** PUBLIC INSPECTION COPY **

Form **99**

Department of the Treasury Internal Revenue Service

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

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

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

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A	FOI UN	and	enaing		
B	Check if applicabl	e: C Name of organization		D Employer identified	cation number
	Addre chang	e AMERICAN GAS ASSOCIATION			
	Name	e Doing business as		13-04315	90
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		450	202-824-	
	termir ated			G Gross receipts \$	33,372,221.
	Amen return	WASHINGTON, DC 20001-1505		H(a) Is this a group re	
	Applic tion pendi			for subordinates	? Yes 🔀 No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $501(c)(3)$ X $501(c)$ (6) (insert no.) $4947(a)(1)$	or 527		list. See instructions
		te: WWW.AGA.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1971 N	State of legal domicile: DE
Pa	art I	Summary	TO 337		
ø	1	Briefly describe the organization's mission or most significant activities: AGA		ADVOCATE FOR	R NATURAL
anc		GAS UTILITY COMPANIES AND THEIR CUSTOMERS			
Activities & Governance	2	Check this box F if the organization discontinued its operations or dispos		1.1	
Š	3				<u>46</u> 45
~	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u>45</u> 96
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			4759
ivit	6	Total number of volunteers (estimate if necessary)			389,273.
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		100,115.
				Prior Year 0 •	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		36,050,896.	30,287,406.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,048,269.	1,159,675.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,048,209.	1,086,390.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,193,962.	32,533,471.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		497,685.	547,950.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	40	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		18,363,313.	19,672,802.
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
nec	h h	Total fundraising expenses (Part IX, column (A), line 25)	0.		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,787,932.	10,707,176.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,648,930.	30,927,928.
	19	Revenue less expenses. Subtract line 18 from line 12		3,545,032.	1,605,543.
or	9			ginning of Current Year	End of Year
lets	20	Total assets (Part X, line 16)		47,368,786.	48,172,266.
t Assets	21	Total liabilities (Part X, line 26)		21,903,134.	18,288,106.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		25,465,652.	29,884,160.
	art 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	Signature of officer	Date						
Here	TERRI OLIVA, CHIEF FINANCIAL OFFICER							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature	Check PTIN						
Paid	ELIZABETH W. HELLER Clipson 11/12/20	self-employed P00397629						
Preparer	Firm's name RSM US LLP	Firm's EIN 🕨 42-0714325						
Use Only	Firm's address 2021 L STREET NW, SUITE 400							
	WASHINGTON, DC 20036	Phone no. 202-293-2200						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
032001 12-2	32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identificatio	on number (TIN)
print AMERICAN GAS ASSOCIATION					13-04	31590
File by the due date filing your	Number, street, and room or suite no. If a P.O. box, s		ions.		10 01	
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20001-1503						
Enter th	ne Return Code for the return that this application is for (file	e a separa	e application for each return)			01
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above) DOUG ALLEN	06	Form 8870			12
 If the If this box 1 the the	request an automatic 6-month extension of time until ne organization named above. The extension is for the orgation \mathbf{X} calendar year 2020 or	Group Exe and atta NOVE1 anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2021</u> , to file return for: d ending	f this is fo all membe	r the whole ers the extern npt organiza	group, check this nsion is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required, by			
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Cautio instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	9-EO for payment

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

Form 8868 (Rev. 1-2020)

	1 990 (2020) AMERICAN GAS ASSOCIATION	13-0431590	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	THE AMERICAN GAS ASSOCIATION, FOUNDED IN 1918, REPRESENTS	MORE THAN	
	200 LOCAL ENERGY COMPANIES THAT DELIVER CLEAN NATURAL GAS		
	THE UNITED STATES. THERE ARE MORE THAN 74 MILLION RESIDEN		
	COMMERCIAL AND INDUSTRIAL NATURAL GAS CUSTOMERS IN THE U.	-	
		S., OF WILL	.1
2	Did the organization undertake any significant program services during the year which were not listed on the		T
	prior Form 990 or 990-EZ?	Yes	A 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	XNo
	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 m	leasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ including grants of \$) (Revenue	- \$)
	OPERATIONS & ENGINEERING - THE OPERATIONS AND ENGINEERING		/
	INCLUDES 17 TECHNICAL COMMITTEES WHOSE WORK IS OVERSEEN B		2
	COMMITTEE. THESE COMMITTEES FOCUS ON HELPING NATURAL GAS		<u> </u>
	ACHIEVE OPERATIONAL EXCELLENCE IN THE SAFE, RELIABLE AND	EFFICIENT	
	DELIVERY OF NATURAL GAS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	GOVERNMENT RELATIONS - PROVIDES AGA MEMBERS WITH INFORMAT		/
	LEGISLATIVE DEVELOPMENTS; PREPARES TESTIMONY, COMMENTS AN		
	REGARDING LEGISLATIVE ACTIVITIES, AND REPRESENTS THE INDU		
	GOVERNMENT RELATIONS EFFORTS FOCUS ON PROPOSED LEGISLATIC		
	INADVERTENTLY OR OTHERWISE COULD HAVE SERIOUS IMPACTS ON		
	FOR CUSTOMERS TO HAVE THE OPTION OF NATURAL GAS FOR THEIR	. ENERGY NEE	DS
	AS WELL AS THE SAFE, AFFORDABLE, RESILIENT, RELIABLE AND		
	ENVIRONMENTALLY RESPONSIBLE DELIVERY OF THE FUEL.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40	CORPORATE AFFAIRS HELPS TO ENSURE AGA'S MISSION IS WELL-A)
	THE MEMBERSHIP'S NEEDS TO SERVE THEIR CUSTOMERS AND THAT		чтр
	IS AWARE OF AND VALUES THE PRODUCTS AND SERVICES DELIVERE		
	MISSION. CORPORATE AFFAIRS ALSO PROVIDES OPPORTUNITIES		
	INTERACTION BETWEEN MEMBER COMPANIES AND THE FINANCIAL CC		18
	INTEGRALLY INVOLVED IN THE ASSOCIATION'S ENVIRONMENT, SOC	IAL AND	
	GOVERNANCE (ESG) INITIATIVES.		
14	Other program convices (Describe on Schodule O)		
40	Other program services (Describe on Schedule O.)	χ.	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		00
		Form 9	90 (2020)
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Form	990	(2020)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effec			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	· -'-		- 23
0		8		x
•	Schedule D, Part III	°		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. 11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1		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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
				<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
~ 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21	х	
	as insolve get shim one of the try, bold in the y, into the IL Tes, CUMPLE E SCHEDULE I, PAUS LAND II		<u> </u>	I

Form 990 (2020)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		NT /	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete		NT /	
	Schedule L, Part I	25b	N/	A
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I	31		X
32	Did the organization required, errinnate, or dissorte and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i>			
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 46			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

	990 (2020) AMERICAN GAS ASSOCIATION 13-0431	590	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 96			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
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)?	4a		
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		v	
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		v	
-	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c). N/A	7.		
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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		
ا م	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/	Δ
g h	If the organization received a contribution of qualified intellectual property, did the organization me rorm 8099 as required?	79 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	11/	
0	N/λ	8		
9	Sponsoring organization have excess business holdings at any time during the year?			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	Х	
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		000	

Form **990** (2020)

Form 990 (2020)

