Payroll Noncash (Complete Part II for	
	JUNO BEACH, FL 33408		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	NATIONAL GRID		Person X Payroll	
	300 ERIE BLVD W	\$10,000.	Noncash (Complete Part II for	
	SYRACUSE, NY 13202-4201		noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10	NATIONAL RURAL ELECTRIC COOP ASSOCIATION		Person X	
	4301 WILSON BLVD FIN8-110	\$10,000.	Payroll Noncash	
	ARLINGTON, VA 22203		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11	PACIFIC GAS AND ELECTRIC		Person X	
	900 7TH ST NW STE 950	\$\$	Payroll Noncash	
	WASHINGTON, DC 20001-3888		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12	PECO ENERGY COMPANY		Person X	
	2301 MARKET ST	\$10,000.	Payroll Noncash	
	PHILADELPHIA, PA 19103		(Complete Part II for noncash contributions.)	

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PEPCO HOLDINGS 10 S. DEARBORN ST., 48TH FLOOR CHICAGO, IL 60603	\$ 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
14	SALT RIVER PROJECT 1500 N. MILL AVE. TEMPE, AZ 85281	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	SACRAMENTO MUNICIPAL UTILITY DISTRICT 6301 S ST SACRAMENTO, CA 95817	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	SOUTHERN CALIFORNIA GAS CO 555 WEST 5TH STREET, ML 12FL LOS ANGELES, CA 90013-1007	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	TENNESSEE VALLEY AUTHORITY 400 WEST SUMMIT HILL DRIVE KNOXVILLE, TN 37902	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	TXU ENERGY 6555 SIERRA DRIVE, SUITE 2S-04C IRVING, TX 75039	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	WASHINGTON GAS 6801 INDUSTRIAL ROAD SPRINGFIELD, VA 22151	\$ 25,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

	Noncash Property (see instructions). Use duplicate copies of Part II if a	dutional space is fleeded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEALS FOR EVENT ATTENDEES		
		\$	02/27/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Part III	Exclusively religious, charitable, etc., contribut	tions to organizations des	cribed in section 5	01(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the follow charitable, etc., contributions of	ing line entry. For t	organizations be year (Enterthic info ones) \$
	Use duplicate copies of Part III if additional	space is needed.	5 i,000 or less lore	The year. (Enter this into, once.)
(a) No.	coo dapiloate copios of Fait in II additional	Горасс ю посаса.		
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
Part I		(, -		
				_
				·
-				
		(e) Trans	fer of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
T	,,			
			-	
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
raiti				
F		(a) Tuona	for of cift	
		(e) Trans	fer of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
Γ				
			-	
			·	
(a) No. from	(h) Dumaga of wift	(a)Ulas af	:41	(al) December of how wife in hold
Part I	(b) Purpose of gift	(c) Use of	giπ	(d) Description of how gift is held
Γ		(e) Trans	fer of gift	
		• • • • • • • • • • • • • • • • • • • •	J	
	-	1715 4	_	
-	Transferee's name, address, a	na ZIP + 4	K	elationship of transferor to transferee
(a) No		I		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	nift	(d) Description of how gift is held
Part I	(b) I dipose oi giit	(0) 030 01	giit	(a) Bescription of new girt is new
Γ		(e) Trans	fer of gift	
		(5)	3	
	Turnefour 1	! 7 ID 4	_	alationality of the materials to the
L	Transferee's name, address, a	na ZIP + 4	R	elationship of transferor to transferee
			1	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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)		tions: Complete Part III.			
Name of organization		IONAL ENERGY ANI	O UTILITY	Emp	loyer identification number
Ü		BILITY COALITION			52-1559709
Part I-A Comple	ete if the org	janization is exempt un	der section 501(c)	or is a section 527 of	organization.
 Provide a description Political campaign a 	on of the organiz	ation's direct and indirect politi ures gn activities	cal campaign activities	in Part IV.	
Dort I D Commis			down a setting 504/a)	(0)	
		janization is exempt un			<u> </u>
1 Enter the amount of	any excise tax	incurred by the organization un	ider section 4955		
		incurred by organization manag			
		n 4955 tax, did it file Form 4720			
					Yes No
b If "Yes," describe in	ete if the ord	janization is exempt un	der section 501(c)	except section 501	(c)(3).
•		by the filing organization for s		•	· /· /
2 Enter the amount of exempt function act3 Total exempt function	f the filing organ tivities on expenditures	ization's funds contributed to c	other organizations for so and on Form 1120-POL	ection 527	<u> </u>
		1120-POL for this year?			
made payments. Fo contributions receive	or each organiza red that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organia a separate political org	zation's funds. Also enter t anization, such as a separa	he amount of political
(a) Name		(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 or 990-EZ) 2019

