

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN NATURAL GAS ALLIANCE, INC.		D Employer identification number 26-4101108
	Doing Business As ANGA		E Telephone number 202-789-2642
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	701 EIGHTH ST. NW	800	
	City, town, or post office, state, and ZIP code WASHINGTON, DC 20001		G Gross receipts \$ 77,018,953.
F Name and address of principal officer: MARTIN J. DURBIN SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.ANGA.US/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2009 M State of legal domicile: DE	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,495,000.	76,717,500.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	301,824.	301,453.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	90,796,824.	77,018,953.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,906,156.	4,716,339.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,515,217.	5,950,558.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	81,473,400.	73,412,289.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	87,894,773.	84,079,186.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	2,902,051.	-7,060,233.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	69,874,469.	63,058,430.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,380,239.	6,276,792.
		63,494,230.	56,781,638.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	MARTIN J. DURBIN, PRESIDENT & CEO			
Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer <i>Elizabeth W. Heller</i>	Date	Check if self-employed <input type="checkbox"/> PTIN
	ELIZABETH W. HELLER		11/11/13	P00397829
	Firm's name ▶ TATE AND TRYON	Firm's EIN ▶ 52-1855942		
	Firm's address ▶ 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036	Phone no. (202) 293-2200		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Form **8879-EO**Department of the Treasury
Internal Revenue Service

Name of exempt organization

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**

OMB No. 1545-1878

2012

Employer identification number

AMERICAN NATURAL GAS ALLIANCE, INC.**26-4101108**

Name and title of officer

**MARTIN J. DURBIN
PRESIDENT & CEO****Part I Type of Return and Return Information** (Whole Dollars Only)

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>77018953</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only☒ I authorize **TATE AND TRYON**

ERO firm name

to enter my PIN **20001**
Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ 11/11/2013**Part III Certification and Authentication**

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

52472820036

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 11/11/2013

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.
223051
11-05-12

Form **8879-EO** (2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	AMERICAN NATURAL GAS ALLIANCE, INC.	26-4101108
	Number, street, and room or suite no. If a P.O. box, see instructions. 701 EIGHTH ST. NW, NO. 800	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20001	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of **701 EIGHTH ST. NW, NO. 800 - WASHINGTON, DC 20001**

Telephone No. **202-789-2642**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013.**

5 For calendar year **2012**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension

THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN OBTAINED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Sabrina G. Wood** Title **CPA**

Date **8/5/13**

Form 8868 (Rev. 1-2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension • check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. AMERICAN NATURAL GAS ALLIANCE, INC.	Employer identification number (EIN) or 26-4101108
	Number, street, and room or suite no. If a P.O. box, see instructions. 701 EIGHTH ST. NW, NO. 800	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20001	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION
• The books are in the care of ► **701 EIGHTH ST. NW, NO. 800 - WASHINGTON, DC 20001**
Telephone No. ► **202-789-2642** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ **X** calendar year **2012** or
► ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2013)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:
THE PURPOSE OF THE CORPORATION IS TO PROMOTE THE NATURAL GAS INDUSTRY.
THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY AS A
BUSINESS LEAGUE.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$) including grants of \$) (Revenue \$)
COMMUNICATIONS

4b (Code:) (Expenses \$) including grants of \$) (Revenue \$)
GOVERNMENT AFFAIRS

4c (Code:) (Expenses \$) including grants of \$) (Revenue \$)
POLICY AND ANALYSIS

4d Other program services (Describe in Schedule O.)
 (Expenses \$) including grants of \$) (Revenue \$)

4e Total program service expenses ▶

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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2012)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a N/A	
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? <i>If "Yes," complete Schedule L, Part I</i>	25b N/A	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 N/A	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	73	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	31	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a 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)?		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a 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?	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7 Organizations that may receive deductible contributions under section 170(c). N/A		
a 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?		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	N/A	
b Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	N/A	
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?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	N/A	
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	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 30		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 30		
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, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
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:		
a 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 in Schedule O 9		X

Section 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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
THE ORGANIZATION - 202-789-2642
701 EIGHTH ST. NW, NO. 800, WASHINGTON, DC 20001