AMERICAN GAS ASSOCIATION

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 46			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 45			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
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	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1.0.0		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	DOUG ALLEN - 202-824-7000			
	400 N CAPITOL ST NW, NO. 450, WASHINGTON, DC 20001-1503			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	l			C)	10011	ourc	(D)	(E)	(F)
م) Name and title	Average			Pos	ition			Reportable	(L) Reportable	(F) Estimated
Manie and the	hours per			heck i ss per				compensation	compensation	amount of
	week			nd a d				from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ed		organization	(W-2/1099-MISC)	from the
	related	itee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	comp e				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	pul	Ins	0#	Key	Hig e m	For			
KAREN HARBERT	35.00									
PRESIDENT & CEO		Х		X				2,056,259.	0.	349,776.
LORI TRAWEEK	35.00									
CHIEF OPERATING OFFICER				Х				848,661.	0.	279,069.
KEVIN HARDARDT	35.00									
CHIEF FINANCIAL & ADMINISTRATIVE OFF				Х				524,376.	0.	188,224.
CHRISTINA SAMES	35.00									
VICE PRESIDENT, O&E					Х			471,240.	Ο.	168,906.
MIKE MURRAY	35.00									
GENERAL COUNSEL						X		457,648.	Ο.	68,906.
GEORGE LOWE	35.00							-		
SENIOR VP GOVERNMENT RELATIONS						x		436,207.	0.	81,350.
GARY GARDNER	35.00									
VICE PRESIDENT & CORPORATE SECRETARY				X				358,522.	Ο.	106,875.
JENNIFER O'SHEA	35.00									
VICE PRESIDENT, COMMUNICATIONS						X		287,651.	Ο.	89,116.
PAMELA LACEY	35.00									
CHIEF REGULATORY COUNSEL						X		260,579.	Ο.	71,697.
BRIAN CAUDILL	35.00									
MANAGING DIRECTOR, GOVERNMENTAL AFFA						X		275,258.	Ο.	51,684.
DIANE LEOPOLD	6.00									
CHAIR		Х		X				0.	Ο.	0.
DAVID H. ANDERSON	4.00									
FIRST VICE CHAIR		Х		X				0.	Ο.	0.
KIMBERLY S. GREENE	2.00									
SECOND VICE CHAIR		Х		X				0.	Ο.	0.
KURT ADAMS	1.00									
DIRECTOR		х						0.	0.	0.
KEVIN AKERS	1.00									
DIRECTOR		х						0.	0.	0.
WILLIAM J. AKLEY	1.00									
DIRECTOR		х						0.	0.	0.
FRANK ALMARAZ	1.00									
DIRECTOR		х						0.	0.	0.
020007 10 02 00	•		•	•	•			•		Form 990 (2020)

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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (C				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		Esti	mated	
	hours per	box	, unle	ss per	son is	s both	n an	compensation	compensatio	'n	amo	ount of	
	week		cer ar I	nd a di	recto	r/trus	tee)	from	from related	I	0	ther	
	(list any	ector						the	organization		•	ensatio	n
	hours for related	or di	e			ated		organization	(W-2/1099-MIS	3C)		m the	
	organizations	istee	truste		e	pens		(W-2/1099-MISC)			•	nization	
	below	ual tru	ional		ploye	t com ee						related	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orgar	izations	5
arun banskota 1.00 1.00 1.00													
DIRECTOR	1.00	х						0.		0.		C).
DAVID P. BAUER	1.00												
DIRECTOR	1.00	х						0.		0.		C).
ROBERT F. BEARD	1.00									<u> </u>			
DIRECTOR	1000	х						0.		0.		C).
LONNIE E. BELLAR	1.00											-	
DIRECTOR		х						0.		0.		C).
DAVID M. DALY	1.00												
DIRECTOR		х						0.		0.		C).
SCOTT E. DOYLE	1.00												
DIRECTOR		х						0.		0.		C).
SCOTT D. DRURY	1.00												
DIRECTOR		Х						0.		0.		C).
LINDEN EVANS	1.00												
DIRECTOR		Х						0.		0.		C).
ROBERT FRENZEL	1.00												
DIRECTOR		Х						0.		0.			
1b Subtotal								5,976,401.		0.	1455603.		
c Total from continuation sheets to Part VI								0.		0.	0.		
d Total (add lines 1b and 1c)								5,976,401.		0.	145	5603	<u>}.</u>
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	3		_	
compensation from the organization												1	53
										г	`	/es N	10
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oyee	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3	2	<u>x</u>
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fi	rom a	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	<u>ich p</u>	berso	on .					5	Σ	X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	-								· · · ·	oensat	ion fror	n	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith c	or wi	thin		ear.				
(A)								(B)		~	(C)		
Name and business	address						_	Description of s			ompens	sation	
ADFERO COMMUNICATIONS													
										225	,000).	
ABILA		~						SOFTWARE CON					
DEPT. 3303, DALLAS, TX 75	312-330	3					_	AND HOSTING			213	,868	<u>.</u>
AXIO GLOBAL INC.								CYBER RISK R					_
222 BROADWAY, NEW YORK, N								PROGRAM ORGA			152	,945	<u>.</u>
ANKURA CONSULTING GROUP,								CYBER VULNER					_
P.O BOX 74007043, CHICAGO	, IL 60	67	4 –	704	43			REVIEW SERVI			130	,551	L •
THE YGS GROUP		- -			. .			ONLINE MAGAZ			1	~ ~ ~	
<u>3650 WEST MARKET STREET,</u>								PRODUCTION &			121	,329	۱.
2 Total number of independent contractors (ir	-	ot lin	nited	d to t	-		ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz		T 3 7	***	<u> </u>	8							00 /00	

B . 1/11	N GAS ASS Trustees. Kev Er						est (Compensated Employe	13-043	
(A)	(B)		,	<u>s, ar</u> (C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	rector				emplo		organization	(W-2/1099-MISC)	from the
	hours for related	e or di	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	ll trus		/ee	m pen				organizations
	below	Individual trustee or director	Institutional trustee	-	Key employee	Highest com pen sated em ployee	er			organizationio
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
JOSEPH HAMROCK	1.00									
DIRECTOR		х						0.	0.	0
JEFFREY A. HARRISON	1.00									
DIRECTOR		х						0.	0.	0
JOHN P. HESTER	1.00									
DIRECTOR		х						0.	0.	0
JEFFRY M. HOUSEHOLDER	1.00									
DIRECTOR		х						0.	0.	0
MICHAEL INNOCENZO	1.00									
DIRECTOR		х						0.	0.	0
BLUE JENKINS	1.00									
DIRECTOR		Х						0.	0.	0
MARY KIPP	1.00									
DIRECTOR		Х						0.	0.	0
NICOLE A. KIVISTO	1.00									
DIRECTOR		Х						0.	0.	0
SUSAN KRISTJANSSON	1.00									
DIRECTOR		Х						0.	0.	0
JAMES P. LAURITO	1.00									
DIRECTOR	- 1 00	Х						0.	0.	0
RICHARD J. MARK	1.00								•	
DIRECTOR		Х						0.	0.	0
CHARLES MATTHEWS	1.00								•	
DIRECTOR	1	Х						0.	0.	0
JOHN MCAVOY	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0
PAUL W. NESTER	1.00							0	0	
DIRECTOR	1 00	Х						0.	0.	0
JERRY NORCIA	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0
PIERCE H. NORTON II	1.00								^	
DIRECTOR	1 00	Х						0.	0.	0
DAVID ROBBINS	1.00	v							0	
DIRECTOR	1 00	Х						0.	0.	0
ROBERT C. ROWE	1.00	v							0	
DIRECTOR	1 00	Х						0.	0.	0
LEIGH ANN SHOJI-LEE	1.00	v							0	
DIRECTOR	1 00	Х						0.	0.	0
SUZANNE SITHERWOOD	1.00	v							0	
DIRECTOR		Х						0.	0.	0

