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

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

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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

<u> н</u>	OI UII	e 2022 Calefidat year, of tax year beginning	enung	_	
B c	heck if	C Name of organization		D Employer identifie	cation number
	Addre				
H	Name chang			52-15597	09
	Initial return		Room/suite	E Telephone number	
	Final return	DO BOX 33878		202-838-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	1,069,254.
	Amen return	ded wagutnomon no 20022		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: KATRINA METZLER		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
ΙŢ	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemptio	
K F	orm o	organization: X Corporation Trust Association Other	L Year	of formation: 1987 N	M State of legal domicile; MO
Pa	art I	Summary			
ė	1	Briefly describe the organization's mission or most significant activities: THE AFFORDABILITY COALITION IS A BROAD-BASED	NATION	AL ENERGY AL	ND UTILITY
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose			
Veri	l			3	34
Ĝ	l	Number of independent voting members of the governing body (Part VI, line 1b)			34
જ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			2
ij	6	Total number of volunteers (estimate if necessary)			75
댫				7a	0.
ď	l	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		372,404.	486,075.
ğ	9	Program service revenue (Part VIII, line 2g)		221,653.	566,175.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		97.	25.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	16,979.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		594,154.	1,069,254.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		500.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		245,087.	287,201.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 31,9		0.	0.
Ϋ́	_b			249,119.	733,789.
_	' <i>'</i>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		494,706.	1,020,990.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		99,448.	48,264.
- X		nevertue less experises. Subtract line 16 front line 12		ginning of Current Year	End of Year
Net Assets or Jund Balances	20	Total assets (Part X, line 16)		1,075,491.	1,190,136.
Ass Bal	21	Total liabilities (Part X, line 26)		50,422.	116,803.
≓.et	22	Net assets or fund balances. Subtract line 21 from line 20		1,025,069.	1,073,333.
Pa	irt II	Signature Block			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sigi		Signature of officer		Date	
Her	е	KATRINA METZLER, EXECUTIVE DIRECTOR			
		Type or print name and title		Date Check	PTIN
		Print/Type preparer's name Preparer's signature		L	
Paid		GLENN MILLER, CPA GLENN MILLER, C	ra I	.0/12/23 self-employ	P00086726 9-0974031
-	oarer Only	Firm's name WEGNER CPAS LLP Firm's address 419 N LEE ST		Firm's EIN 3	J-UJ/4UJ1
บระ	Only	Firm's address 419 N LEE ST ALEXANDRIA, VA 22314-2301		Dhone no / 7	03) 519-0990
N/a-	, the !!			Priorie no. (7	
iviay	ıne II	AS discuss this return with the preparer shown above? See instructions			X Yes No

4d Other program services	(Describe on Schedule O.)	
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including grants of \$ 882,791. Total program service expenses

) (Revenue \$

Form 990 (2022)

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THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Form 990 (2022)

Part IV Checklist of Required Schedules

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

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Form **990** (2022)

THE NATIONAL ENERGY AND UTILITY

Form	990 (2022) AFFORDABILITY COALITION 52	<u>2-1559709</u>	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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 cur	rent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	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			X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas	se		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, ar	I		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple			
	Schedule L. Part I	امدا		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employ			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% co	I		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Par			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M			x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	I		Х
35.5				X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity.			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organ			
30				X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31		37		X
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			 ^`
30			х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
. u	Charle if Cahadula O cantains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part V			
4.	Enter the number reported in her 2 of Form 1006. Enter 0 if and an inching	8	Yes	No
ıa	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			

	officer if confedere of contains a response of flote to any life in this rare v								
					Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	8						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?			1c					

THE NATIONAL ENERGY AND UTILITY Form 990 (2022) AFFORDABILITY COALITION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_	filed for the calendar year ending with or within the year covered by this return 2a 2		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		Х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Λ
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for EinCEN Form 114. Penert of Foreign Bank and Financial Accounts (FRAP)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-00		
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZ.U		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves " complete Form 6060			

Form **990** (2022)

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 Q. See instructions

	to into ea, ob, or too bolow, according the orientations, proceeding, or charges on contentions.										
	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										
	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										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct 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 990 was 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	X								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a	X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the 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 reached 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 Revenue 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 chapters, 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 body before filing the form?	11a	X								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
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 approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed CA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records KATRINA METZLER - 202-838-8375										
	PO BOX 33878, WASHINGTON, DC 20033										

