

Form 990

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

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and	the latest	information.	Inspection
AF	For th	ne 2022 calend	ar year, or tax year beginning and	ending		
	Check if applicat		forganization		D Employer identifica	tion number
	Addr	ess ENER	GY SOLUTIONS CENTER, INC.			
	Name	e	usiness as		54-182554	2
	Initia			Room/suit		
	Final	100		4TH F		150
	⊥returi termi ated	in .	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,004,983.
		nded TATA CU	INGTON, DC 20001		H(a) Is this a group retu	
F	Appli		nd address of principal officer: ASHLEY DUCKMAN			Yes X No
	pend		AS C ABOVE		H(b) Are all subordinates inclu	
11	Гах-ех	xempt status:	501(c)(3) X $501(c)$ (6) (insert no.) 4947(a)(1)	or 52		st. See instructions
	Webs		ENERGYSOLUTIONSCENTER.ORG		H(c) Group exemption	
			X Corporation Trust Association Other	L Ye	ar of formation: 1996 M	
	art I	Summary		1 - 10		
	1	Briefly describ	e the organization's mission or most significant activities: SEE	PART	III, LINE 1.	
ce	·		<u></u>		, .	
Governance	2	Check this bo	x if the organization discontinued its operations or dispos	sed of mo	re than 25% of its net asset	S.
ver	3				3	48
ĝ	4		lependent voting members of the governing body (rart v), mic ray			48
ంర	1 .		of individuals employed in calendar year 2022 (Part V, line 2a)		·····	5
ties	6		of volunteers (estimate if necessary)			3
Activities	70					0.
Ac	/ a		business taxable income from Form 990-T, Part I, line 11			0.
		Net unrelated		<u></u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		0.	0.
an					1,571,824.	1,880,056.
Revenue	9		ce revenue (Part VIII, line 2g)		367,170.	94,536.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		22,505.	3,945.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,961,499.	1,978,537.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		855,206.	684,512.
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	004,512.
ens	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	d		ing expenses (Part IX, column (D), line 25)	0.	791,148.	1,170,432.
			es (Part IX, column (A), lines 11a-11d, 11f-24e)			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,646,354.	1,854,944.
	19	Revenue less	expenses. Subtract line 18 from line 12		315,145.	<u>123,593.</u>
Net Assets or					Beginning of Current Year	End of Year
Sset	20	Total assets (I		–	4,915,948.	4,209,694.
et A	21		(Part X, line 26)		1,900,320.	1,717,838.
			fund balances. Subtract line 21 from line 20		3,015,628.	2,491,856.
	art II	-				
IInd	er nen	nalties of neriury	I declare that I have examined this return including accompanying schedule	s and state	ments, and to the best of my k	nowledge and belief it is

nying sched knowledge and belief, this return, including accomp true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date				
Here	ASHLEY DUCKMAN, EXECUTIVE DIRECTOR					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature/ Date	Check PTIN				
Paid	RICHARD J. LOCASTRO, CPA Rectand J. Locastro 4/1	1/23 ^{If} self-employed P00288314				
Preparer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008				
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N					
	aid Print/Type preparer's name Preparer's signature/ (uband) Date Check PTIN aid RICHARD J. LOCASTRO, CPA Preparer's signature/ (uband) Locatto 4/11/23 if seff-employed P00288314 reparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008 se Only Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930 Phone no. 301-951-9090 Phone no. 301-951-9090					
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No				
232001 12-1	3-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)				

Form		54-1825542 Pa	ge 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
		ICLENCY OF	
2			No
	•		
3		Yes X	No
	If "Yes," describe these changes on Schedule O.		-
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, and	
	revenue, if any, for each program service reported.		
4a)
			<u> </u>
			,
4b)
		AND CUSTOMER	
	RELATIONSHIP DEVELOPMENT.		
	Statement of Program Service Accomplishments Check IS Schedule Contains arrepose or note to any line in this Pet III		
4c	<pre>1 ''es', 'decribe these new services on Schedule 0. 2 bid the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section Stick(s) and Stick(s) organizations are equivate to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 ('tots'') ('prevense') ('prevense')</pre>)	
		-	
	ENERGY EFFICIENT NATURAL GAS APPLIANCES, EQUIPMENT, AND S	YSTEMS.	
4d	Other program services (Describe on Schedule O.)		
_)	
4e		gram Service Accomplishments initians areagonese on tote to any line in this Part III on's measion: LOGY COMMERCIALIZATION AND TECHNOLOGY EDUCATION LAT ACCELERATES THE INTRODUCTION & DEPLOYMENT OF NEW GAS IMPROVE PRODUCTIVITY, RELIABILITY, AND EFFICIENCY OF arry significant program services during the year which were not listed on the	
		Form 990 (2	2022)
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104			c 1 <i>C</i>