Form 990 AMERICAN									13-043	1590
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	k all	that	app	ly)	compensation	compensation	amount of
	per					<u> </u>		from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				0d u		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted el		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee			Highest com pensated em ployee				and related
	organizations	ul trus	nal tr		Key employee	dmo				organizations
	below	vidua	itutio	Officer	emp	hest o	Former			
	line)	Indi	Inst	Offi	Key	Hig	Fon			
DAVID SLATER	1.00									
DIRECTOR		Х						0.	0.	0.
T.J. SZELISTOWSKI	1.00									
DIRECTOR		Х						0.	0.	0.
ROSS W. TURRINI	1.00									
DIRECTOR		х						0.	0.	0.
DENNIS P. VERMILLION	1.00	1								
DIRECTOR		х						0.	0.	0.
CHARLES S. WARRINGTON	1.00	A						0.	0.	0.
-	1.00							0	0	0
DIRECTOR	1	Х						0.	0.	0.
SASHA WEINTRAUB	1.00								_	
DIRECTOR		Х						0.	0.	0.
STEPHEN D. WESTHOVEN	1.00									
DIRECTOR		Х						0.	Ο.	0.
CRAIG E. WHITE	1.00									
DIRECTOR		х						0.	0.	0.
ADAM L. WRIGHT	1.00									
DIRECTOR	1.00	х						0.	0.	0.
DIRECTOR		<u> </u>						0.	0.	0.
		-								
		-								
					1					
		1			1					
		1			1					
		1								·
		1			1					
			-	-	-	-				
		-								
					<u> </u>					
Total to Part VII, Section A, line 1c	<u></u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u> .	<u>.</u>				

ar	• • •		Statement of Re								г
			Check if Schedule O	conta	iins a respoi	nse	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ş	1 a	Fed	erated campaigns		1a						
unc			nbership dues								
and Other Similar Amounts	c	: Fun	draising events		1c						
ar /	c	I Rela	ated organizations		1d						
m	e	Gov	ernment grants (contr	ibuti	ons) 1e						
S	f	All o	ther contributions, gifts,	grant	s, and						
the		simi	lar amounts not included	l abov	e 1f						
0 P	ç	Nonc	ash contributions included in	lines 1	a-1f 1g \$						
an	ł	Tota	al. Add lines 1a-1f				🕨				
							Business Code				
	2 8		BERSHIP DUES				900099	28,074,922.	28,074,922.		
e	k	·	TINGS/EXHIBIT				900099	1,279,211.	1,279,211.		
enu	c		NSORSHIPS				900099	351,000.	351,000.		
Revenue	c	·	VICE INCOME				900004	256,815.		256,815.	
-	e	′ —	LICATIONS				541800	132,458.		132,458.	
			other program service	rever	nue		561000	193,000.	193,000.		
_								30,287,406.			
	3		stment income (includ	-				F 4 4 4 4			F 4 4
			er similar amounts)					541,114.			541,1
	4		me from investment c		-		Г	1 062 000			1 0 6 2 0
	5	Roy	alties	·····	(i) Real			1,063,099.			1,063,0
	•	~					(ii) Personal				
			ss rents	6a							
			s: rental expenses	6b							
			tal income or (loss)	6c							
			rental income or (loss))	(i) Securiti	 00	(ii) Other				
	1 2		s amount from sales of	7-	1,454,7		2,600.				
	L		ts other than inventory s: cost or other basis	7a	1,454,7	<u> </u>	2,000.				
	Ľ		sales expenses	7b	838,7	50	0.				
			n or (loss)	7c	615,9		2,600.				
			gain or (loss)		,		· · · ·	618,561.			618,5
5			s income from fundraisi								
	5.6		uding \$								
			tributions reported on								
			IV, line 18		-	8a					
	ł		s: direct expenses			8b					
			income or (loss) from								
			ss income from gamin								
			: IV, line 19			9a					
	k		s: direct expenses			9b					
			income or (loss) from				>				
			ss sales of inventory, I								
			allowances			10a					
	k		s: cost of goods sold			10b					
			income or (loss) from			y	>				
							Business Code				
Revenue	11 a	MIS	CELLANEOUS INCOM	Е			900099	23,291.			23,2
nue	k)									
eve	c	;									
۳	c	All c	other revenue								
1			al. Add lines 11a-11d					23,291.			

Form 990 (2020)

Form 990 (2020)	AMERICAN G	AS	ASSOCIATION	1						
Part IX Statement	t of Functional Exper	nses								
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 or note to any line in this Part IX

(D) Fundraising (C) Management and general expenses (A) Total expenses (B) Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 547,950. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 5,358,388. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 11,760,655. 7 8 Pension plan accruals and contributions (include 76,274. section 401(k) and 403(b) employer contributions) 1,483,775. Other employee benefits 9 993,710. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 304,075. b Legal 173,058. Accounting С 419,684. Lobbying d Professional fundraising services. See Part IV, line 17 е 30,609. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 2,343,168. column (A) amount, list line 11g expenses on Sch 0.) 249,545. Advertising and promotion 12 575,208. Office expenses 13 946,931. Information technology 14 15 Royalties 2,323,739. 16 Occupancy 180,017. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 990,892. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 699,670. Depreciation, depletion, and amortization 22 288,084. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 886,260. MEMBERSHIPS & SPONSORSH а EXCISE TAX ON EXCESS CO 257,870. h 227,058. SUBSCRIPTIONS С 46,181. EMPLOYEE BENEFITS ADMIN d -234,873. e All other expenses 30,927,928. Total functional expenses. Add lines 1 through 24e

25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (GAS	ASSOCIATION
Part X	Balance Sheet		

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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1.	1	
	2	Savings and temporary cash investments			11,514,214.	2	7,113,951.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			957,730.	4	1,328,542.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquality	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				1,077,517.	9	1,304,042.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,872,753.			
	b	Less: accumulated depreciation	10b	2,670,233.	5,860,370.		5,202,520.
	11	Investments - publicly traded securities			27,958,954.	11	33,223,211.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11	······		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			47,368,786.	16	48,172,266.
	17	Accounts payable and accrued expenses			3,627,130.	17	4,900,585.
	18	Grants payable	<u> </u>	18	2 1 0 0 1 1 1		
	19	Deferred revenue			6,137,937.	19	3,188,144.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lab.		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 1 <i>7-</i> 24).	Complete Part X	10 100 067		10 100 277
		of Schedule D			<u>12,138,067.</u> 21,903,134.		<u>10,199,377.</u> 18,288,106.
	26	Total liabilities. Add lines 17 through 25			21,903,134.	26	10,200,100.
ŝ		Organizations that follow FASB ASC 958, che	CK nere				
nce	07	and complete lines 27, 28, 32, and 33.			25,465,652.	07	29,884,160.
ala	27	Net assets without donor restrictions			23,403,032.	27 28	29,004,100.
ЧB	28	Net assets with donor restrictions				20	
'n		Organizations that do not follow FASB ASC 9	56, che				
Net Assets or Fund Balances	20	and complete lines 29 through 33.				29	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec				29 30	
sse	30	Retained earnings, endowment, accumulated in				30 31	
et⊿	31				25,465,652.	31	29,884,160.
Ž	32	Total net assets or fund balances			47,368,786	32 33	48,172,266.