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do		Pos	C) ition	I than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lnstitutional trustee				tee)	from the organization (W-2/1099-MISC/1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KATRINA METZLER	40.00	-						120 505	0	25 552
EXECUTIVE DIRECTOR	1 00			Х				139,595.	0.	35,552.
(2) TANYA JONES	1.00	3,7		٠,					0	0
PRESIDENT	1 00	Х		Х				0.	0.	0.
(3) KIM CAMPBELL HAILEY 1ST VICE PRESIDENT	1.00	Х		х				0.	0.	0.
(4) KIM RIKALO	1.00							•	•	
2ND VICE PRESIDENT	1100	х		х				0.	0.	0.
(5) ENRIQUE HERNANDEZ	1.00	T-								
TREASURER		х		х				0.	0.	0.
(6) KEELIE GUSTIN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) RHONDA HARPER	1.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(8) KELLY CAPLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) SILVIA ALDANA	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CELIA ANDRADE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MIKE BRADFORD	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DAVID CONN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JOE DIAMOND	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(14) ALISON DONOVAN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KATHLEEN KERR	1.00	l								_
DIRECTOR	1 00	Х			_		_	0.	0.	0.
(16) FAYE KINNER	1.00								_	_
DIRECTOR	1 00	Х				_		0.	0.	0.
(17) HALY LAASME	1.00	٦,							^	_
DIRECTOR	1	X						0.	0.	0.

Form 990 (2022) 232007 12-13-22

	BILITY CO)AI	ΓI	'IC	N				52-1	559	709	Р	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation		an	nount	of
	week		Cer ar	ia a a	Tecto	Trus	iee)	from	from related			other	
	(list any hours for	irecto						the	organization			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om th anizat	
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-1120)			arıızar d relat	
	below	Individual trustee or director	riona	_	nploy	st col	- in	10001120)				anizati	
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(18) CHAD QUINN	1.00												
DIRECTOR		Х						0.		0.			0.
(19) FRANK RAPLEY	1.00												
DIRECTOR		Х						0.		0.			0.
(20) JOHN RICH	1.00							-					
DIRECTOR		Х						0.		0.			0.
(21) JOHN SARVER	1.00												
DIRECTOR		х						0.		0.			0.
(22) ANGIE STERNER	1.00												
DIRECTOR		х						0.		0.			0.
(23) BONNIE TEMME	1.00												
DIRECTOR		Х						0.		0.			0.
(24) AMANDA DEWEY	1.00												
DIRECTOR (FROM JAN 2022)		Х						0.		0.			0.
(25) TODD BERREMAN	1.00												
DIRECTOR (FROM JUNE 2022)		Х						0.		0.			0.
(26) JULIE GARCIA	1.00												
DIRECTOR (FROM JUNE 2022)		X						0.		0.			0.
1b Subtotal	•			•				139,595.		0.	3	5,5	
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								139,595.		0.	3	5,5	52.
2 Total number of individuals (including but							o re	eceived more than \$100.	000 of reportable	 e			
compensation from the organization						,		,					1
												Yes	No
3 Did the organization list any former office	r. director. trust	ee. I	cev e	lame	love	e. or	hia	hest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for		,	,		,	,	_		,		3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1											4	Х	
5 Did any person listed on line 1a receive o													
rendered to the organization? If "Yes." co											5		Х
Section B. Independent Contractors	mpiete Genedal	<u> </u>	OI SE	<i>1</i> 011	0013	OII .							
Complete this table for your five highest of	ompensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100.000 of com	pensat	tion fro	om	
the organization. Report compensation for	•	•											
(A)	,			<u> </u>				(B)			(0	<u> </u>	
Name and busines	s address	N	INC	3				Description of s	ervices	С	ompe		n

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but	t not limited to those list	ted above) who received more than	

\$100,000 of compensation from the organization 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