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Form	ggn	(2022)

Form 990 (2022) ENERGY SOLUTIONS CENTER, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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	N/	A
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,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
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,	110		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
D		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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 ENERGY SOLUTIONS CENTER, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	N/	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	N/	A
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		L
	Check if Schedule O contains a response or note to any line in this Part V			\square
		<u></u>	Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
v	(gambling) winnings to prize winners?	1c	х	
232004	(gambing) withing to pheo withold.			(2022)
	4		_	<u>,</u>)

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Form	990 (2022) ENERGY SOLUTIONS CENTER, INC. 54-1825	542	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c). N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	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 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	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		X
	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? N/A	17		
	If "Yes," complete Form 6069.			
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X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				E		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		48			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		48			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	nv other				
-	officer, director, trustee, or key employee?				2		x
3	Did the organization delegate control over management duties customarily performed by or under the			····· -	-		
5	of officers, directors, trustees, or key employees to a management company or other person?				3		x
	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
4					4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				-	Х	
6	Did the organization have members or stockholders?			····· -	6	<u> </u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?			[7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
	The governing body?	-	•	- E	8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
-				····· -	00	- 23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				~		x
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u></u>	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	<u>Code.)</u>				
				Г		Yes	
	Did the organization have local chapters, branches, or affiliates?			Ľ	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L'	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the for	m? [11a	Х	
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			L	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			I	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			Γ			
	on Schedule O how this was done	,			12c	Х	
13	Did the organization have a written whistleblower policy?			····· ⊢	13	Х	
14	Did the organization have a written document retention and destruction policy?			····· ⊢	14	X	
15	Did the process for determining compensation of the following persons include a review and approva			····· -	17		
15		li by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					х	
	The organization's CEO, Executive Director, or top management official	•••••		······ ⊢	15a	Δ	77
b	Other officers or key employees of the organization			····· -	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year?				16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure			I			
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd QQN	T (section 50	1(c)(3)e c	nlv) ·	availat	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	10 000	1 (3001100	1(0)(0)3 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	avanar	
	Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	oritiict o	T Interest poli	by, and f	inanc	al	
• •	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records				
	ASHLEY DUCKMAN - 202-824-7153		4				
	400 NORTH CAPITOL ST. NW, 4TH FL, WASHINGTON, DC 2	2000	1				
						990	

Part VII	Compensation of Officers, Directors, Trustees, Key	y 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-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average			(Pos	C) itior	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	(do not check more than o box, unless person is both officer and a director/trust		ı an	compensation from	compensation from related	amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ERIC BURGIS	55.00							104 521	0	27 161
DIRECTOR COMMERCIAL MARKETS (2) ASHLEY DUCKMAN	55.00					X		184,531.	0.	37,161.
EXECUTIVE DIRECTOR	55.00	•		х				205,000.	0.	13,923.
(3) BARBARA STINSON	55.00							20370001		10/0200
MANAGER OF RESIDENTAL MARKETS		1				x		122,970.	0.	18,851.
(4) JACKIE CAILLE	1.00							,		
CHAIR		х		х				0.	0.	0.
(5) RASHA PRINCE	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) PHILLIP AGEE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) GREG ANDERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) ROBERT ANDERSON	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) ANDREW BARROWMAN	1.00							•	0	
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(10) VICTOR BAUTISTA	1.00	v						0.	0	
BOARD MEMBER (11) JON BECK	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(12) SASHA BENJAMIN	1.00	- 11								.
BOARD MEMBER		x						0.	0.	0.
(13) SHANE BREAKIE	1.00									
BOARD MEMBER		х						0.	Ο.	0.
(14) MEGAN BUNNEY	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) CHRIS COLE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) MARK ERNST	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) BECKY ESHBACH	1.00								-	
BOARD MEMBER		Х						0.	0.	0 . Form 990 (2022)

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Form 990 (2022)

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2022.03030 ENERGY SOLUTIONS CENTER, I 14616_1