Form **990** (2020)

Form	AMERICAN GAS ASSOCIATION	13-0-	431590	Pag	_{ge} 12
	rt XI Reconciliation of Net Assets				<i>.</i>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,533	3,4	71.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,927	7,92	28.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,605	5,54	43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,465	5,6	52.
5	Net unrealized gains (losses) on investments	5	1,242	2,9	57.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,570),0	08.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	29,884	1,10	<u>60.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2020)

SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2020
Department of the Treasury	► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.	Open to Public Inspection
Internal Revenue Service If the organization answ	Go to www.irs.gov/Form990 for instructions and the latest information. vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activity)	•

•	Section 50	1(c)(3) organ	izations: Compl	ete Parts I-A	and B Do r	not complete Part I-C.
	00001011 00	1(0)(0) 01 gui				

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

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

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

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

Name of orga	anization	Employe	er identification number
	AMERICAN GAS ASSOCIATION		13-0431590
Part I-A	Complete if the organization is exempt under section 501(c) or is a section	n 527 orga	nization.
	a description of the organization's direct and indirect political campaign activities in Part IV.		
2 Political	campaign activity expenditures	► \$	126,140.
3 Volunte	er hours for political campaign activities	······ <u> </u>	
Part I-B	Complete if the organization is exempt under section 501(c)(3).		
1 Enter th	e amount of any excise tax incurred by the organization under section 4955	► \$	
2 Enter th	e amount of any excise tax incurred by organization managers under section 4955	► \$	
3 If the or	ganization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes No
4a Was a c	orrection made?		Yes No
	' describe in Part IV.		
Part I-C	Complete if the organization is exempt under section 501(c), except section	on 501(c)(3).
1 Enter th	e amount directly expended by the filing organization for section 527 exempt function activities	▶\$	21,140.
	e amount of the filing organization's funds contributed to other organizations for section 527		
	function activities	▶\$_	105,000.
	empt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,		
line 17b	•	▶\$_	126,140.
4 Did the	filing organization file Form 1120-POL for this year?		X Yes No
5 Entor th	e names addresses and employer identification number (EIN) of all section 527 political organization	s to which th	e filing organization

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
AMERICAN GAS	WASHINGTON, DC			
ASSOCIATION POLITICA	20001	13-0431590	0.	36,862.
DEMOCRATIC	WASHINGTON, DC			
GOVERNORS' ASSOCIATI	20005	52-1304889	25,000.	0.
	2300 CLARENDON			
GOPAC	ARLINGTON, VA 222	52-1237780	15,000.	0.
REPUBLICAN ATTORNEYS	WASHINGTON, DC			
GENERAL ASSOCI	20006	46-4501717	40,000.	0.
REPUBLICAN GOVERNORS	WASHINGTON, DC			
ASSOCIATION	20006	52-1174414	20,000.	0.
COMMUNITY LEADERS OF	P.O. BOX 2262			
AMERICA	SPRINGFIELD, VA 2	46-3149989	5,000.	0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATION Schedule C (Form 990 or 990-EZ) 2020

LHA

RICAN GA	S ASSOCIATI	ON	13-0	0431590 Page 2
ation is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection under
elongs to an aff	iliated group (and list ir	Part IV each affiliated	group member's nam	ne, address, EIN,
				, , ,
, ,	• •	visions apply.		
_obbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
-	• • • •			
		000 over \$500 000		
		ss over \$1,500,000.		
\$1,000	,000.			
% of line 1f				
· · ·				
	ý 6			Yes No
ide a section 5	01(h) election do not	have to complete all o	f the five columns b	elow.
obbying Expe	nditures During 4-Yea	ar Averaging Period		
(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
	ation is exer elongs to an aff excess lobbying hecked box A a Lobbying Expe s" means amound public opinion (a legislative box a and 1b) d lines 1c and 1c amount from th carrow the 20% of \$100,0 0 \$175,0 00 \$225,0 00 \$225,0 00 \$1,000 00 \$175,0 00 \$225,0 00 \$1,000 00 \$1,000 00 \$1,000 00 \$1,000 00 \$225,0 00 \$225,0 00 \$225,0 00 \$1,000 00 \$225,0 00 \$25,0 00 \$25,00\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0	ation is exempt under section elongs to an affiliated group (and list in excess lobbying expenditures). hecked box A and "limited control" pro Lobbying Expenditures s" means amounts paid or incurred.) public opinion (grassroots lobbying) a legislative body (direct lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) amount from the following table in both s: The lobbying nontaxable am 20% of the amount on line 1e. \$100,000 plus 15% of the exce \$1,000,000. % of line 1f) ess, enter -0- ss, enter -0- either line 1h or line 1i, did the organiza 4-Year Averaging Period Under ade a section 501(h) election do not See the separate instructions for lin Lobbying Expenditures During 4-Year	ation is exempt under section 501(c)(3) and file relongs to an affiliated group (and list in Part IV each affiliated xxcess lobbying expenditures). hecked box A and "limited control" provisions apply. Lobbying Expenditures s" means amounts paid or incurred.) public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) amount from the following table in both columns. s: The lobbying nontaxable amount is: 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. 0 \$175,000 plus 10% of the excess over \$1,000,000. 00 \$225,000 plus 5% of the excess over \$1,000,000. \$1,000,000. \$1,000,000. %% of line 1f) \$	ation is exempt under section 501(c)(3) and filed Form 5768 (elements) elongs to an affiliated group (and list in Part IV each affiliated group member's naments) hecked box A and "limited control" provisions apply. Lobbying Expenditures s" means amounts paid or incurred.) public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) amount from the following table in both columns. s: The lobbying nontaxable amount is: 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. 0 \$225,000 plus 5% of the excess over \$1,000,000. 00 \$225,000 plus 5% of the excess over \$1,000,000. ss, enter -0-

Schedule C (Form 990 or 990-EZ) 2020

13-0431590 Page 3

Schedule C (Form 990 or 990 EZ) 2020 AMERICAN GAS ASSOCIATION 13-04315 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
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				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	ז 501(c)(5), or sec	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			Х	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."	No" OR (b) Part	III-A, line	3, is
1	Dues, assessments and similar amounts from members			28,074	,922.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a	1,282	,086.
b	Carryover from last year			329	,290.
	Total			1,611	,376.
3				1,740	,645.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4	-129	<u>,269.</u>
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Pa	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PA	RT I-A, LINE 1:				
AG	A'S POLITICAL CAMPAIGN ACTIVITIES CONSIST OF CONTRIB	UTIONS	MADE	то	
	NDIDATES FOR STATE AND LOCAL OFFICE WHERE LEGALLY PE	RMISSI	BLE,		
COI	NTRIBUTIONS MADE TO OTHER POLITICAL ORGANIZATIONS AN	D ADMI	NISTR	ATIVE	
	PENSES FOR ITS SEPARATE SEGREGATED FUND.				

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

AMERICAN GAS ASSOCIATION POLITICAL ACTION COMMITTEE

400 N, CAPITOL STREET, NW WASHINGTON, DC 20001

DEMOCRATIC GOVERNORS' ASSOCIATION

1225 I STREET, NW WASHINGTON, DC 20005

REPUBLICAN ATTORNEYS GENERAL ASSOCIATION

1747 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006

REPUBLICAN GOVERNORS ASSOCIATION

1747 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name	of the	organization

Employer identification number

	AMERICAN GAS ASSOCIATION		13-0431590
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Si	imilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets hel		de
5	-		
~	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any		°
Do	impermissible private benefit?		Yes No
Pa		" on Form 990, Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	7	
	Preservation of land for public use (for example, recreation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	ition in the form of a co	nservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure included in (a)		2c
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or te		
U	year	similated by the organi	
4	Number of states where property subject to conservation easement is located		
		ion bondling of	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti		
•			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, an	a enforcing conservatio	on easements during the year
_	•		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enf	orcing conservation eas	sements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its reven		
	balance sheet, and include, if applicable, the text of the footnote to the organization's	financial statements that	at describes the
_	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historical Trea	asures, or Other S	similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its reve	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar as		
-	the following amounts required to be reported under FASB ASC 958 relating to these		
~	• • • • •		► ¢
d L	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		► \$