Form 990

										9709
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	tor				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	or director				d em		(W-2/1099-MISC)	(***2/1099****100)	organization
	related	tee or	ıstee			en sa te		(11 2/ 1000 111100)		and related
	organizations	Individual trustee	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	titutio	Officer	em p	hesto	Former			
	line)	lnd	lus	#0	Key	Hig	For			
(27) TONY HUNT	1.00	1						_		_
DIRECTOR (FROM JUNE 2022)		Х						0.	0.	0.
(28) TAMARA JOHNSON	1.00									
DIRECTOR (FROM JUNE 2022)		Х						0.	0.	0.
(29) BRITTANY LYKE	1.00	1						_		_
DIRECTOR (FROM JUNE 2022)		Х						0.	0.	0.
(30) CAROLYN PERRY	1.00								_	_
DIRECTOR (FROM JUNE 2022)		Х						0.	0.	0.
(31) MATT TREADWELL	1.00									
DIRECTOR (FROM JUNE 2022)	1 00	Х						0.	0.	0.
(32) KENYA VAN EYKEN	1.00	ļ							•	•
DIRECTOR (FROM JULY 2022)	1 00	Х						0.	0.	0.
(33) RASHEEDA DAVIS	1.00								•	•
DIRECTOR (FROM NOV 2022)	1 00	Х						0.	0.	0.
(34) LAURA BAYONA	1.00								•	•
DIRECTOR (FROM DEC 2022)	1 00	Х						0.	0.	0.
(35) ARIEL DREHOBL	1.00	.,							0	0
DIRECTOR (THRU JAN 2022)	1 00	Х						0.	0.	0.
(36) EDITH BALTIERREZ	1.00	.						_	0	0
DIRECTOR (THRU JUNE 2022)	1 00	Х						0.	0.	0.
(37) GERRI DRUMMOND	1.00	Х						0.	0	0
DIRECTOR (THRU JUNE 2022) (38) SAUNTEEL JENKINS	1 00	Λ						0.	0.	0.
	1.00	х						0.	0	0
DIRECTOR (THRU JUNE 2022) (39) NANCY LOEHR	1.00	Δ						0.	0.	0.
	1.00	х						0.	0.	0.
DIRECTOR (THRU JUNE 2022) (40) TAMMY MAYNOR	1 00	Δ						0.	0.	0.
DIRECTOR (THRU JUNE 2022)	1.00	Х						0.	0.	0
(41) JACQUIE MOSS	1.00	Λ						0.	0.	0.
DIRECTOR (THRU JUNE 2022)	1.00	Х						0.	0.	0.
(42) SARAH SCHAFFER	1.00	^						J •	0.	0.
DIRECTOR (THRU JUNE 2022)	1.00	Х						0.	0.	0.
(43) CHERYL STOWELL	1.00	^						J •	0.	0.
DIRECTOR (THRU JUNE 2022)	1.00	Х						0.	0.	0.
(44) TONYA ANDERSON	1.00	22	\vdash					•	· ·	0.
DIRECTOR (THRU JULY 2022)	1.00	Х						0.	0.	0.
(45) KENLEY FARMER	1.00	25	\vdash					•	· ·	<u> </u>
DIRECTOR (THRU SEPT 2022)	1.00	Х						0.	0.	0.
(46) TANASIA POKE	1.00							-	<u> </u>	. .
,	<u> </u>	4	l	1	1			_		•
DIRECTOR (THRU NOV 2022)		Х		[0.	0.	0.

Form 990 AFFORDAB	LLITY CO)AI	ΙŢ	'IO	N				52-155	9709
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	ll that apply)			compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trus		99/	n pen				organizations
	below	dualt	rtiona	_	m plo	stcol	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) CHERE COLEMAN	1.00	F	 	-	F	⊢				
DIRECTOR (THRU DEC 2022)	100	Х						0.	0.	0.
(48) STEVE WHITWORTH	1.00									
DIRECTOR (THRU DEC 2022)		х						0.	0.	0.
									•	
		ļ								
			_	_		_				
		<u> </u>		<u> </u>]			
Total to Part VII, Section A, line 1c										