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES T. HACKETT DIRECTOR	8.00	X						0.	0.	0.
(2) G. STEVEN FARRIS DIRECTOR	1.00	X						0.	0.	0.
(3) MARTIN HOUSTON DIRECTOR	1.00	X						0.	0.	0.
(4) J. MICHAEL YEAGER DIRECTOR	1.00	X						0.	0.	0.
(5) FRED BARRETT DIRECTOR	1.00	X						0.	0.	0.
(6) DAN DINGES DIRECTOR	1.00	X						0.	0.	0.
(7) AUBREY MCCLENDON DIRECTOR	1.00	X						0.	0.	0.
(8) TOM JORDEN DIRECTOR	1.00	X						0.	0.	0.
(9) J. LARRY NICHOLS DIRECTOR	1.00	X						0.	0.	0.
(10) BRENT SMOLIK DIRECTOR	1.00	X						0.	0.	0.
(11) RANDY ERESMAN DIRECTOR	1.00	X						0.	0.	0.
(12) JAMES T. MCMANUS DIRECTOR	1.00	X						0.	0.	0.
(13) MARK PAPA DIRECTOR	1.00	X						0.	0.	0.
(14) DAVID PORGES DIRECTOR	1.00	X						0.	0.	0.
(15) DOUG MILLER DIRECTOR	1.00	X						0.	0.	0.
(16) RANDY A. FOUTCH DIRECTOR	1.00	X						0.	0.	0.
(17) MARK ELLIS DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEE BOOTHBY DIRECTOR	1.00	X						0.	0.	0.
(19) CHARLES D. DAVIDSON DIRECTOR	1.00	X						0.	0.	0.
(20) SCOTT SHEFFIELD DIRECTOR	1.00	X						0.	0.	0.
(21) JAMES C. FLORES DIRECTOR	1.00	X						0.	0.	0.
(22) CHARLES STANLEY DIRECTOR	1.00	X						0.	0.	0.
(23) JOHN H. PINKERTON DIRECTOR	1.00	X						0.	0.	0.
(24) MATTHEW CABELL DIRECTOR	1.00	X						0.	0.	0.
(25) STEVEN MUELLER DIRECTOR	1.00	X						0.	0.	0.
(26) TONY BEST DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,991,934.	0.	408,213.
d Total (add lines 1b and 1c)								3,991,934.	0.	408,213.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

	Yes	No
4	X	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GLOVER PARK, 1025 F ST. NW, 9TH FLOOR, WASHINGTON, DC 20004-1409	RESEARCH/ADVERTISING	2,963,161.
ALSTON & BIRD LLP, 1201 WEST PEACHTREE STREET, ATLANTA, GA 30309	LEGAL SERVICES	1,422,140.
WILMER HALE P.O. BOX 4550, BOSTON, MA 02212-4550	ADVOCACY - LEGAL CONSULTANTS	1,030,000.
DEWEY SQUARE P.O. BOX 60340, CHARLOTTE, NC 28260-0340	GRASSROOTS COMMUNICATIONS	738,957.
BRYAN CAVE LLP, 1155 F STREET, NW, SUITE 700, WASHINGTON, DC 20004	LEGAL SERVICES	737,245.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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SEE PART VII, SECTION A CONTINUATION SHEETS

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Section A: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN MANZONI DIRECTOR	1.00	X						0.	0.	0.
(28) MICHAEL D. WATFORD DIRECTOR	1.00	X						0.	0.	0.
(29) RALPH HILL DIRECTOR	1.00	X						0.	0.	0.
(30) JACK P. WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(31) REGINA D. HOPPER PRESIDENT & CEO	40.00			X				885,313.	0.	42,740.
(32) THOMAS AMONTREE EXECUTIVE VP	40.00				X			569,708.	0.	46,716.
(33) PETER ROBERTSON SVP OF LEGIS/REG AFFAIRS	40.00				X			507,717.	0.	66,151.
(34) MICHELLE BLOODWORTH VP OF STATE AFFAIRS & BD	40.00				X			274,532.	0.	38,889.
(35) THOMAS HASSENBOEHLER VP OF POLICY DEVELOPMENT	40.00				X			349,276.	0.	26,348.
(36) AMY FARRELL VP OF REGULATORY AFFAIRS	40.00				X			305,165.	0.	17,372.
(37) JED BHUTA DIRECTOR OF LEGISLATIVE AFFAIRS	40.00					X		187,240.	0.	21,761.
(38) CELIA FISCHER VP OF COMMUNICATIONS	40.00					X		196,705.	0.	26,477.
(39) SARAH MAGRUDER LYLE VP OF EXTERNAL AFFAIRS	40.00					X		230,588.	0.	47,910.
(40) DANIEL WHITTEN VP OF STRATEGIC COMMUNICATIONS	40.00					X		186,772.	0.	28,999.
(41) BRIAN KELLY VP OF LEGISLATIVE AFFAIRS	40.00					X		298,918.	0.	44,850.
Total to Part VII, Section A, line 1c								3,991,934.		408,213