I -	A	امماميا م	:	000		~
D	Assets i	nciudea	ILL FOLL	990,	Part	л

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

Schedule D (Form 990) 2020

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization accusation, and other records, check any of the following that make significant use of its continued) a Public exhibition d Loan or exchange program b Debtory research o Other c Provide accipation of the organization solution or acchange program b Shoulary research b Debtory research o Other The organization accustomed and the organization solution or other similar assets to be sold traise funds rating that apply: c response that not comparization and solution or other anganization accessed. Yes No Part V Efforts and contrasting the organization and control of the organization and corganization and control of the organization	Sche		N GAS ASSO							<u>431590</u>		_{je} 2
collection terms (check all that apply): a b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>ollections of Ar</th> <th>t, Histo</th> <th>orical Tre</th> <th>easures, o</th> <th>r Othe</th> <th>r Sim</th> <th>ilar Asse</th> <th>ts _{(continu}</th> <th>ied)</th> <th></th>	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Sim	ilar Asse	ts _{(continu}	ied)	
a Public exhibition d Lean or exchange program b Scholary research often often c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solic of receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrew and Custodial Arrangements. comparization an awared 'Yes' on Form 990, Part X, line 21. Ta is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X2, line 21. Ta is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X2, line 21. Ta is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X2, line 21, or escrew or custodial account tability? No b if 'Yes,' explain the arrangement in Part XII. Part W Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X2, line 21, or escrew or custodial account tability? No b if 'Yes,' explain the arrangement in Part XII. (a) Current year (b) Priver years back (b) Four years back (b) Four years back (b) Four years baccon Part XIII	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following tha	t make s	ignifica	ant use of its	3		
b Scholary research e Other c Previde 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's collections and explain how they further the organization's exempt purpose in Part XIII. 6 During the year, did the organization solic or receive donations of art, historical treasures, or other similar assets 10 Use solid to raise houds article than to be maintained as part of the organization answered 'Yes' on Form 960, Part X, line 21. 11 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 960, Part X, line 21. Image: Control Contrel Control Control Control Control Contrel Control Control Contro		collection items (check all that apply):										
c Prevendation for future generations 4 Provide a description of the organization solicit or receive donations of art, historich 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 Excrement AC Usedoial Arrangements. Compute it was anount on Form 990, Part X, line 21. The organization assured 'Yes' on Form 990, Part M, line 9, or reported an amount on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X? No c Beginning balance Image: Complete in the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete in the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b Conther organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b Conther organization include an amount on Form 990, Part X, line 10. Image: Complete in the orga	а	Public exhibition	d	I	Loan or exc	hange progr	am					
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g End of year balance												
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(ii) Related organizations 3a(ii) b If "Yes" on line 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. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation b Buildings 4,815,978. 1,011,645. 3,804,333. c Leasehold improvements 1,701,610. 553,864. 1,147,746. e Other 0. 1,355,165. 1,104,724. 250,441.		-										
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e Other 1,355,165. 1,104,724. 250,441.												
				X. colur		-						

Schedule D (Form 990) 2020

Part VII	Investments -	Other Securities		
Schedule D	(Form 990) 2020	AMERICAN	GAS	ASSOCIATION

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 (a) (b) (c) (c)

(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X. col. (B) line 12.)	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. <u>(Column (b) must equal Form 990. Part X, col. (B) line 15.)</u>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	1,964,269.
(3) ACCRUED PENSION	3,381,932.
(4) POST RETIREMENT HEALTH BENEFITS	386,695.
(5) DEFERRED RENT	2,967,436.
(6) APPLIANCE STANDARDS/CERTIFICATION	
(7) LIABILITIES	267,315.
(8) BENEFIT RESTORATION PLAN	1,231,730.
(9)	
Total (Column (b) must equal Form 900, Part X, col. (P) line 25.)	► 10.199.377.

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

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

Sche	dule D (Form 990) 2020 AMERICAN GAS ASSOCIATION			13-	0431590 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	h Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	35,506,679.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,242,957.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	1,763,461.		
е	Add lines 2a through 2d			2e	3,006,418.
3	Subtract line 2e from line 1			3	32,500,261.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	30,610.		
b	Other (Describe in Part XIII.)	4b	2,600.		
с	Add lines 4a and 4b			4c	33,210.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	32,533,471.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per I	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	31,748,179.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2 a		_	
b	Prior year adjustments	2b		_	
С	Other losses			_	
d	Other (Describe in Part XIII.)	-	191,683.		
е	Add lines 2a through 2d			2e	191,683.
3	Subtract line 2e from line 1			3	31,556,496.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	· – – – – –	30,610.		
b	Other (Describe in Part XIII.)	4b	-659,178.		
с	Add lines 4a and 4b			4c	-628,568.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	30,927,928.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FAS 158 ADJUSTMENT	1,570,008.
PAC CONTRIBUTIONS	193,453.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,763,461.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET GAIN ON ASSET DISPOSAL

PART XII, LINE 2D - OTHER ADJUSTMENTS:

NET GAIN ON ASSET DISPOSAL

PAC EXPENSES

194,283.

2,600.

-2,600.

Schedule D (Form 990) 2020 AMERICAN GAS ASSOCIATION Part XIII Supplemental Information (continued) (Continued) (Continued) (Continued)	13-0431590 Page 5
TOTAL TO SCHEDULE D, PART XII, LINE 2D	191,683.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
NET PERIODIC BENEFITS COST	-659,178.

AMERICAN GAS AS	SOCTATIO	N			13-043159	0
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "Y	es" on
Form 990, Part IV						
=	-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes 🗌 No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING				INTERNATION	AL GAS UNION	
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	DUES		20,262.
				ATTEND MEET PROFESSIONA INTERNATION	LS	
NORTH AMERICA	0	0	PROGRAM SERVICES	MEETING		459.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	ATTEND INTE UNION (IGU)	RNATIONAL GAS	2,289.
	0	0				23,010.
 3 a Subtotal b Total from continuation sheets to Part I 	0	0				0.
c Totals (add lines 3a and 3b)	0	0				23,010.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule F (Form 990) 2020

AMERICAN GAS ASSOCIATION

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organization	ns listed above that are r	ecognized as charities by the t	oreign country,	recognized as a tax	1	l	<u>I</u>
			or counsel has provided a sect					

Schedule F (Form 990) 2020

Page 2

AMERICAN GAS ASSOCIATION

13-0431590

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				1			

Schedule F (Form 990) 2020

Schedule F				GAS	ASSOCIATION
Part IV	Foreig	ו Forms	3		

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

Schedule F (Form 990) 2020

Part V Supplemental Information

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

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organizatio			Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection Employer identification number	
	AMERICAN (GAS ASSOC	IATION					13-0431590	
Part I General In	formation on Grants ar	nd Assistance							
criteria used to av	ation maintain records to ward the grants or assist	tance?							
	V the organization's pro								
	d Other Assistance to E	•			0	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
	at received more than \$					(f) Method of			
• •	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
AMERICAN COUNCIL F FORMATION - 1001 C NW STE 450 - WASHI	CONNECTICUT AVE.	52-0991278	501C6	15,000.	0.			SUPPORT	
AMERICAN GAS FOUNI 400 N. CAPITOL ST. WASHINGTON, DC 200	., NW, SUITE 450	54-1501306	501C3	10,000.	0.			SUPPORT	
AMERICAN PETROLEUN 200 MASSACHUSETTS WASHINGTON, DC 200	AVE NW	13-0433430	501C6	10,000.	0.			SUPPORT	
BUSINESS COUNCIL E ENERGY - 805 15TH WASHINGTON, DC 200	ST, NW -	52-1801630	501C6	10,000.	0.			SPONSORSHIP	
CENTER FOR ENERGY DEVELOPMENT - 701 AVE., NW - WASHING	PENNSYLVANIA	20-4504014	501C3	22,500.	0.			SUPPORT, SPONSORSHIP	
COMBINED HEAT AND 3100 CLARENDON BLV ARLINGTON, VA 2220	VD., SUITE 800	84-4107548	501C3	7,000.	0.			SPONSORSHIP	
	er of section 501(c)(3) an			e line 1 table				▶13.	
	er of other organizations							▶ <u>16.</u>	
LHA For Paperwork	Reduction Act Notice,	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2020	