Form 990		DLUTIONS	C C	EN	ΤE	R,	IN	с.		54-1825	542	Page 8
Part V	II Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
	(A)	(B)			(0		•		(D)	(E)	((F)
	Name and title	Average			Pos	itior			Reportable	Reportable		mated
		hours per					than o is both		compensation	compensation		ount of
		week					or/trus		from	from related		ther
		(list any	tor						the	organizations		ensation
		hours for	direc				5		organization	(W-2/1099-MISC/		m the
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	orgar	nization
		organizations	trust	al tru		yee	ampe		1099-NEC)	,	and	related
		below	ndividual trustee or director	Institutional trustee	er	mplc	est co	er			organ	izations
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			1	
(18) JE	ENNIFER EUGENE	1.00										
BOARD M	IEMBER		х						0.	0.	1	Ο.
(19) PE	TER FERRALLS	1.00								-		
BOARD M	TEMBER		х						0.	0.	1	0.
	ARC FRANCOEUR	1.00					-			0.		
		1.00	77						0	0	1	0
BOARD M		1 00	х						0.	0.	 	0.
	JAN GARCIA	1.00									1	
BOARD M	IEMBER		Х						0.	0.		0.
(22) TC	DD GORDON	1.00									1	
BOARD M	IEMBER		Х						0.	0.	1	Ο.
(23) SC	COTT HULTS	1.00										
BOARD M	IEMBER		х						0.	0.	1	0.
	ANIE KAPLAN	1.00										
BOARD M		1.00	х						0.	0.	1	0.
		1 00	~					-	0.	0.	 	
	ASON KETCHUM	1.00							0	0	1	•
BOARD M		1	Х						0.	0.	 	0.
(26) MI	CHELLE KISIL	1.00									1	
BOARD M	IEMBER		Х						0.	0.		0.
1b Su	btotal								512,501.	0.	69	,935.
c To	tal from continuation sheets to Part VII	, Section A							0.	0.		0.
	tal (add lines 1b and 1c)								512,501.	0.	69	,935.
	tal number of individuals (including but no									000 of reportable	L	
	mpensation from the organization		000	noco	u uo		,	010				3
											Y	es No
0 D:	d Alexandra Strandisco d'Alexandra Strandisco Strandisco Strandisco Strandisco Strandisco Strandisco Strandisco	- K					_					
	d the organization list any former officer,	,	,				,	0		,		v
	e 1a? If "Yes," complete Schedule J for su										3	<u> </u>
	r any individual listed on line 1a, is the su											
an	d related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4	X
5 Dic	d any person listed on line 1a receive or a	ccrue compen	Isatio	on fr	om	any	unre	elate	ed organization or individ	lual for services		
rer	ndered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich r	oers	on .				5	X
Section	B. Independent Contractors											
1 Co	mplete this table for your five highest cor	npensated ind	lepei	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compensa	tion from	 ו
	organization. Report compensation for t	•	•									
	(A)	,			0				(B)		(C)	
	Name and business	address	NC	ONE	2				Description of s	ervices C	Compens	
					-				•			
								_				
								_				
9 To	tal number of independent contractors (ir	oluding but a	at lin	aitaa	1 + 2 +	thee		+04	abova) who received me	are then		
		•	רוווז	med	1 10 1	1108 1	פוו פפ וו	ueu	above, who received mo			
	00,000 of compensation from the organiz		T 1 7	TT7 '	<u>m -</u>	<u>ן</u>	, ,	יינו	THO		- 0	00 (222 - 2
	SEE PART VII, SECTION	A CONT	ТΝ	UΑ	Т. Т.	ON	5	пE	ET.2		Form 9	90 (2022)

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Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(C	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				plo ye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1033-10130)	organization
	related	tee or	istee			en sa te		()		and related
	organizations	l trust	nal tru		oyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	pul	lus	Offi	Key	Hig	For			
27) BRIAN LANGILLE	1.00									
BOARD MEMBER	1 0 0	Х						0.	0.	0
28) TIMOTHY LUBBERS	1.00								0	0
BOARD MEMBER	1 0 0	Х						0.	0.	0
29) KATRINA MANCINI	1.00	77							0	
SOARD MEMBER	1 00	Х						0.	0.	0
30) STEPHEN MAYFIELD SOARD MEMBER	1.00	x						0.	0.	0
30ARD MEMBER 31) MIKE MIHALICK	1.00	^						U•	υ.	0
SOARD MEMBER	1.00	x						0.	0.	0
32) COREY MINSHEW	1.00	Λ						0.	0.	0
SOARD MEMBER	1.00	х						0.	0.	0
33) VICTOR NARKAJ	1.00									•
BOARD MEMBER	1.00	х						0.	0.	0
34) LIAM NEEDHAM	1.00								•••	
BOARD MEMBER		х						0.	0.	0
35) LAURA NELSON	1.00									
BOARD MEMBER		х						0.	Ο.	0
36) RANDY NIEDERER	1.00									
BOARD MEMBER		Х						0.	0.	0
37) JERRY O'KEEFE	1.00									
SOARD MEMBER		Х						0.	0.	0
38) LARRY OSWALD	1.00									
BOARD MEMBER		Х						0.	0.	0
39) MIKE PEACOCK	1.00									
BOARD MEMBER		х						0.	0.	0
40) SHAWN PINGLETON	1.00								•	
SOARD MEMBER	1 0 0	Х						0.	0.	0
41) PATTY POTVIN	1.00								0	0
SOARD MEMBER	1 00	Х						0.	0.	0
42) STEVE ROBERSON	1.00	v							0	
SOARD MEMBER	1 00	Х						0.	0.	0
43) JERRY RYAN	1.00	x							0.	
30ARD MEMBER 44) VIVIAN SABATINI	1.00	<u>^</u>						0.	υ.	0
30ARD MEMBER	1.00	x						0.	0.	0
45) ANDREA SOCHOR	1.00	<u>^</u>						U•	0.	0
BOARD MEMBER	1.00	x						0.	0.	0
46) RAFI SOHAIL	1.00							0.	0.	0
BOARD MEMBER	1.00	x						0.	0.	0