LHA

932041 11-26-19

THE NATIONAL ENERGY AND UTILITY

Schedule C (Form 990 or 990-EZ) 2019 AFFORDABILITY COALITION

52-1559709 Page 2

Part II-A Complete if the organ section 501(h)).	nization	is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (e	lection under
	n belongs	to an affi	liated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share o	_		- · ·			, , ,
B Check ▶ ☐ if the filing organization	n checked	d box A ar	nd "limited control" pr	ovisions apply.		
Limits of (The term "expenditu	on Lobbyi ures" mea			.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public	opinion (grassroots lobbying)			
b Total lobbying expenditures to influer	nce a legis	lative boo	dy (direct lobbying) .			
c Total lobbying expenditures (add lines	s 1a and 1	1b)				
d Other exempt purpose expenditures						
e Total exempt purpose expenditures (a	add lines	1c and 1c	d)			
f Lobbying nontaxable amount. Enter t	he amour	nt from the	e following table in bo	th columns.		
If the amount on line 1e, column (a) or (b	b) is:	The lob	bying nontaxable an	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,0	00	\$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (enter	r 25% of li	,				
h Subtract line 1g from line 1a. If zero o						
i Subtract line 1f from line 1c. If zero or						
j If there is an amount other than zero or reporting section 4911 tax for this year				ration file Form 4720		Yes No
(Some organizations that	t made a s See t	section 5 he separ	ate instructions for l	have to complete all ones 2a through 2f.)	of the five columns I	below.
	Lobbyi	ng Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	16	(b) 2017	(c) 2018	(d) 2019	(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 Overseye stellele by time a symmetric was						

Schedule C (Form 990 or 990-EZ) 2019

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
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:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	37		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	X	^	12	3,094.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	13	0,094.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		Λ	13	3,094.
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		,,054.
b If "Yes," enter the amount of any tax incurred under section 4912		21		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(on 501(c)	(5), or se	ction	
501(c)(6).	` '	· · //		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	R (b) Part	III-A, lin	e 3, is
answered "Yes."				
1 Dues, assessments and similar amounts from members				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	Cai			
		2a		
a Current year h Carryover from last year		2b		
b Carryover from last year				
c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
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 amount on line 3, what portion of the exceeds t				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expenditure next year?	Jonalda	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	o list); Part I	I-A, lines 1 a	and 2 (see	
THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITI	ON ADV	OCATE	S FOR	
UTILITY ASSISTANCE VIA SCHEDULED MEETINGS WITH STAFF	AND MI	EMBERS	OF	
CONGRESS, HOSTING AN ACTION DAY FLY-IN TO SUPPORT THE	LOW	INCOME	HOME	
ENERGY ASSISTANCE PROGRAM (LIHEAP), AND LEADING OR SU	PPORT:	ING EF	FORTS	
ON VARIOUS LETTERS THROUGHOUT THE YEAR, INCLUDING THE	OPEN	LETTE	R TO	

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Employer identification number 52-1559709