Form 990 (2022) AFFORDA
Part VIII Statement of Revenue

			Check if Schedule O contains a response	onse	or note to any lin	e in this Part VIII			
			Officer if Generalic G contains a respo	J113C	or riote to arry iiri	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									360110113 3 12 - 3 14
nts nts	1		Federated campaigns 1a						
Gifts, Grants ilar Amounts			Membership dues 1b						
			Fundraising events 1c						
			Related organizations 1d		00 000				
JS,			Government grants (contributions) 1e		90,000.				
tio S		f	All other contributions, gifts, grants, and						
ig #			similar amounts not included above 1f		<u>396,075.</u>				
Contributions, Gift and Other Similar		g	Noncash contributions included in lines 1a-1f 1g	\$					
g g		h	Total. Add lines 1a-1f			486,075.			
					Business Code				
ė	2		ANNUAL CONFERENCE		900099	434,525.	434,525.		
e Ķ		b	MEMBERSHIP DUES		900099	131,650.	131,650.		
Se		С							
am		d							
Program Service Revenue		е							
Ā		f	All other program service revenue						
		g	Total. Add lines 2a-2f			566,175.			
	3		Investment income (including dividends,						
			other similar amounts)			25.			25.
	4		Income from investment of tax-exempt be						
	5		Royalties	-					
			(i) Rea		(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7		Gross amount from sales of (i) Securi	ties	(ii) Other				
	-	_	assets other than inventory 7a		,				
		h	Less: cost or other basis						
ō		~	and sales expenses 7b						
Revenue		c	Gain or (loss) 7c						
ě			Net gain or (loss)		1				
her F	٥		Gross income from fundraising events (not		T				
O t p	Ü	u	including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		h	Less: direct expenses	8b					
			Net income or (loss) from fundraising eve						
			Gross income from gaming activities. See						
	9	а							
		h	Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming activities	:S	T				
	10	а	Gross sales of inventory, less returns	10					
			and allowances						
			Less: cost of goods sold)				
_		С	Net income or (loss) from sales of invento	ry					
જ	٠.				Business Code				
eor Te	11								
lan		b							
Miscellaneous Revenue		С			000000	1.000			16 070
Mis			All other revenue		900099	16,979.			16,979.
		е	Total. Add lines 11a-11d			16,979.	F.C.C. 4.77	_	15 004
	12		Total revenue. See instructions			1,069,254.	566,175.	0.	17,004.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	7.5.			X
	ot 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				
	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,	175 147	121 260	26 272	17 515
	trustees, and key employees	175,147.	131,360.	26,272.	17,515
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	89,622.	67,217.	12 //2	9 062
7	Other salaries and wages	09,044.	01,411.	13,443.	8,962
8	Pension plan accruals and contributions (include	2 667	2,000.	400.	267
_	section 401(k) and 403(b) employer contributions)	2,667. 1,192.	894.	179.	267 119
9	Other employee benefits	18,573.	13,930.	2,786.	1,857
10	Payroll taxes	10,373.	13,930.	2,700.	1,007
11	Fees for services (nonemployees):				
	Management				
	Legal	15,635.		15,635.	
	Accounting	13,033.		13,033.	
	Lobbying Professional fundacing convices See Part IV line 17				
	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g		124,680.	114,413.	10,267.	
10	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	124,000	111,110	10,207	
12 13	Office expenses	18,161.	1,601.	16,560.	
ا ا4	Information technology	6,735.	5,052.	1,010.	673
5	Royalties	0,7331	3,0321	1,0101	0,73
16	Occupancy	12,890.	9,668.	1,934.	1,288
7	Travel	12,650.	9,488.	1,898.	1,264
8	Payments of travel or entertainment expenses		2,200		
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	537,300.	527,168.	10,132.	
20	Interest	,			
.o ?1	Payments to affiliates				
22	Depreciation, depletion, and amortization				
3	Insurance	5,738.		5,738.	
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					
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,020,990.	882,791.	106,254.	31,945
:6	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 (2022)

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	464 64	1	540,010.
2	Savings and temporary cash investments		2	440,043
3	Pledges and grants receivable, net		3	153,500
4	Accounts receivable, net		4	
5	Loans and other receivables from 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		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
္ 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
₹ 9	Prepaid expenses and deferred charges	18,000.	9	16,638
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	39,945
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,190,136
17	Accounts payable and accrued expenses	l l	17	16,662.
18	Grants payable	1 00 600	18	
19	Deferred revenue		19	59,606
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္မ 22	Loans and other payables to any current or former officer, director,			
≜	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons		22	
- 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			40 505
	of Schedule D			40,535.
26	Total liabilities. Add lines 17 through 25	50,422.	26	116,803.
<u>,,</u>	Organizations that follow FASB ASC 958, check here			
<u>ğ</u>	and complete lines 27, 28, 32, and 33.	721 060		710 022
[27	Net assets without donor restrictions		27	719,833.
<u>n</u> 28	Net assets with donor restrictions	294,000.	28	353,500.
<u> </u>	Organizations that do not follow FASB ASC 958, check here			
<u> </u>	and complete lines 29 through 33.			
Net Assets or Fund Balances 25 28 29 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Capital stock or trust principal, or current funds	I	29	
<u>8</u> 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
₹ 31	- '	1 005 060	31	1 000 000
_	Total net assets or fund balances	1,025,069.	32	1,073,333.
33	Total liabilities and net assets/fund balances	1,075,491 .	33	1,190,136.