AMERICAN GAS ASSOCIATION Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

032241 11-05-20

(a) Nome and address of ogunization or government(b) EIN(c) EIC section (f applicable(a) Amount of cash grant(b) Amount of obsciption(b) Method of non-cash assistance(c) Decorption of non-cash assistance(b) Decorption of non-cash appraisal, other)(c) Decorption of non-cash promotion of promotion of p			neotio organizationo				
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	montheren, be 20004	10 0000000		10,000.	0.		
	GLADSTEIN, NEANDROSS & ASSOCIATES						
2525 OCEAN PARK BLVD., STE. 200	2525 OCEAN PARK BLVD., STE. 200						
SANTA MONICA, CA 90405 95-4749713 FOR-PROFIT 6,250. 0. SPONSORSHIP		95-4749713	FOR-PROFIT	6,250.	0.		SPONSORSHIP

Schedule I (Form 990)

13-0431590 Page 1

AMERICAN GAS ASSOCIATION Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Schedule I (Form 990)

(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
INGAA FOUNDATION, INC.							
20 F STREET NW STE 450							
WASHINGTON, DC 20001	52-1667696	501C6	25,000.	0.			SUPPORT
INTERNATIONAL CODE COUNCIL, INC.							
4051 W. FLOSSMOOR ROAD							
COUNTRY CLUB HILLS, IL 60478	36-3999004	501C6	30,000.	0.			SPONSORSHIP
JEFFERSON ISLANDS CLUB							
218 4TH ST SE APT 3							
WASHINGTON, DC 20003	53-0192251	501C7	10,450.	0.			SPONSORSHIP
MARTHA'S TABLE, INC.							
2375 ELVANS ROAD SE							
WASHINGTON, DC 20020	52-1186071	501C3	10,000.	0.			SUPPORT
NARUC							
1101 VERMONT AVE., NW STE 200	F2 0004600	F01.04	15 000	^			CDONGOD GUT D
WASHINGTON, DC 20005	53-0204609	501C4	15,000.	0.			SPONSORSHIP
NATIONAL ENERGY AND UTILITY							
AFFORDABILITY COALITION - 1850 M STREET NW STE 610 - WASHINGTON, DC							
20036	52-1559709	50103	17,500.	0.			SUPPORT
20030	52 1555709	20102	17,500.	0.			
NATURAL GAS VEHICLES FOR AMERICA							
400 N. CAPITOL ST., NW, SUITE 450							
WASHINGTON, DC 20001	52-1588725	501C6	7,500.	0.			SPONSORSHIP
			,				
NCSL FOUNDATION FOR STATE							
LEGISLATURES - 7700 EAST FIRST							
PLACE - DENVER, CO 80230	74-2232576	501C3	12,500.	0.			SPONSORSHIP
NEUAC							
1850 M STREET NW STE 610							
WASHINGTON, DC 20036	52-1559709	501C3	25,000.	0.			SPONSORSHIP

13-0431590

AMERICAN GAS ASSOCIATION Schedule I (Form 990) AMERICAN GAS ASSOCIATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

032241 11-05-20

(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
PARK STREET STRATEGIES 9217 GLENVILLE ROAD							
SILVER SPRING, MD 20901 PARTNERS FOR ENERGY PROGRESS 1414 CHERRY ST SE	47-3093118	FOR-PROFIT	50,000.	0.			SUPPORT
DLYMPIA, WA 98501	84-3818906	501C4	100,000.	0.			SUPPORT
REPUBLICAN ATTORNEYS GENERAL ASSOCIATION - 1747 PENNSYLVANIA AVENUE, NW - WASHINGTON, DC 20006	46-4501717	527	25,000.	0.			SPONSORSHIP
THE WATERFALL FOUNDATION PO BOX 70049 FAIRBANKS, AK 99707	54-1980898	501C3	13,000.	0.			SUPPORT
WESTERN GOVERNORS' ASSOCIATION 1600 BROADWAY, SUITE 1700							
DENVER, CO 80202	84-0747227	115	15,000.	0.			SPONSORSHIP

Schedule I (Form 990)

13-0431590

Page 1

Schedule I (Form 990) 2020

AMERICAN GAS ASSOCIATION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
Part IV Supplemental Information. Provide the information	required in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.	1

PART I, LINE 2:

CONTRIBUTIONS AND SPONSORSHIP PAYMENTS RELATED TO CONFERENCES ARE MONITORED

BY DESIGNATED AGA STAFF BY ATTENDING THE EVENT WHERE THE RECEIPT OF ANY

BENEFITS ARE TRANSPARENT INCLUDING THINGS LIKE DIGITAL BRANDING, EXHIBIT

BOOTH PRESENCE AND SPEAKER PRESENTATIONS. CONTRIBUTIONS RELATED TO INDUSTRY

RESEARCH PAPERS AND COMMUNICATIONS MAY INVOLVE THE RESPECTIVE AGA STAFF IN

THE DEVELOPMENT, REVIEW, AND EXECUTION OF ANY DELIVERABLE. FOR

CONTRIBUTIONS THAT ARE MEMBERSHIP IN NATURE THROUGH RECEIPT OF MEMBERSHIP

BENEFITS, AGA STAFF HAVE ACTIVE PARTICIPATION IN CONVENING BODIES SUCH AS

Schedule I (Form 990) AMERICAN GAS ASSOCIATION Part IV Supplemental Information	13-0431590 Page 2
COMMITTEES AND COUNCILS. LASTLY, CONTRIBUTIONS RELATED TO	CHARITABLE
EFFORTS USUALLY HAVE PROGRESS REPORTS AND NEWSLETTERS THAT	HIGHLIGHT THEIR
ACCOMPLISHMENTS OR ALLOW AGA STAFF TO PARTICIPATE IN THEIR	CHARITABLE
ACTIVITIES AND EVENTS DURING THE YEAR.	

SCI	EDULE J Compensation Information		I	OMB No. 1	1545-00	47	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		2020			
		Compensated Employees		ZU	ZU		
Denar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	al Revenue Service		Inspe				
Nam	e of the organizatior			identificatio		mber	
Da		AMERICAN GAS ASSOCIATION	13-0	043159	0		
Pa		s Regarding Compensation					
4.					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	X First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items.	naluaa				
	X Travel for com						
		ation and gross-up payments					
		spending account					
			iii, onoiy				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
		s, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х		
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's	;				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		ompensation consultant <u>X</u> Compensation survey or study					
	X Form 990 of o	ther organizations	ommittee				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	-				x	
		e payment or change-of-control payment?			X		
b		eive payment from a supplemental nonqualified retirement plan?			л	x	
C	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.						
	In res to any on in						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the re						
а	•			5a			
b	Any related organiz	ation?					
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the n	et earnings of:					
а	The organization?			<u>6a</u>		<u> </u>	
	Any related organiz	ation?					
		r 6b, describe in Part III.					
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		es 5 and 6? If "Yes," describe in Part III		7			
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	Ie				
-				8			
9		d the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990) 2020	

Schedule J (Form 990) 2020

13-0431590

Page 2

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
KAREN HARBERT	(i)	1,290,207.	765,000.	1,052.	317,100.	34,038.	2,407,397.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
LORI TRAWEEK	(i)	504,961.	260,000.	83,700.	253,700.	26,727.	1,129,088.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
KEVIN HARDARDT	(i)	360,401.	122,500.	41,475.	153,700.	35,886.	713,962.	0.
CHIEF FINANCIAL & ADMINISTRATIVE OFF	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTINA SAMES	(i)	353,023.	95,000.	23,217.	137,050.	32,893.	641,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MIKE MURRAY	(i)	335,977.	100,000.	21,671.	37,050.	33,213.	527,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GEORGE LOWE	(i)	355,765.	65,000.	15,442.	81,350.	662.	518,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GARY GARDNER	(i)	283,172.	56,000.	19,350.	84,200.	24,037.	466,759.	0.
VICE PRESIDENT & CORPORATE SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER O'SHEA	(i)	236,216.	50,000.	1,435.	56,350.	34,123.	378,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAMELA LACEY	(i)	233,690.	23,793.	3,096.	37,320.	35,151.	333,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIAN CAUDILL	(i)	259,695.	15,000.	563.	29,816.	22,870.	327,944.	0.
MANAGING DIRECTOR, GOVERNMENTAL AFFA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