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Form 990 ENERGY SC										
Part VII Section A. Officers, Directors, Tru	t Compensated Employees (continued)									
(A)				C)			(D)	(E)	(F)	
Name and title Average				Pos				Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(W 2/1000 WIGO)	organization
	related	Individual trustee or director	istee			Highest com pen sated em ployee				and related
	organizations	l trust	Institutional trustee		Key employee	ompe				organizations
	below	vidua	itutio	cer	empl	hest c	Former			
	line)	Indi	Inst	Officer	Key	Hig	Fon			
(47) ERIK SOLOMON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(48) KEITH SPERLING	1.00									
BOARD MEMBER		Х						0.	0.	0.
(49) FLORIAN TEME	1.00									
BOARD MEMBER		Х						0.	0.	0.
(50) JOHN L. WARE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(51) MICHAEL YEE	1.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		1								
		1								
					L					
					L					
		L								
Total to Part VII, Section A, line 1c										
,,, ,, , , , , ,								1	•	

232201 04-01-22

			2022) ENERGY SOLU	TI	ONS CENTI	ER,INC.		54-1825	542 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a respo	nse o	or note to any lin		(B)	(C)	
						(A) Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
								business revenue	from tax under
									sections 512 - 514
nts nts	1	а	Federated campaigns 1a						
Sral our			Membership dues 1b						
s, C		С	Fundraising events 1c						
Gift lar		d	Related organizations 1d						
ini,		е	Government grants (contributions) 1e						
rior S		f	All other contributions, gifts, grants, and						
ibu Othe			similar amounts not included above 1f						
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f	5					
an O u		h	Total. Add lines 1a-1f						
					Business Code				
e	2	а	MEMBERSHIP DUES		900099	993,494.	993,494.		
e vic		b	CONSORTIA REVENUE		900099	662,004.	662,004.		
Se		с	TRAININGS		900099	118,664.	118,664.		
gram Ser Revenue		d	REGISTRATION FEES		900099	40,073.	40,073.		
Program Service Revenue		е	WORKSHOPS/SEMINARS		900099	35,361.	35,361.		
P		f	All other program service revenue		900099	30,460.	30,460.		
		g	Total. Add lines 2a-2f			1,880,056.			
	3		Investment income (including dividends, ir	ntere	st, and				
			other similar amounts)			115,200.			115,200.
	4		Income from investment of tax-exempt bo	nd p	roceeds				
	5		Royalties						
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7		Gross amount from sales of (i) Securit	ies	(ii) Other				
			assets other than inventory 7a 5 , 78	2.					
		b	Less: cost or other basis						
e			and sales expenses	6.					
evenue		с	Gain or (loss) 7c - 20,66						
Rev			Net gain or (loss)			-20,664.			-20,664.
erF	8		Gross income from fundraising events (not	<u> </u>					
Other		-	including \$ of						
Ŭ			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising even						
	9		Gross income from gaming activities. See						
	Ŭ	u	Part IV, line 19	9a					
		b	Less: direct expenses	9b		•			
			Net income or (loss) from gaming activities						
	10		Gross sales of inventory, less returns	°					
	10	a		10a					
		h	and allowances	10a					
			Less: cost of goods sold						
		C	Net income or (loss) from sales of inventor	у	Business Code				
sn		-	MISCELLANEOUS		900099	3,945.			3,945.
leo Ue			HIDCHINHIOOD		500055	5,343.			5,945.
scellaneo Revenue		b							
Miscellaneous Revenue		C d							
Mi			All other revenue			3,945.			
			Total. Add lines 11a-11d			<u> </u>	1 880 056	0.	98,481.
	12		Total revenue. See instructions			• • • • • • • • • • • • • • • • • • • •	±,000,000.	U •	Form 990 (2022
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11