Form **990** (2022)

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,06		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,02	0,9	90.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	8,2	64.
4					69.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,07	3,3	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

THE NATIONAL ENERGY AND UTILITY

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

52-1559709 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	490,702.	458,950.	419,732.	372,404.	486,075.	2227863.
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	490,702.	458,950.	419,732.	372,404.	486,075.	2227863.
	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)						812,489.
6	Public support. Subtract line 5 from line 4.						1415374.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	490,702.	458,950.	419,732.	372,404.	486,075.	2227863.
	Gross income from interest,			,			
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	338.	1,330.	196.	97.	25.	1,986.
9	Net income from unrelated business	3301	1,3301	2300	3,4	231	1/3000
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						2229849.
	Gross receipts from related activities,	oto (soo instructio	une)			12 1	,897,013.
	First 5 years. If the Form 990 is for the	•		ourth or fifth toy w		•	,007,013.
13	organization, check this box and stor	-					
Sec	etion C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	63.47 %
	Public support percentage from 2021					15	60.25 %
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						77
b	33 1/3% support test - 2021. If the o		-				
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			=		viriow the organiz	
h	10% -facts-and-circumstances test	-		*	-		
J	more, and if the organization meets the	_					10/0 01
	organization meets the facts-and-circu				-		
12	Private foundation. If the organization			. ,	•		
10	rivate loundation. If the organization	in ala not check a l	JUN UIT III IE 13, 102	a, 100, 17a, 01 17b	, crieck triis box at		/Form 000\ 2022

Schedule A (Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Van Na

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
	<i>71</i> 11 5 5		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	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	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	'		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	INO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insi	tuu vatian	۵۱	
2	Activities Test. Answer lines 2a and 2b below.	truction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
	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	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2.0		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

32025 12-09-22 Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 AFFORDABILITY COALITION

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

1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus		•	Part VI). See instructions
Sect	ion A - Adjusted Net Income	<u>t complete c</u>	(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		
ect	on 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
•	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
<u>-</u> 3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	1 9		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
<u>-</u> 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			
J	emergency temporary reduction (see instructions).	6		
7			Type III supporting area	nization (see
•	Check here if the current year is the organization's first as a non-functiona	ny integrated	i Type iii supportiilig orga	unzauon (SEE

Schedule A (Form 990) 2022

AFFORDABILITY COALITION

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)			
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1			
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	•	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2022 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
<u>a</u>	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
<u>e</u>	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
<u>i</u>	Carryover from 2017 not applied (see instructions)					
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7:					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
<u>a</u>	Excess from 2018					
b	Excess from 2019					
c	Excess from 2020					
<u>d</u>	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

Part VI	Supplemental Information Deside the evaluations required by Dest II like 40. Dest II like 47, as 47b. Dest III like 40.
1 dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization
THE NATIONAL ENERGY AND UTILITY
AFFORDABILITY COALITION

Employer identification number
52-1559709

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

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

Schedule B (Form 990) (2022)

Name of organization
THE NATIONAL ENERGY AND UTILITY
AFFORDABILITY COALITION

Employer identification number

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 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
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$12,000.	Person X Payroll

Name of organization
THE NATIONAL ENERGY AND UTILITY
AFFORDABILITY COALITION

Employer identification number

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$15,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE NATIONAL ENERGY AND UTILITY
AFFORDABILITY COALITION

Employer identification number

Page 2

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

Name of organization
THE NATIONAL ENERGY AND UTILITY
AFFORDABILITY COALITION

Employer identification number

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_			Person X Payroll
(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person 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.)