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.Complete if the			
	organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds			
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	ed only			
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).				
	Preservation of land for public use (for example, recreated	ation or education) Preservation of a h	nistorically important land area			
	Protection of natural habitat	Preservation of a c	certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic st					
d	Number of conservation easements included in (c) acquired		I I			
	listed in the National Register					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganization during the tax			
	year >					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe		□ v _{aa} □ v _a			
	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing conser	vation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	n agramanta during the year			
′	\$	ulling of violations, and emorcing conservation	in easements during the year			
8	Does each conservation easement reported on line 2(d) abo	we satisfy the requirements of section 170(h)	(A)(R)(i)			
Ū	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat					
•	balance sheet, and include, if applicable, the text of the foot	-				
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	er Similar Assets.			
	Complete if the organization answered "Yes" on Forn					
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	d balance sheet works			
	of art, historical treasures, or other similar assets held for pu	iblic exhibition, education, or research in furth	nerance of public			
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and bal	lance sheet works of			
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in further	ance of public 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 tre					
	the following amounts required to be reported under FASB	ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2019			

932051 10-02-19

52-1559709 Page 2

Schedule D (Form 990) 2019

Pai	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures,	or Othe	r Similar	Asset	S (continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the	following th	nat make s	ignificant use	e of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange prog	ram				
b	Scholarly research	е			0 1 0					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	nev further t	he organiza	tion's exer	mpt purpose	in Part	XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par	-		gui <u>-</u>				,.		
1a	Is the organization an agent, trustee, custodi		iarv for	contribution	ns or other a	assets not	included			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	, 1	'	3						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•			
Pai										
	53.0,	(a) Current year		rior year	$\overline{}$		(d) Three year	s back	(e) Four v	vears back
1a	Beginning of year balance	(a) cancert year	(-)	119. 7.52	(4)) .		(4)		(0)	,
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities		_	V/~						
·	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end halanc	e (line 1	a column (a)) held as.	<u> </u>				
	Board designated or quasi-endowment	one year one balano	%	g, colaiiii (ajj riola ao.					
	Permanent endowment	%								
		// 0								
·	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ation the	at are held s	and adminis	tered for th	ne organizati	on		
ou	by:	331011 Of the organize	ation the	at are ricid t	ina aaniinis	tered for ti	ic organizati	OII	[·	Yes No
	(i) Unrelated organizations								3a(i)	103 110
	(ii) Related organizations								``	
h	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the								_ OD	
<u> </u>	t VI Land, Buildings, and Equipm		WITICITE	iuiius.						
	Complete if the organization answered		Part I\	/ line 11a 9	See Form 99	0 Part X	line 10			
	Description of property	(a) Cost or of			t or other	1	cumulated		(d) Book	value
	Description of property	basis (investm		. ,	(other)	` '	reciation		(u) Dook	value
12	Land	•	,	24010	,2	uo,				
	Land									
	Buildings Leasehold improvements							+		
						1				
	Equipment Other					+		_		
	Other		X colur	nn (B) line '	10c)					0.

Schedule D (Form 990) 2019

52-1559709 Page 3

Complete if the organization answered "Yes" on Form 990, Part IV, Ine 110. See Form 990, Part IX, Ine 12. (g) Description of long the standard organization answered "Yes" on Form 990, Part IV, Ine 110. See Form 990, Part IX, Ine 12. (g) Closely held equilty interests (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of	Part VII Investments - Other Securities.			
(1) Financial derivatives				
		(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(3) Other (4) (6) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (11) (12) (13) (14) (15) (19) (19) (19) (19) (19) (19) (19) (19	• • • • • • • • • • • • • • • • • • • •			
G G G G G G G G				
(B)				
C C C C C C C C				
C				
Fig.				
(G) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part Will] Investments - Program Related. Compete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12. ►				
Part VII	· ·			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f)		on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X	(a) Description of investment		(c) Method of valuation: Cost or end	l-of-year market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X	(1)			
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (b) Book value (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (b) Ine 25.) (c) Ine 25.				
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	(4)			
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX	(5)			
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (77) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶	(6)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	(7)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	(8)			
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1.			11d. See Form 990, Part X, line 15.	/I-V D I I
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶		Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	. ,	15)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		, 10./		
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(a) Described and Calculate			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	•			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	. ,			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
·				
·	Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	
	2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements	hat reports the