FIRST CLASS TRAVEL- THE CHAIR OF THE BOARD OF DIRECTORS AND SPOUSE ARE

AUTHORIZED FOR FIRST CLASS TRAVEL. THE CHAIR OF THE AMERICAN GAS

ASSOCIATION SERVES ON A VOLUNTARY BASIS AND CONTRIBUTES A SIGNIFICANT

AMOUNT OF TIME TRAVELING IN CARRYING OUT THOSE DUTIES. IT IS THEREFORE

APPROPRIATE DURING THE CHAIR'S TENURE THAT THE ASSOCIATION REIMBURSE THE

CHAIR AND OR THE CHAIR'S COMPANY FOR EXPENSE INCURRED IN THE CONDUCT OF THE

CHAIR'S DUTIES AND IN ACCORDANCE WITH AGA'S TRAVEL POLICY. THE PRESIDENT &

CEO IS ELIGIBLE FOR BUSINESS CLASS TRAVEL EXPENSES ON FLIGHTS SCHEDULED FOR

MORE THAN 2-1/2 HOURS. IF BUSINESS CLASS TRAVEL IS NOT OFFERED FOR A

SPECIFIC FLIGHT, FIRST CLASS TRAVEL EXPENSES MAY BE REIMBURSED.

TRAVEL FOR COMPANIONS- THE ASSOCIATION RECOGNIZES THAT THERE WILL BE

OCCASIONS WHEN IT IS APPROPRIATE FOR THE CHAIR'S OR THE PRESIDENT AND CEO'S

SPOUSE TO TRAVEL ON BEHALF OF THE ASSOCIATION. IN THESE CASES APPROVAL FOR

THE TRAVEL MUST BE RECEIVED IN ADVANCE. AGA CONSIDERS EXPENSES OF A

TRAVELING SPOUSE TO BE TAXABLE INCOME TO THE EMPLOYEE. EXPENSES ARE ADDED

TO THE EMPLOYEE'S W-2 WAGES IN ACCORDANCE WITH THE LAW AND APPROPRIATE

TAXES ARE WITHHELD.

Part III Supplemental Information

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

PART I, LINE 4B:

457(F) PLAN:

KAREN HARBERT, CONTRIBUTIONS OF \$300,000

LORI TRAWEEK, CONTRIBUTIONS OF \$200,000

KEVIN HARDARDT, CONTRIBUTIONS OF \$100,000

GARY GARDNER, CONTRIBUTIONS OF \$50,000

CHRISTINA SAMES, CONTRIBUTIONS OF \$100,000

GEORGE LOWE, CONTRIBUTIONS OF \$50,000

JENNIFER O'SHEA, CONTRIBUTIONS OF \$25,000

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



13-0431590

AMERICAN GAS ASSOCIATION

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

95 PERCENT - MORE THAN 71 MILLION CUSTOMERS - RECEIVE THEIR GAS FROM

AGA MEMBERS. AGA IS AN ADVOCATE FOR NATURAL GAS UTILITY COMPANIES AND

THEIR CUSTOMERS AND PROVIDES A BROAD RANGE OF PROGRAMS AND SERVICES FOR

MEMBER NATURAL GAS PIPELINES, MARKETERS, GATHERERS, INTERNATIONAL

NATURAL GAS COMPANIES, AND INDUSTRY ASSOCIATES TO HELP ENSURE OUR

MEMBERS ARE LEADING ON SAFETY AND SECURITY, ADVANCING OPERATIONAL

EXCELLENCE AND PROVIDING A ROLE FOR NATURAL GAS TO ACHIEVE A CLEANER

ENERGY ECONOMY.

FORM 990, PART VI, SECTION A, LINE 1:

THE ASSOCIATION'S BYLAWS, UNDER ARTICLE VII, SECTION 2, PROVIDES THAT THE BOARD OF DIRECTORS MAY APPOINT AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE IS ELECTED BY THE ENTIRE BOARD AND MAY EXERCISE CERTAIN POWERS OF THE BOARD DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD. THE EXECUTIVE COMMITTEE IS GENERALLY COMPRISED OF THE BOARD OFFICERS AND NOT LESS THAN 7 OTHER MEMBERS OF THE BOARD. AGA BOARD MEMBERS ARE EXECUTIVES OF AGA FULL MEMBERS.

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

THE ASSOCIATION HAS FIVE CLASSES OF MEMBERS UNDER ARTICLE III OF ITS

BYLAWS. FULL MEMBERS INCLUDE UNITED STATES GAS DISTRIBUTION PUBLIC AND

MUNICIPAL UTILITIES AND HAVE VOTING RIGHTS. LIMITED MEMBERS, ASSOCIATES,

INTERNATIONAL MEMBERS AND INTERNATIONAL AFFILIATES CAN PARTICIPATE ON

CERTAIN COMMITTEES, TAKE ADVANTAGE OF EDUCATIONAL OPPORTUNITIES AND

PARTICIPATE IN OTHER APPLICABLE ACTIVITIES.

Name of the organization

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

THE ASSOCIATION IS A MEMBERSHIP ORGANIZATION AND FULL MEMBERS NOMINATE AND

ELECT MEMBERS OF THE BOARD OF DIRECTORS (THE ASSOCIATION'S PRINCIPAL

GOVERNING BODY) AT THE ASSOCIATION'S ANNUAL MEETING.

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

THE MEMBERS OF THE ASSOCIATION MAKE CERTAIN DECISIONS, SUCH AS, THE ELECTION OF THE PRINCIPAL GOVERNING BODY (BOARD OF DIRECTORS) AS OUTLINED IN THE ORGANIZATION'S BYLAWS AT THE ANNUAL OR SPECIAL MEETINGS OF THE ASSOCIATION. SPECIAL MEETINGS MAY BE CALLED BY THE MEMBERSHIP TO ADDRESS ANY ISSUES OR QUESTIONS. THE ASSOCIATION'S GOVERNING BODIES ARE ACTIVE IN A NUMBER OF WAYS. THE ASSOCIATION MEMBERS ELECT A BOARD OF DIRECTORS (BOD) FROM THE MEMBERSHIP. COMMITTEES RELATED TO FINANCIAL OVERSIGHT, COMPENSATION AND GOVERNANCE ARE ESTABLISHED BY THE BOD. THESE INCLUDE THE EXECUTIVE COMMITTEE, BOARD FINANCE COMMITTEE, BOARD AUDIT COMMITTEE AND BOARD COMPENSATION COMMITTEE (BOD CHAIR, VICE CHAIR, 2ND VICE CHAIR, AND OTHER BOD MEMBERS USUALLY WITH LEADERSHIP ROLES IN THE ASSOCIATION). THE AUDIT COMMITTEE CHAIR IS A MEMBER OF THE BOARD OF DIRECTORS AND PROVIDES REGULAR REPORTS OF THE AUDIT COMMITTEE TO THE BOARD OF DIRECTORS.