Name of organization
THE NATIONAL ENERGY AND UTILITY
AFFORDABILITY COALITION

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Cabadala P. (Farm 000) (0000)

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION 52-1559709 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

2022

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.

Open to Public Inspection

OMB No. 1545-0047

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** THE NATIONAL ENERGY AND UTILITY 52-1559709 AFFORDABILITY COALITION Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. 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) 2022

LHA

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52-1559709 Page 2

Part II-A Complete if the org			npt under section			ection under
section 501(h)).	,				a	
A Check if the filing organiza	ation belong	s to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and share	re of excess	s lobbying e	expenditures).			
B Check if the filing organiza	ation check	ed box A ar	nd "limited control" pro	ovisions apply.		
	its on Lobb ditures" me		nditures ınts paid or incurred.])	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence publi	c opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	uence a leg	islative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	ines 1a and	1b)				
d Other exempt purpose expenditures						
e Total exempt purpose expenditure	es (add lines	1c and 1d)			
f Lobbying nontaxable amount. Enter	er the amou	unt from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:					
Not over \$500,000	Not over \$500,000 20% of the amount on line 1e.					
Over \$500,000 but not over \$1,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus			00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000 \$1,000,000.						
g Grassroots nontaxable amount (en	nter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, e	nter -0				
i Subtract line 1f from line 1c. If zero	o or less, er	nter -0				
j If there is an amount other than ze	ero on eithei	r line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
			eraging Period Under	• •		
(Some organizations t					f the five columns b	elow.
			ate instructions for li			
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
·						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		20),930 <u>.</u>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
	Total. Add lines 1c through 1i			20	930.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Dar	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501/c)/5	or sec	tion	
rai	501(c)(6).	11 30 1 (0)(n, or sec	lion	
	001(0)(0).			Yes	No
4	Were substantially all (90% or more) dues received nondeductible by members?		1	100	110
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization make only inflouse lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5		tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		• •		3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per	olitical			
	expenditures next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 aı	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
miii	NAMIONAL PARDON AND HMILIMN APRODUATIIMN COALIMIC	NT ADV/C		EOD	
111	E NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITIC	M ADVC	CATES	FUR	
<u>UT</u>	LITY ASSISTANCE VIA SCHEDULED MEETINGS WITH STAFF A	ND MEM	BERS (OF	
COL	GRESS, HOSTING AN ACTION DAY FLY-IN TO SUPPORT THE	LOW IN	ICOME 1	HOME	
ENI	ERGY ASSISTANCE PROGRAM (LIHEAP), AND LEADING OR SUP	PORTIN	IG EFF	ORTS	
ON	VARIOUS LETTERS THROUGHOUT THE YEAR, INCLUDING THE	OPEN I	ETTER	то	
			Schedu	le C (Form	990) 2022

232043 11-08-22

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Employer identification number 52-1559709

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised failus	(b) i unus and other accounts
1 2	Total number at end of 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 advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking of Violations, and officially con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

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

Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а		Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	ım				
b		Scholarly research	е	. 🔲	Other						
С		Preservation for future generations									
4	Provi	de a description of the organization's co	llections and explain	n how the	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.	
5	Durin	g the year, did the organization solicit or	receive donations	of art, his	torical trea	sures, or othe	r similar a	assets			
	to be	sold to raise funds rather than to be ma	intained as part of the	he organ	ization's co	llection?				Yes	☐ No
Par	t IV	Escrow and Custodial Arrang								ine 9, or	
		reported an amount on Form 990, Par			_						
1a	Is the	e organization an agent, trustee, custodia	an or other intermed	iary for c	ontribution	s or other ass	ets not in	cluded			
	on Fo	orm 990, Part X?							\square	Yes	☐ No
b		es," explain the arrangement in Part XIII a									
										Amount	
С	Begir	nning balance						1c			
		ions during the year						1d			
		butions during the year									
f		ng balance						1f			
2a		ne organization include an amount on Fo						y?		Yes	No
		es," explain the arrangement in Part XIII.									
Par	t V	Endowment Funds. Complete it	the organization an	swered '	"Yes" on Fo	orm 990, Part	IV, line 10).			
			(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
1a	Begir	nning of year balance									
		ributions									
		nvestment earnings, gains, and losses									
d		ts or scholarships									
е		r expenditures for facilities									
	and p	programs									
f	-	nistrative expenses									
g		of year balance									
2	Provi	de the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a)) held as:	•				
а		d designated or quasi-endowment	•	%	,	,,					
b		anent endowment	%	_							
С	Term	endowment	 %								
	The p	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are th	nere endowment funds not in the posses	ssion of the organiza	ation that	are held a	nd administere	ed for the	;			
	orgar	nization by:								Y	es No
	(i) L	Inrelated organizations								3a(i)	
		Related organizations								3a(ii)	
b		es" on line 3a(ii), are the related organizat								3b	
4	Desc	ribe in Part XIII the intended uses of the	organization's endo	wment fu	unds.						
Par	t VI	Land, Buildings, and Equipme	ent.								
		Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	Part X, li	ne 10.			
		Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Book	/alue
			basis (investr	ment)	basis	(other)	dep	reciation			
1a	Land										
		ings									
		ehold improvements									
		oment									
		r									
		lines 1a through 1e. (Column (d) must ed		X colum	n (B) line 1	Oc.)					0.