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	900099	76,717,500.	76,717,500.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			76,717,500.			
	3 Investment income (including dividends, interest, and other similar amounts)			301,453.			301,453.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				77,018,953.	76,717,500.	0.	301,453.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

☒

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the United States. See Part IV, line 21	4,716,339.			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,129,926.			
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	2,136,238.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	138,521.			
9	Other employee benefits	353,554.			
10	Payroll taxes	192,319.			
11	Fees for services (non-employees):				
a	Management				
b	Legal	2,965,777.			
c	Accounting	357,400.			
d	Lobbying	2,706,734.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	8,890,557.			
12	Advertising and promotion	46,584,722.			
13	Office expenses	331,024.			
14	Information technology	183,148.			
15	Royalties				
16	Occupancy	965,492.			
17	Travel	1,118,408.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,496,793.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	470,368.			
23	Insurance	171,765.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PUBLICATIONS & SUBSCRIP	82,133.			
b					
c					
d					
e	All other expenses	87,968.			
25	Total functional expenses. Add lines 1 through 24e	84,079,186.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	45,013,685.	1	35,775,954.
	2 Savings and temporary cash investments	10,000,826.	2	10,004,087.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,693,743.	4	3,570,000.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	280,251.	9	1,383,384.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,286,691.		
	b Less: accumulated depreciation	10b 758,099.	10c	1,528,592.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	9,259,758.	12	9,921,288.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	875,000.	15	875,125.
16 Total assets. Add lines 1 through 15 (must equal line 34)	69,874,469.	16	63,058,430.	
Liabilities	17 Accounts payable and accrued expenses	4,657,483.	17	4,506,716.
	18 Grants payable		18	
	19 Deferred revenue	1,665,068.	19	1,675,404.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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 of Schedule D	57,688.	25	94,672.
	26 Total liabilities. Add lines 17 through 25	6,380,239.	26	6,276,792.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	63,494,230.	27	56,781,638.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	63,494,230.	33	56,781,638.
34 Total liabilities and net assets/fund balances	69,874,469.	34	63,058,430.	

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	77,018,953.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,079,186.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,060,233.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,494,230.
5	Net unrealized gains (losses) on investments	5	347,641.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,781,638.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2012)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**
▶ **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

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

Name of organization AMERICAN NATURAL GAS ALLIANCE, INC.	Employer identification number 26-4101108
--	---

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 expenditures ▶ \$

3 Volunteer hours ▶

Part I-B 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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
ANGA PAC/NAT GAS PAC	WASHINGTON, DC 20005	27-2960721	6,500.	0.
ANGA PAC - ALABAMA	WASHINGTON, DC 20005	27-3732792	0.	0.

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

SEE PART IV FOR CONTINUATION

232041
01-07-13

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess 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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess 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 (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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?		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	X	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	76,717,500.
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).		
a Current year	2a	2,650,000.
b Carryover from last year	2b	-51,566,071.
c Total	2c	-48,916,071.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	5,753,813.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	-54,669,884.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

ANGA PAC/NAT GAS PAC

701 EIGHTH ST, NW, SUITE 800 WASHINGTON, DC 20005

ANGA PAC - ALABAMA

701 EIGHTH ST, NW, SUITE 800 WASHINGTON, DC 20005

PART III-B, LINE 4 -\$54,669,884.

ANGA ESTIMATED THAT 7.5% OF THE MEMBERSHIP DUES WOULD BE USED FOR
LOBBYING EFFORTS, FOR THE YEAR ENDED DECEMBER 31, 2012. THE ACTUAL
EXPENSES WERE LESS AND AS A RESULT A LARGE CARRYOVER OF THE ESTIMATED
AMOUNT APPEARS ON THIS RETURN.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012Open to Public
Inspection

Name of the organization

AMERICAN NATURAL GAS ALLIANCE, INC.

Employer identification number

26-4101108

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above 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 conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %
 The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,323,099.	433,818.	889,281.
d Equipment		729,240.	294,030.	435,210.
e Other		234,352.	30,251.	204,101.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,528,592.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKET	26,291.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	8,559,761.	END-OF-YEAR MARKET VALUE
(C) EQUITIES	1,335,236.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	9,921,288.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECTION 457(B) DEFERRED	
(3) COMPENSATION LIABILITY	94,672.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	94,672.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	77,366,594.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	347,641.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	347,641.
3	Subtract line 2e from line 1	3	77,018,953.
4	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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	77,018,953.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	84,079,186.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	84,079,186.
4	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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	84,079,186.