ENERGY SOLUTIONS CENTER, INC. Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must compl		r organizations must co	mplete column (A).	
	Check if Schedule O contains a respons		his Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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,				
	trustees, and key employees	218,923.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	366,228.			
8	Pension plan accruals and contributions (include	00 510			
	section 401(k) and 403(b) employer contributions)	20,518.			
9	Other employee benefits	42,422.			
10	Payroll taxes	36,421.			
11	Fees for services (nonemployees):				
а	Management	1 450			
b	Legal	1,450.			
С	Accounting	29,401.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	24.040			
f	Investment management fees	34,949.			
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	768,604.			
12	Advertising and promotion	23,987.			
13	Office expenses	31,391.			
14	Information technology	35,575.			
15	Royalties	25 212			
16	Occupancy	35,213. 645.			
17		645.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	174 274			
19	Conferences, conventions, and meetings	174,374.			
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,050.			
23	Insurance	4,030.			
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.)	25,500.			
a ⊾	MISCELLANEOUS	2,859.			
a	PROFESSIONAL DEVELOP.	1,994.			
C بہ	ADMINISTRATIVE FEES	440.			
d		440.			
	All other expenses	1,854,944.			
25 06	Total functional expenses. Add lines 1 through 24e	1,0J4,744•			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here				
	Check here if following SOP 98-2 (ASC 958-720)			I I	- 000 /

232010 12-13-22

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12 2022.03030 ENERGY SOLUTIONS CENTER, I 14616_1

Form 990 (2022)

ENERGY SOLUTIONS CENTER, INC.

	<u>1 990 (</u> rt X	ENERGY SOLUTIONS CENTER, INC.		54-	1825542 Page 11
I U		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments			516,977.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net			30,745.
	5	Loans and other receivables from any current or former officer, director,			
	ľ	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			
	ľ	(0, 0)		6	
	7	Notes and loans receivable, net		7	
Assets	8			8	
Ass	9	Inventories for sale or use Prepaid expenses and deferred charges			6,750.
		Prepaid expenses and deferred charges		9	0,750.
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	4,428,573.		3,515,430.
	12	Investments - other securities. See Part IV, line 11		12	5,515,150
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	•			139,792.
	16	Other assets. See Part IV, line 11			4,209,694
	17	Accounts payable and accrued expenses			75,819
	18			18	, 5, 615.
	19	Grants payable Deferred revenue			1,513,809.
	20			20	1/010/000
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	Loans and other payables to any current or former officer, director,		21	
Liabilities	~~~	trustee, key employee, creator or founder, substantial contributor, or 35%			
bili				22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		27	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	128,210.
	26	Total liabilities. Add lines 17 through 25	1,900,320.		1,717,838.
	20	Organizations that follow FASB ASC 958, check here X	1750070100	20	
es		and complete lines 27, 28, 32, and 33.			
Ŭ	27	Net assets without donor restrictions	3,015,628.	27	2,491,856.
Bala	28	Net assets with donor restrictions		28	
μ		Organizations that do not follow FASB ASC 958, check here			
Ъц		and complete lines 29 through 33.			
p	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,491,856.
Z	33	Total liabilities and net assets/fund balances		33	4,209,694.
	00			00	

Form **990** (2022)

Form	1990 (2022) ENERGY SOLUTIONS CENTER, INC.	54-18	325542	Pag	_{ge} 12
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	1,978		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,854		
3	Revenue less expenses. Subtract line 2 from line 1	3	123		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,015		
5	Net unrealized gains (losses) on investments	5	-647	<u>',3</u> 6	<u>55.</u>
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	2,491	.,8!	56.
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	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 Sch	edule O.			
3a	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?		3 a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047					
(Form 990)											
	-	if the organization is described t				Open to Public					
Department of the Treasury Internal Revenue Service	-	o to www.irs.gov/Form990 for in				Inspection					
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Camp	baign Ac	tivities), then					
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.								
		01(c)(3)) organizations: Complete P	arts I-A and C below. I	Do not complete Pa	t I-B.						
 Section 527 organiza 	•										
		Form 990, Part IV, line 4, or For									
		nave filed Form 5768 (election und nave NOT filed Form 5768 (election	()/								
		Form 990, Part IV, line 5 (Proxy	()	, 1		•					
Tax) (See separate inst				····, ····,		,,					
	, or (6) organizat	ions: Complete Part III.									
Name of organization						ver identification number					
Dort A Compl		SOLUTIONS CENTER, anization is exempt under		r is a sastion E		54-1825542					
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	or is a section 5	27 orga						
1 Drovido o docorintia	on of the organiz	ation's direct and indirect political	compaign activition in								
 Provide a description Political campaign a 	•	•			\$						
3 Volunteer hours for	, ,										
		.			···· <u> </u>						
Part I-B Comple	ete if the org	anization is exempt under	r section 501(c)(3).							
		incurred by the organization unde									
		incurred by organization managers									
		n 4955 tax, did it file Form 4720 fo									
4a Was a correction m b If "Yes," describe in						Ves No					
		anization is exempt under	r section 501(c), e	except section	501(c)(3).					
-		by the filing organization for sect		-	. , .	<u>,</u>					
		ization's funds contributed to othe			····· _						
exempt function ac	tivities				\$_						
-	-	. Add lines 1 and 2. Enter here and									
00											
		nployer identification number (EIN) tion listed, enter the amount paid t									
	-	omptly and directly delivered to a s									
		additional space is needed, provid				5 5					
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ent	on's c	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.					
						If none, enter -0					
					-+						
For Doportwork Doduct	ion Act Nation	soo the Instructions for Form 99	 0 or 990 E 7	1		hadula C (Earm 990) 2022					