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
A) = 1	(b) Book value	(c) Welfied of Valuation. Cost of Cha	or year market value
1) Financial derivatives 2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	_	_	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (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	a 11d See Form 990 Part X line 15	
	Description	7 114. 336 1 3111 333, 1 411 7, 1116 13.	(b) Book value
(1)	, = =====		(-,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			40,535.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			40 E2E
Total. (Column (b) must equal Form 990, Part X, col. (B) lin L. Liability for uncertain tax positions. In Part XIII, provide			40,535.

Schedule D (Form 990) 2022

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

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION 52-1559709 Page 4 Schedule D (Form 990) 2022 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. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments 2a Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 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 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. 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. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2022

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Employer identification number 52-1559709

			Yes	No
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			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	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:			7.7
	The organization?	6a		_ <u>X</u> _
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATRINA METZLER	(i)	134,126.	5,469.	0.	4,959.	30,593.	175,147.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)						<u> </u>	

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION

Employer identification number 52-1559709

1111 011311312111 00112111011
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATIONS AND INDIVIDUALS DEDICATED TO HEIGHTENING AWARENESS OF THE
UTILITY NEEDS OF INCOME-CONSTRAINED UTILITY CONSUMERS, FOSTERING
PUBLIC-PRIVATE PARTNERSHIPS AND ENGAGING IN OTHER ACTIVITIES TO HELP
ADDRESS THESE NEEDS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTNERSHIPS AND ENGAGING IN OTHER ACTIVITIES TO HELP ADDRESS THESE
NEEDS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
WORK TOGETHER AND LEARN FROM EACH OTHER IN TIMES OF ENERGY AND POVERTY
CRISIS. THE ORGANIZATION ALSO RESPONDS TO MEDIA REQUESTS FOR
INFORMATION ON UTILITY ASSISTANCE POLICY AND PROGRAMMING.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
DISCUSSION, AND NETWORKING, IN ADDITION TO MEETINGS 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:

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization THE NATIONAL ENERGY AND UTILITY

AFFORDABILITY COALITION

Employer identification number 52-1559709

THE ORGANIZATION'S MEMBERSHIP HAS THE RIGHT TO ELECT THE MEMBERS OF THE

GOVERNING BODY (UP TO 35 VOTING MEMBERS) AND THE MEMBERS OF THE GOVERNING

BODY ELECT THE ORGANIZATION'S OFFICERS (PRESIDENT, FIRST VICE PRESIDENT,

ETC.).

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

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

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 THROUGH THE ORGANIZATION'S

WEBSITE AND UPON REQUEST.

Schedule O (Form 990) 2022	Page 2
Name of the organization THE NATIONAL ENERGY AND UTILITY AFFORDABILITY COALITION	Employer identification number 52-1559709
ATTONDADIBITI COMBITION	32 1333703
FORM 990, PART IX, LINE 11G, OTHER FEES:	
IT AND SYSTEMS CONSULTANT:	
PROGRAM SERVICE EXPENSES	30,413.
MANAGEMENT AND GENERAL EXPENSES	6,277.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,690.
CONFERENCE & EVENT PLANNING CONSULTANT:	
PROGRAM SERVICE EXPENSES	84,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	84,000.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,990.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,990.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	124,680.