Part XIII Supplemental Information

Complete this part to 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: ANGA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY

INCOME TAX POSITIONS TAKEN. THEREFORE, MANAGEMENT HAS NOT IDENTIFIED ANY

UNCERTAIN INCOME TAX POSITIONS. GENERALLY, INCOME TAX RETURNS RELATED TO

THE YEARS ENDED DECEMBER 31, 2009 THROUGH 2012 REMAIN OPEN FOR EXAMINATION

BY TAXING AUTHORITIES.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

AMERICAN NATURAL GAS ALLIANCE, INC.

Employer identification number

26-4101108

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2012 PA GOP DELEGATION P.O. BOX 624 HARRISBURG, PA 17108	90-0817449		20,000.	0.			OPERATIONAL SUPPORT
AMERICAS PROMISE ALLIANCE 1110 VERMONT AVENUE, NW, SUITE 900 WASHINGTON, DC 20005	54-1848713	501(C)(3)	8,500.	0.			OPERATIONAL SUPPORT
ASGK STRATEGIES 730 N FRANKLIN ST #404 CHICAGO, IL 60654	61-1417875		25,000.	0.			OPERATIONAL SUPPORT
ASSOCIATED INDUSTRIES OF FLORIDA P.O. BOX 784 TALLAHASSEE, FL 32302	59-0148010		5,000.	0.			OPERATIONAL SUPPORT
BLOOMBERG BUSINESSWEEK 731 LEXINGTON AVENUE NEW YORK, NY 10022			100,000.	0.			OPERATIONAL SUPPORT
CARE FOR MICHIGAN COALITION P.O. BOX 672 HARTLAND, MI 48353	45-4561469	501(C)(4)	100,000.	0.			OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **15.**