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022 EN	ERGY SOLU	JTIONS CENTE	R, INC.		L825542 Page 2
Part II-A Complete if the organ	ization is exer	mpt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
expenses, and share o	f excess lobbying	expenditures).	n Part IV each affiliated (group member's nam	e, address, EIN,
B Check if the filing organization Limits c (The term "expenditu	on Lobbying Expe	enditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	dd lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter th					
If the amount on line 1e, column (a) or (b		obying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500, Over \$1,500,000 but not over \$17,000		00 plus 10% of the exc 00 plus 5% of the exce	/		
Over \$17,000,000	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
	φ1,000	,000.	1		
 g Grassroots nontaxable amount (enter h Subtract line 1g from line 1a. If zero or i Subtract line 1f from line 1c. If zero or 	less, enter -0-				
j If there is an amount other than zero o		line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this yea		eraging Period Under	Section 501(b)		Yes No
(Some organizations that	made a section 5		have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		-
Calendar year (or fiscal year beginning in)	(a) 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				0.7	ula C (Earm 000) 2022

Schedule C (Form 990) 2022

232042 11-08-22

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)
	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2	X	
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b			3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

SC	HEDULE D	Supplementa	al Financial S	tatements		OMB No. 1	545-0047
	n 990)	Complete if the organ	nization answered "Ye	s" on Form 990,		20	22
Depar	ment of the Treasury		ttach to Form 990.				o Public
Interna	I Revenue Service	Go to www.irs.gov/Form990	0 for instructions and t	he latest information.		Inspec	
Nam	e of the organizati	on ENERGY SOLUTIONS CI	איידיס דאר		Emplo	oyer identification	
Pa	rt I Organiza	ations Maintaining Donor Advised		Similar Funds or Ad	counts		
		n answered "Yes" on Form 990, Part IV, lin			Joounne		
			(a) Donor advise	ed funds	(b) Funds	and other acco	unts
1	Total number at e	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		t end of year					
5	Did the organization	on inform all donors and donor advisors in v	vriting that the assets he	eld in donor advised fun	ds		
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes	No No
6	•	on inform all grantees, donors, and donor a	v v		•		
		poses and not for the benefit of the donor o	,		0		
Da	impermissible priv					Yes	No
		ration Easements. Complete if the org			, line 7.		
1		servation easements held by the organization		-			_
		n of land for public use (for example, recreat of natural habitat	tion or education)	Preservation of a hist Preservation of a cert	•	•	a
		n of open space			meu misto	Siluciure	
2		through 2d if the organization held a qualif	ied conservation contrib	ution in the form of a co	nservatio	n easement on t	he last
-	day of the tax yea					eld at the End of t	
а					2a		
b	Total acreage rest				2b		
с	Number of conser	vation easements on a certified historic stru			2c		
d	Number of conser	vation easements included in (c) acquired a	fter July 25,2006, and n	iot on a			
	historic structure	listed in the National Register			2d		
3	Number of conser	vation easements modified, transferred, rele	eased, extinguished, or	terminated by the organ	ization du	iring the tax	
	year						
4		where property subject to conservation eas					
5	-	tion have a written policy regarding the per					
~	,	forcement of the conservation easements it		nd onforcing concernatio			
6	Stall and voluntee	er hours devoted to monitoring, inspecting,	nanuling of violations, a	nd enforcing conservatio	neasem	ents during the y	/ear
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	ling of violations and er	nforcing conservation ea	sements	during the year	
•							
8	Does each conser	 vation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)(4)(B)	(i)		
)(4)(B)(ii)?				Yes	No No
9		be how the organization reports conservation					
	balance sheet, an	d include, if applicable, the text of the footn	ote to the organization's	s financial statements th	at describ	bes the	
_		counting for conservation easements.	· · · · · · · · · · · · · · · · · · ·	A			
Ра		ations Maintaining Collections of	-	easures, or Other S	Similar A	Assets.	
		f the organization answered "Yes" on Form					
1a	-	elected, as permitted under FASB ASC 95					
		easures, or other similar assets held for pub			nce of pul	blic	
	· •	Part XIII the text of the footnote to its finan				auto of	
b	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	exhibition, education, o	r research in furtherance	e or public	e service,	
	-	ing amounts relating to these items: Ided on Form 990, Part VIII, line 1			¢		
		ed in Form 990, Part X					
					····· Ψ.		