Schedule D (Form 990) 2019

52-1559709 Page 4 AFFORDABILITY COALITION Schedule D (Form 990) 2019 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. 908,869. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 908,869. Subtract line 2e from line 1 3 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 **b** 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. 749,825. Total expenses and losses per audited financial statements 1 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 2c c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 749,825 3 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 **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 749,825. 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 D (Form 990) 2019

SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Inspection Employer identification number 52-1559709

OMB No. 1545-0047

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments 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? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract X Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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: X a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 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: Х a The organization? 5a $\overline{\mathbf{x}}$ **b** Any related organization? 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: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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)	125,232.	0.	0.	0.	26,601.	151,833.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)				·			
	(i)							
	(ii)							
	(i)			\wedge				
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019	AFFORDABILITY COALITION	52-1559709	Page 3
Part III Supplemental Informat			
Provide the information, explanation	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and fo	or Part II. Also complete this part for any additional information	tion.
		•	

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public 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 ENERGY NEEDS OF LOW INCOME ENERGY CONSUMERS, FOSTERING PUBLIC-PRIVATE PARTNERSHIPS AND ENGAGING IN OTHER ACTIVITIES TO HELP ADDRESS THESE NEEDS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN OTHER ACTIVITIES TO HELP ADDRESS THESE NEEDS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ADDITION TO MEETING WITH POLICYMAKERS ON THE HILL. FORM 990, PART VI, SECTION A, LINE 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 28 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 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) 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: 28,800. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 9,600.

9,600.

48,000.

FUNDRAISING EXPENSES

TOTAL EXPENSES

Name of the organization THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION	Employer identification number 52-1559709
CONFERENCE & EVENT PLANNING CONSULTANT:	
PROGRAM SERVICE EXPENSES	58,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	58,500.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	100.
FUNDRAISING EXPENSES	233.
TOTAL EXPENSES	333.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	106,833.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-char	rities-and-r	non-profits.				
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corpo	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	os, REMIC	Cs, and trusts		
must use	e Form 7004 to request an extension of time to file incom	ne tax retu	rns.				
Type or print	Name of exempt organization or other filer, see instruTHE NATIONAL ENERGY AND UT			Taxpayer	r identification nu		
File by the	AFFORDABILITY COALITION				52-1559709		
due date fo filing your return. See	1850 M ST NW, NO. 610						
instructions	WASHINGTON, DC 20036						
Enter the	Return Code for the return that this application is for (fi	le a separa	ate application for each return)			01	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	O or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	D-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	O-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11			
Form 99	O-T (trust other than above) KATRINA METZLE	06	Form 8870			12	
Telep If the	ooks are in the care of ▶ 1850 M ST NW, hone No. ▶ 202-530-2210 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole grou		
the	equest an automatic 6-month extension of time until $\underline{}$ or calendar year $\underline{2019}$ or $\underline{}$ tax year beginning		s return for:	e the exem	npt organization	return for	
2 If t	he tax year entered in line 1 is for less than 12 months, on the control of the c	check reas	son: Initial return	Final retur	'n		
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less				
<u>an</u>	y nonrefundable credits. See instructions.			3a	\$	0.	
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and				
es	timated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.	
c Ba							
us	ing EFTPS (Electronic Federal Tax Payment System). Se	e instruction	ons.	3с	\$	0.	
Caution	: If you are going to make an electronic funds withdrawaons.	l (direct de	ebit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-E0	O for payment	
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	, see instr	uctions.		Form 8868	(Rev. 1-2020)	

923841 12-30-19