3 Enter total number of other organizations listed in the line 1 table **57.**

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER STAGE 233 PENNSYLVANIA AVE, SE, SECOND FLO WASHINGTON, DC 20003	26-1582812		50,000.	0.			OPERATIONAL SUPPORT
CHESAPEAKE ENERGY CORP - TRUTHLAND PROJECT - 6100 NORTH WESTERN AVENUE - OKLAHOMA CITY, OK 73118	73-1395733		1,000,000.	0.			RESEARCH
COLORADO COUNTIES, INC. 800 GRANT STREET, SUITE 500 DENVER, CO 80203	84-0682884	501(C)(3)	15,000.	0.			OPERATIONAL SUPPORT
COLORADO MUNICIPAL LEAGUE 1144 SHERMAN STREET DENVER, CO 80203			7,750.	0.			OPERATIONAL SUPPORT
COMMUNITY FIRST FOUNDATION 6870 W. 52ND AVENUE, SUITE 103 ARVADA, CO 80002	51-0157964		12,000.	0.			OPERATIONAL SUPPORT
CONGRESSIONAL SPORTSMEN'S FOUNDATION - 110 NORTH CAROLINA AVENUE, SE - WASHINGTON, DC 20003	52-1686163	501(C)(3)	20,000.	0.			OPERATIONAL SUPPORT
COSHOCOTON FOUNDATION 220 SOUTH 4TH STREET, P.O. BOX 55 COSHOCOTON, OH 43812	31-6064567	501(C)(3)	10,500.	0.			OPERATIONAL SUPPORT
DEMETRO RACING 8495 POSEY HILL ROAD HOLLAND PARK, NY 13354			30,000.	0.			OPERATIONAL SUPPORT
DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION - 1580 LINCOLN STREET, SUITE 1125 - DENVER, CO 80203	13-4220019	527	25,000.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEMOCRATIC GOVERNORS ASSOCIATION 1401 K STREET, SUITE 200 WASHINGTON, DC 20005	52-1304889	527	75,000.	0.			OPERATIONAL SUPPORT
DEWEY SQUARE P.O. BOX 60340 CHARLOTTE, NC 28260	20-5412087		6,500.	0.			OPERATIONAL SUPPORT
EDVENTURE PARTNERS 2536 CAMBRIDGE DRIVE ANTIOCH, CA 94509	68-0255486		864,673.	0.			RESEARCH
ENVIRONMENTAL MEDIA ASSOCIATION 10153 1/2 RIVERSIDE DRIVE, SUITE 69 TOLUCA LAKE, CA 91602	95-4268867	501(C)(3)	25,000.	0.			OPERATIONAL SUPPORT
FLORIDA ENERGY SUMMIT 400 CAPITAL CIRCLE SE, SUITE 18271 TALLAHASSEE, FL 32301	59-0992912	501(C)(3)	10,000.	0.			OPERATIONAL SUPPORT
FLORIDA NATURAL GAS ASSOCIATION P.O. BOX 11026 TALLAHASSEE, FL 32302	59-2354981	501(C)(6)	5,000.	0.			OPERATIONAL SUPPORT
GREAT LAKES CONVENTION, LLC 2870 DOBIE ROAD MASON, MI 48854	45-4229887		15,000.	0.			OPERATIONAL SUPPORT
GROUND WATER PROTECTION COUNCIL 13308 N. MACARTHUR BLVD OKLAHOMA CITY, OK 73142	73-1210455	501(C)(6)	15,000.	0.			OPERATIONAL SUPPORT
IHS GLOBAL INC 15 INVERNESS WAY EAST ENGLEWOOD, CO 80112	22-2721160		250,000.	0.			RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS DEPARTMENT OF AGRICULTURE P.O. BOX 19281 SPRINGFIELD, IL 62794	36-1254650		6,300.	0.			OPERATIONAL SUPPORT
ILLINOIS MANUFACTURERS' ASSOCIATION - 220 EAST ADAMS STREET - SPRINGFIELD, IL 62701	36-1256610		15,000.	0.			OPERATIONAL SUPPORT
INDEPENDENT OIL AND GAS ASSOCIATION OF NY - 38 LAKE STREET - HAMBURG, NY 14075	16-1155388	501(C)(6)	7,500.	0.			OPERATIONAL SUPPORT
INNOVATION EVENT MANAGEMENT 5508 W HWY 290, SUITE 208 AUSTIN, TX 78735			5,000.	0.			OPERATIONAL SUPPORT
INTERSTATE OIL AND GAS COMPACT COMMISSION - P.O. BOX 53127 - OKLAHOMA CITY, OK 73152			15,000.	0.			OPERATIONAL SUPPORT
LOUISIANA PUBLIC SERVICE COMMISSION - 602 NORTH FIFTH STREET P.O. BOX 91154 - BATON ROUGE, LA 70821	72-6000799		5,000.	0.			OPERATIONAL SUPPORT
MIDDLE RIO GRANDE DEVELOPMENT FOUNDATION - 307 W. NOPAL - CARRIZO SPRINGS, TX 78834	74-2618914		10,000.	0.			OPERATIONAL SUPPORT
NALEO EDUCATIONAL FUND 1122 W. WASHINGTON BLVD, THIRD FLOOR LOS ANGELES, CA 90015	52-1212849	501(C)(3)	25,000.	0.			OPERATIONAL SUPPORT
NATIONAL ASSOCIATION OF REGULATORY UTILITY COMMISSIONERS - 1101 VERMONT AVE., NW, SUITE 200 - WASHINGTON, DC 20005	53-0204609	501(C)(4)	27,450.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF COUNTIES 25 MASSACHUSETTS AVENUE, SUITE 500 WASHINGTON, DC 20001	53-0190321		40,898.	0.			OPERATIONAL SUPPORT
NCSL FOUNDATION FOR STATE LEGISLATURES - 7700 EAST FIRST PLACE - DEVNER, CO 80230	74-2232576		50,000.	0.			OPERATIONAL SUPPORT
NATIONAL JOURNAL 600 NEW HAMPSHIRE AVENUE, NW WASHINGTON, DC 20037	52-2051330		50,000.	0.			OPERATIONAL SUPPORT
NATIONAL LEAGUE OF CITIES 1301 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004	53-0226780		10,000.	0.			OPERATIONAL SUPPORT
NEW DEAL 315 C STREET, SE WASHINGTON, DC 20003	27-3147985	501(C)(4)	15,000.	0.			OPERATIONAL SUPPORT
OHIOAN'S FOR CHANGE, INC. 545 E. TOWN STREET COLUMBUS, OH 43215	26-3698422		25,000.	0.			OPERATIONAL SUPPORT