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$

b	Assets included in Form 990,	Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

18 2022.03030 ENERGY SOLUTIONS CENTER,I 14616_1

\$

\$

Sche		SOLUTIONS (54-18			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the f	following that r	nake sign	ificant u	ise of its	·		
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange prograr	n					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how tl	ney further th	ne organizatior	i's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, h	istorical treas	sures, or other	similar as	sets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if th	e organizatio	n answered "Y	es" on Fo	orm 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi							_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing	table:					A		
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
-	Distributions during the year						1e				
f	Ending balance						1 f				1
	Did the organization include an amount on Fe					•	·	····· L	Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
		(a) Current year		Prior year	(c) Two years) Three v	ears back	(e) Four	vears	hack
19	Beginning of year balance	(u) ourront your	()	nor you			, 111100 y	ouro suon	(0) 1 001	youro	buon
1a b											
0	Contributions										
о А	Grants or scholarships										
u o	Other expenditures for facilities										
e											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1	a column (a)) held as:						
a	Board designated or quasi-endowment		%	g, oolann (a	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment	%									
c		<u></u> /°									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation tha	at are held ar	nd administere	d for the					
	organization by:	0							Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990), Part I	V, line 11a. S	ee Form 990,	Part X, lin	e 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Acc	umulate	d	(d) Bool	valu	е
		basis (investr	nent)	basis	(other)	depre	eciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment			ļ							
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	<u>mn (B), line 1</u>	0c.)						0.
								Schedule	D (Form	990)	2022

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)		(c) Method of valuation: Cost or end	h of yoor market yolyo
	(b) Book value	(c) Method of Valuation: Cost of end	a-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	13.)		
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
			(b) Book value
(1) Federal income taxes (2) OPERATING LEASE LIABILITY			128,210.
			120,210.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			100 010
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		128,210.
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pro	ovided in Part XIII 🛛 🔣

Schedule D (Form 990) 2022

232053 09-01-22

09410411 745960 14616

Sche	dule D (Form 990) 2022 ENERGY SOLUTIONS CENTER,]				1825542 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	ments With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,296,223.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-647,365.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-647,365.
3	Subtract line 2e from line 1			3	1,943,588.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,949.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	34,949.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,978,537.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	n Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total expenses and losses per audited financial statements			1	1,819,995.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,819,995.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4.	34,949.		
		4a		-	
b			•		
b c		4b		4c	34,949.
с 5	Other (Describe in Part XIII.)	4b			34,949. 1,854,944.

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.

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2022, THE CENTER HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

232054 09-01-22

Internal Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.	1	nspection
Name of the organization					Employer id	entification number
ENERGY SOLUTION	S CENTER	TNC.			54-1825	5542
Part I General Info	mation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answer	ed "Yes" on
 Form 990, Part IV			L. L	5		
1 For grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro-	vity listed in (d) gram service, specific type (s) in the regior	expenditures for and investments
				TRAINING OF		
			PROGRAM SERVICES	ACCOUNT REP MATERIALS,		
NORTH AMERICA	0	0		FOR INT. BU		
			PROGRAM SERVICES	SUPPORT FOR INTERNATION		
EUROPE	0	0		SHOW		8,500.
3 a Subtotal	0	0				24,587.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				24,587.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

... . .