PENN STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	170(C)(1)	5,000.	0.			OPERATIONAL SUPPORT
PENNSYLVANIA CHAMBER OF BUSINESS AND INDUSTRY - 417 WALNUT STREET - HARRISBURG, PA 17101	23-0961100		25,000.	0.			OPERATIONAL SUPPORT
REPUBLICAN GOVERNORS ASSOCIATION 1747 PENNSYLVANIA AVE., NW SUITE 25 WASHINGTON, DC 20006	11-3655877	527	225,000.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REPUBLICAN PARTY OF FLORIDA 420 E. JEFFERSON STREET TALLAHASSEE, FL 32301	59-0683241		5,000.	0.			OPERATIONAL SUPPORT
REPUBLICAN STATE LEADERSHIP COMMITTEE - 1800 DIAGONAL RD. SUITE 230 - ALEXANDRIA, VA 22314	05-0532524	527	200,000.	0.			OPERATIONAL SUPPORT
SOUTH TEXAS COUNTY JUDGES AND COMMISSIONERS' ASSOCIATION - 402 W. 12TH STREET - AUSTIN, TX 78701			10,000.	0.			OPERATIONAL SUPPORT
SOUTHERN STATES ENERGY BOARD 6325 AMHERST COURT NORCROSS, GA 30092	58-0864888	501(C)1	10,000.	0.			OPERATIONAL SUPPORT
TAMPA BAY HOST COMMITTEE 101 E. KENNEDY BLVD, SUITE 3325 TAMPA, FL 33602	27-2482412	501(C)(3)	400,000.	0.			OPERATIONAL SUPPORT
TASTE OF THE SOUTH 1900 INTERNATIONAL PARK DR., SUITE BIRMINGHAM, AL 35243	52-1343458	501(C)(3)	10,000.	0.			OPERATIONAL SUPPORT
TAXPAYERS FOR COMMON SENSE 5670 GREENWOOD PLAZA BLVD, SUITE 200 DEVNER, CO 80111	46-0697383		50,000.	0.			OPERATIONAL SUPPORT
TEXAS ASSOCIATION OF BUSINESS 1209 NUECES STREET AUSTIN, TX 78701	74-0944130		60,000.	0.			OPERATIONAL SUPPORT
TEXAS BLACK EXPO 12401 S POST OAK, SUITE 218 HOUSTON, TX 77045	20-8394433		20,000.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS CONSERVATIVE COALITION RESEARCH - P.O. BOX 2659 - AUSTIN, TX 78768	74-2763191	501(C)(3)	6,000.	0.			OPERATIONAL SUPPORT
TEXAS ECONOMIC DEVELOPMENT COUNCIL 1011 SAN JACINTO, SUITE 650 AUSTIN, TX 78701	74-2053921		25,000.	0.			OPERATIONAL SUPPORT
TEXAS FFA FOUNDATION 614 EAST 12TH STREET AUSTIN, TX 78701	74-2581154	501(C)(3)	10,000.	0.			OPERATIONAL SUPPORT
TEXAS HOUSE REPUBLICAN CAUCUS P.O. BOX 13305 AUSTIN, TX 78701	74-2779105	501(C)(6)	25,000.	0.			OPERATIONAL SUPPORT
TEXAS LEAGUE OF CONSERVATION VOTERS - 44 EAST AVENUE, SUITE 202 - AUSTIN, TX 78701	74-2936705	501(C)(3)	30,000.	0.			OPERATIONAL SUPPORT
TEXAS MOTOR TRANSPORTATION ASSOCIATION - 700 EAST 11TH STREET - AUSTIN, TX 78701	74-0941355		15,000.	0.			OPERATIONAL SUPPORT
TEXAS TRIBUNE 200 EAST GRAYSON, SUITE 212 SAN ANTONIO, TX 78215	26-4527097		165,000.	0.			OPERATIONAL SUPPORT
THE BEN FRANKLIN TECHNOLOGY CENTER OF CENTRAL AND NORTHERN PENNSYLVANIA - 200 INNOVATION BLVD, SUITE 115 - STATE COLLEGE,	25-1618093		5,000.	0.			OPERATIONAL SUPPORT
THE ENERGY COUNCIL 5400 LBJ FREEWAY, SUITE 985 DALLAS, TX 75240	75-1502710		17,000.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FIRST TEE OF WASHINGTON DC 2020 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20006	52-2195691		10,000.	0.			OPERATIONAL SUPPORT
THE TEXAS LYCEUM 6046 AZALEA LANE DALLAS, TX 75230	75-1720024		10,000.	0.			OPERATIONAL SUPPORT
THE UNIVERSITY OF TENNESSEE 1640 CUMBERLAND AVENUE KNOXVILLE, TX 37996	62-1844686		5,000.	0.			OPERATIONAL SUPPORT
THE WATERFALL FOUNDATION P.O. BOX 70049 FAIRBANKS, AK 99707	54-1980898		6,000.	0.			OPERATIONAL SUPPORT
THIRD WAY 1025 CONNECTICUT AVE, NW, SUITE 501 WASHINGTON, DC 20036	20-1734070	527	25,000.	0.			OPERATIONAL SUPPORT
UNITED STATES CONFERENCE OF MAYORS 1620 EYE STREET, NW WASHINGTON, DC 20005	53-0196642	501(C)(3)	100,000.	0.			OPERATIONAL SUPPORT
UTSA RURAL BUSINESS PROGRAM 501 W. CESAR E. CHAVEZ BLVD SAN ANTONIO, TX 78207			7,000.	0.			OPERATIONAL SUPPORT
VOLTA LIVE 248 VICTORIA STREET #8 COSTA MESA, CA 92627	20-5291054		35,000.	0.			OPERATIONAL SUPPORT
WOMEN'S ENERGY NETWORK - WASHINGTON DC CHAPTER - 1501 K STREET, NW - WASHINGTON, DC 20005	45-4607084		5,000.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA'S OIL & GAS EXPO P.O. BOX 387 DELLSLOW, WV 26531	45-2499758		5,000.	0.			OPERATIONAL SUPPORT
WOMEN IN GOVERNMENT FOUNDATION, INC. - 1319 F STREET, NW, SUITE 710 - WASHINGTON, DC 20004	54-1527192		5,000.	0.			OPERATIONAL SUPPORT
WSLCA 2012 PO BOX 40997 AUSTIN, TX 78704	68-0008636		10,000.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: EVERY INVOICE GOES THROUGH DEPARTMENT APPROVAL.