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

Open to Public

232071 10-17-22

SCHEDULE F (Form 990)

Department of the Treasury

Schedule F (Form 990) 2022

54-1825542

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			l ecognized as charities by the t			1		I			
			or counsel has provided a sect								
3 Enter total number of	B Enter total number of other organizations or entities										

Page 2

ENERGY	SOLUT	TONS	CENTER	TNC
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54-1825542

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

	(Form 990) 202		SOLUTIONS	CENTER, INC.
Part IV	Foreign Fo	orms		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

232075 10-17-22	Schedule F (Form 990) 2022

SCHEDULE J	Compensation Information	1	OMB No. 1	545-004	47		
(Form 990)	•		2022				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2022				
Department of the Treasury	Attach to Form 990.		Open to	Publi	ic		
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Name of the organizati		Employer id			nber		
David L. Overation	ENERGY SOLUTIONS CENTER, INC.	54-18	82554	2			
Part I Questio	ns Regarding Compensation						
				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.						
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)						
		, chei)					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
•			1b				
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
-			2				
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?							
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							
	sation of the CEO/Executive Director, but explain in Part III.						
X Compensation committee Written employment contract							
X Independent compensation consultant							
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:							
a Receive a severance payment or change-of-control payment?			. 4a		X		
b Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		X			
c Participate in or receive payment from an equity-based compensation arrangement?		4c		X			
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	(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			-				
	inction?						
, , , , , , , , , , , , , , , , , , ,							
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:							
a The organization?							
b Any related organization?							
If "Yes" on line 6a or 6b, describe in Part III.							
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
not described on lines 5 and 6? If "Yes," describe in Part III			7				
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8				
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
Regulations section		<u></u>	. 9				
	Reduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred compensation (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				reported as deferred on prior Form 990
(1) ERIC BURGIS	(i)	173,648.	10,000.	883.	11,072.	26,089.	221,692.	0.
DIRECTOR COMMERCIAL MARKETS	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ASHLEY DUCKMAN	(i)	205,000.	0.	0.	12,300.	1,623.	218,923.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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 J (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

ENERGY SOLUTIONS CENTER, INC.

Inspection Employer identification number 54-1825542

OMB No. 1545-0047

Open to Public

FORM 990, PART VI, SECTION A, LINE 6:

ENERGY SOLUTIONS CENTER IS A 501(C)(6) ORGANIZATION COMPRISED OF 60

CORPORATE MEMBERS (ENERGY UTILITIES/LOCAL DISTRIBUTION COMPANIES) AND 65

AFFILIATE MEMBERS (EQUIPMENT MANUFACTURERS).

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS CONSISTS OF APPOINTEES FROM ALL "CORPORATE MEMBERS"

WHO ARE QUALIFIED AND WITH GOOD STANDING IN THE CORPORATION. EACH CORPORATE

MEMBER HAS THE RIGHT TO APPOINT ONE DIRECTOR WHO HAS RESPONSIBILITY FOR

SALES AND MARKETING OR CUSTOMER RELATIONSHIP MANAGEMENT WITH THE MEMBER.

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

THE ORGANIZATION'S FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND

REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR. PRIOR TO FILING, THE

FINAL FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS. ANY QUESTIONS OR COMMENTS

WERE RESOLVED THROUGH EMAIL OR BY A CONFERENCE CALL.

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

EACH YEAR, EACH BOARD MEMBER IS ASKED TO COMPLETE A CONFLICT OF INTEREST FORM AND ASKED TO SUBMIT IN WRITING ANY POTENTIAL CONFLICTS OF INTEREST. ANY POTENTIAL CONFLICT IS THEN REVIEWED BY THE EXECUTIVE DIRECTOR, LEGAL COUNSEL, AND THE CHAIRMAN OF THE BOARD, WHO DETERMINE WHETHER A CONFLICT EXISTS, AND, IF SO, HOW IT IS TO BE RESOLVED.

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

 THE ORGANIZATION DOES NOT HAVE ANY DIRECT EMPLOYEES. INSTEAD, IT PAYS

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211 10-28-22
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Schedule O (Form 990) 2022	Page 2
Name of the organization ENERGY SOLUTIONS CENTER, INC.	Employer identification number $54 - 1825542$
UNRELATED THIRD PARTIES, INCLUDING A PROFESSIONAL EMPLOYER	ORGANIZATION,
WHICH PROVIDE THE REQUIRED STAFFING. AN INDEPENDENT CONSUL	TANT WAS HIRED
AND PREPARED A REPORT ON COMPARABLE SALARIES. THE EXECUTIV	E COMMITTEE OF
THE BOARD THEN MAKES AN ANNUAL DETERMINATION OF ANY COMPEN	SATION
ADJUSTMENTS AND SENDS A WRITTEN NOTICE TO THE THIRD PARTIE	S TO EFFECT THE
SALARY CHANGES. THE LAST PERFORMANCE/COMPENSATION REVIEW T	OOK PLACE IN MAY
2021.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONLFICT OF INTERE	ST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU	EST. SELECT
DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIATION'S	WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSORTIA CONSULTANTS	666,154.
PROGRAM CONSULTANTS	102,450.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	768,604.

232212 10-28-22