IN 2012, THERE WAS A DECISION MEMO PREPARED AND APPROVED WHICH DETAILED THE

RECIPIENT, AMOUNT AND PURPOSE. A MEMO IS ATTACHED TO EACH INVOICE IN

BILL.COM.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

AMERICAN NATURAL GAS ALLIANCE, INC.

Employer identification number

26-4101108

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2012

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 in 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 are not 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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) REGINA D. HOPPER PRESIDENT & CEO	(i)	629,162.	250,000.	6,151.	15,000.	27,740.	928,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THOMAS AMONTREE EXECUTIVE VP	(i)	360,181.	208,625.	902.	29,256.	17,460.	616,424.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETER ROBERTSON SVP OF LEGIS/REG AFFAIRS	(i)	365,455.	141,000.	1,262.	31,500.	34,651.	573,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELLE BLOODWORTH VP OF STATE AFFAIRS & BD	(i)	213,427.	60,378.	727.	15,000.	23,889.	313,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THOMAS HASSENBOEHLER VP OF POLICY DEVELOPMENT	(i)	273,160.	75,525.	591.	15,000.	11,348.	375,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AMY FARRELL VP OF REGULATORY AFFAIRS	(i)	234,015.	70,500.	650.	15,000.	2,372.	322,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JED BHUTA DIRECTOR OF LEGISLATIVE AFFAIRS	(i)	155,435.	31,217.	588.	10,402.	11,359.	209,001.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CELIA FISCHER VP OF COMMUNICATIONS	(i)	139,380.	57,000.	325.	10,678.	15,799.	223,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SARAH MAGRUDER LYLE VP OF EXTERNAL AFFAIRS	(i)	175,210.	54,750.	628.	12,812.	35,098.	278,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DANIEL WHITTEN VP OF STRATEGIC COMMUNICATIONS	(i)	152,039.	34,065.	668.	10,542.	18,457.	215,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRIAN KELLY VP OF LEGISLATIVE AFFAIRS	(i)	228,677.	69,483.	758.	15,000.	29,850.	343,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

PART I, LINE 1A: FIRST CLASS TRAVEL WAS PROVIDED FOR REGINA D. HOPPER.

PRESIDENT AND CEO.

PART I, LINE 4B: ANGA HAS A DEFERRED COMPENSATION PLAN FOR CERTAIN
ELIGIBLE EMPLOYEES, WHICH IS DESIGNED TO FUNCTION IN ACCORDANCE WITH
SECTION 457(B) OF THE INTERNAL REVENUE CODE

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

AMERICAN NATURAL GAS ALLIANCE, INC.

Employer identification number
26-4101108

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATING THE GENERAL PUBLIC AND POLICY MAKERS ABOUT NATURAL GAS AS A
CLEAN, AFFORDABLE SOLUTION TO AMERICA'S ENERGY AND ENVIRONMENTAL NEEDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EXTERNAL AFFAIRS, RESEARCH

FORM 990, PART VI, SECTION A, LINE 6: THE CORPORATION SHALL HAVE MEMBERS
CONSISTING OF ENTITIES AND INDIVIDUALS RELATED AND COMMITTED TO THE NATURAL
GAS INDUSTRY, AS MORE SPECIFICALLY DEFINED BY THE BOARD OF DIRECTORS.
THERE SHALL BE 3 CATEGORIES OF MEMBERSHIP ESTABLISHED BY THE BOARD OF
DIRECTORS:

1. PRODUCER MEMBERS WILL HAVE VOTING AND GOVERNING RIGHTS AND WILL BE
COMPRISED OF NATURAL GAS PRODUCING ENTITIES WHO CONTRIBUTE TO THE
CORPORATION'S INITIATIVES ACCORDING TO THE FUNDING FORMULA DEVELOPED BY THE
BOARD OF DIRECTORS, WHICH MEMBERS SHALL HAVE SUCH VOTING AND GOVERNING
RIGHTS AS ESTABLISHED BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH THESE
BYLAWS.

2. SERVICE AND SUPPLIER MEMBERS SHALL CONSIST OF SERVICE COMPANIES,
SUPPLIERS AND OTHER VENDORS AND ENTITIES THAT SUPPORT THE NATURAL GAS
INDUSTRY AND WHICH MEMBERS WILL PAY ANNUAL DUES TO THE CORPORATION IN THE
MANNER AND AMOUNT ESTABLISHED BY THE BOARD OF DIRECTORS. SERVICE AND
SUPPLIER MEMBERS WILL HAVE SUCH VOTING RIGHTS AS ESTABLISHED BY THE BOARD
OF DIRECTORS.

3. ASSOCIATE MEMBERS WILL BE COMPRISED OF THOSE INDIVIDUALS OR ENTITIES NOT
MEETING THE DEFINITIONS OF PRODUCER OR SERVICE AND SUPPLIER MEMBERS, BUT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

AMERICAN NATURAL GAS ALLIANCE, INC.

Employer identification number
26-4101108

WHO SHARE THE VISION AND OBJECTIVES OF THE CORPORATION. THE MEMBERSHIP QUALIFICATIONS AND ANNUAL DUES FOR ASSOCIATE MEMBERS WILL BE ESTABLISHED BY THE BOARD OF DIRECTORS AND MAY HAVE SUCH VOTING RIGHTS AS THE BOARD OF DIRECTORS SHALL DETERMINE.

FORM 990, PART VI, SECTION A, LINE 7A: THE AFFAIRS AND BUSINESS OF THE CORPORATION SHALL BE MANAGED BY AND UNDER THE DIRECTION OF THE BOARD OF DIRECTORS, A MAJORITY OF WHICH SHALL AT ALL TIMES BE DUES PAYING PRODUCER MEMBERS OF THE CORPORATION. A PRODUCER MEMBER WHOSE ANNUAL DUES HAVE NOT BEEN PAID SHALL LOSE ITS VOTING PRIVILEGES UNTIL ALL DUES ARE CURRENT.

FORM 990, PART VI, SECTION A, LINE 7B: AS OF 12/31/2012, ALL BOARD MEMBERS ARE GOOD STANDING MEMBERS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: THE 2012 FORM 990 WILL BE PROVIDED TO THE EXECUTIVE COMMITTEE PRIOR TO FILING FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: PROCEDURES ARE IN PLACE TO ENSURE THAT POTENTIAL CONFLICTS OF INTEREST AMONG BOARD MEMBERS ARE REVIEWED IN A TIMELY MANNER.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT & CEO'S PAY IS DETERMINED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE USES APPROVED YEARLY GOALS AND OBJECTIVES TO PERFORM A COMPENSATION REVIEW FOR THE PRESIDENT & CEO. IN TURN, THE PRESIDENT & CEO USES THOSE SAME OBJECTIVES, AS WELL AS INFORMATION FROM THE EXECUTIVE COMMITTEE REVIEW, TO REVIEW THE OTHER KEY EMPLOYEES AND STAFF.

Name of the organization

AMERICAN NATURAL GAS ALLIANCE, INC.

Employer identification number
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FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FORMS ARE MADE
AVAILABLE UPON REQUEST.

PART VII, SECTION A, LINE 1A:

REGINA D. HOPPER WAS THE CORPORATION'S PRESIDENT AND CEO UNTIL FEBRUARY
28, 2013. MARTIN J. DURBIN BECAME THE CORPORATION'S PRESIDENT AND CEO
ON MAY 1, 2013.

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

CONSULTING FEES:

TOTAL EXPENSES 8,890,557.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 8,890,557.

FORM 990, PART XII, LINE 2C

THE AUDIT REVIEW PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.