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

THE ASSOCIATION'S INTERNAL PROCESS FOR REVIEW OF TAX FORMS IS EXTENSIVE. DUE TO THE COMPLEXITY OF THE RETURN, THE ASSOCIATION HAS HIRED ITS OUTSIDE ACCOUNTING FIRM TO PREPARE THE FORM 990. THE ASSOCIATION'S CONTROLLER ACCUMULATES THE DATA AND FORWARDS TO THE OUTSIDE ACCOUNTING FIRM WHO DRAFTS THE FORM 990. A DRAFT OF THE FORM 990 IS THEN REVIEWED BY THE STAFF REVIEW GROUP (SRG) WHICH IS COMPRISED OF THE ASSOCIATION'S CHIEF OPERATING

Sebadula O (Farm 000 at 000 FZ) 2020	Dogo 2
Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
AMERICAN GAS ASSOCIATION	13-0431590
OFFICER, CHIEF FINANCIAL OFFICER, CONTROLLER, THE GENERAL	COUNSEL AND
OTHERS. THE CONTROLLER ACCUMULATES ALL COMMENTS AND FORW	ARDS TO THE
OUTSIDE ACCOUNTING FIRM TO BE INCORPORATED IN THE FINAL DR	AFT OF THE FORM
990. THE FINAL DRAFT IS PROVIDED TO THE AUDIT COMMITTEE.	THE CONTROLLER
REVIEWS THE 990 WITH THE AUDIT COMMITTEE. THE AUDIT COMMI	TTEE CHAIR
REPORTS ON THIS REVIEW TO THE BOARD OF DIRECTORS. THE 990	IS PROVIDED TO
THE BOARD OF DIRECTORS BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION HAS NEW EMPLOYEES REVIEW AND SIGN A STATE	MENT OF
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AT THE TIM	E OF HIRING. ALL
EMPLOYEES AND BOARD MEMBERS HAVE A CONTINUING DUTY TO REPO	RT ANY ACTUAL OR
POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE POLI	CY AND ANNUALLY
SIGN A STATEMENT OF COMPLIANCE. NEW BOARD MEMBERS (NBM) AT	TEND A BOARD
ORIENTATION SESSION WITH THE ORGANIZATION'S CHAIRMAN, PRES	IDENT, CHIEF
FINANCIAL OFFICER, GENERAL COUNSEL AND OTHERS WHERE THE AS	SOCIATION'S
POLICIES ARE REVIEWED. NBM MAKE A DECLARATION OF ANY POTEN	TIAL CONFLICT OF
INTEREST. ALL BOARD MEMBERS HAVE A CONTINUING DUTY TO REPO	RT ANY ACTUAL OR
POTENTIAL CONFLICT. THE POTENTIAL CONFLICTS FOR BOARD MEMB	ERS, OFFICERS,
EMPLOYEES AND OTHERS ARE REVIEWED BY THE ASSOCIATION'S CEO	, GENERAL
COUNSEL, CFO AND VICE PRESIDENT, TALENT OPERATIONS AND A S	CHEDULE IS

PREPARED AND FURNISHED TO THE INDEPENDENT AUDITORS AND MADE AVAILABLE TO

THE AGA AUDIT COMMITTEE.

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

CEO: THE CEO'S COMPENSATION IS FIRST DISCUSSED BY THE BOARD COMPENSATION

COMMITTEE WITH AN INDEPENDENT CONSULTING FIRM SPECIALIZING IN NON-PROFIT

ORGANIZATIONS TO DETERMINE THE BOARD COMPENSATION COMMITTEE'S

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
AMERICAN GAS ASSOCIATION	13-0431590
RECOMMENDATION TO THE BOARD OF DIRECTORS. THE CHAIRMAN OF	THE BOARD THEN
PRESENTS THE RECOMMENDATIONS AND REASONS FOR THE CEO COMPE	NSATION
ADJUSTMENT, IF ANY. THE CEO'S COMPENSATION IS THEN APPROVE	D BY VOTE OF THE
FULL BOARD. CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERA	TIONS, DECISIONS,
AND BOARD OF DIRECTORS ACTION IS MAINTAINED IN THE HUMAN R	ESOURCE FILES AND
MINUTES OF THE COMPENSATION COMMITTEE AND BOARD OF DIRECTO	RS MEETINGS.

OTHER OFFICERS OR KEY EMPLOYEES: THE ASSOCIATION UTILIZES A MULTIFACETED APPROACH TO DETERMINE COMPENSATION NOT ONLY FOR ITS CEO, BUT FOR ITS OFFICERS AND EMPLOYEES. THIS INCLUDES ESTABLISHING WRITTEN POSITION DESCRIPTIONS, SALARY RANGES FOR POSITIONS, SETTING POSITION GOALS, PROVIDING WRITTEN PERFORMANCE EVALUATIONS, MEASUREMENT OF PERFORMANCE, QUARTERLY, SEMI-ANNUAL OR ANNUAL GOAL REVIEW, AND CONTEMPORANEOUS SUBSTANTIATIONS OF THE PROCESS. THE ASSOCIATION'S CURRENT COMPENSATION POLICY DATED NOVEMBER 30, 2011 DESCRIBES THE PROCESS IN MORE DETAIL. THE ASSOCIATION ALSO RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIRM TO ADVISE THE BOARD COMPENSATION COMMITTEE AND OFFICERS. COMPENSATION ADJUSTMENTS USUALLY ARE RECOMMENDED BY SUPERVISORS AND APPROVED BY MANAGERS, DIRECTORS AND/OR OFFICERS. ADJUSTMENTS MUST ALSO BE APPROVED BY VICE PRESIDENT, TALENT OPERATIONS. OFFICER AND VICE PRESIDENT INDIVIDUAL SALARY ADJUSTMENTS ARE RECOMMENDED TO THE BOARD COMPENSATION COMMITTEE BY THE CEO AND MUST BE APPROVED BY THE BOARD COMPENSATION COMMITTEE AFTER REVIEW AND THEN REPORTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THE INFORMATION AVAILABLE IN A NUMBER OF WAYS. THE ORGANIZATION'S GOVERNING DOCUMENTS, OFFICERS, BOARD MEMBERS AND MEMBERS ARE AVAILABLE ON AGA'S WEBSITE (WWW.AGA.ORG) UNDER "ABOUT US." THE CONFLICT OF 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization AMERICAN GAS ASSOCIATION	Employer identification number 13-0431590
INTEREST STATEMENT IS ALSO AVAILABLE UNDER "ABOUT US." FIN	
ARE PROVIDED TO THE ENTIRE BOARD AND OTHERS ON A QUARTERLY	BASIS. ANNUAL
AUDITED FINANCIAL STATEMENTS ARE PROVIDED TO THE ENTIRE ME	MBERSHIP.
FINANCIAL, GOVERNANCE AND OTHER INFORMATION CAN ALSO BE OB	TAINED FROM THE
ASSOCIATION ELECTRONICALLY BY REQUEST UNDER "CONTACT US" O	N THE WEBSITE OR
BY MAIL.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FAS 158 ADJUSTMENT	1,570,008.
FORM 990, PART XII, LINE 2C:	
THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM TH	E PRIOR YEAR.

SCH	EDULE	R
	1	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-0431590

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

Name of the organization

AMERICAN GAS ASSOCIATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		3) o12(b)(13) olled ity?
				501(c)(3))		Yes	No
AMERICAN GAS ASSN. PAC C00007450 -							
13-0431590, 400 NORTH CAPITOL STREET, NW,					AMERICAN GAS		
WASHINGTON, DC 20001	POLITICAL ACTION COMMITTEE	DISTRICT OF COLUMBIA	527		ASSOCIATION	Х	
	-						
	-						

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 AMERICAN GAS ASSOCIATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	ty Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of total income	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10		
	-												
	-												
										+			
	-												
	1												
	1												
	4												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No
]								
	1								
	1								

Schedule R (Form 990) 2020 AMERICAN GAS ASSOCIATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X X					
b	b Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)								
d	Loans or loan guarantees to or for related organization(s)	1d		Х					
	Loans or loan guarantees by related organization(s)	1e		Х					
f	Dividends from related organization(s)	1f		Х					
g		1g		Х					
h	Purchase of assets from related organization(s)	1h		Х					
i	Exchange of assets with related organization(s)	1i		Х					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х					
-									
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X					
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X						
	Sharing of paid employees with related organization(s)	10		Х					
q	Reimbursement paid to related organization(s) for expenses	1p		х					
	Reimbursement paid by related organization(s) for expenses	1a		Х					
٩									
r	Other transfer of cash or property to related organization(s)	1r	х						
	Other transfer of cash or property from related organization(s)	1s		X					
2	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	13							
	n the answer to any of the above is integrited to the instructions for mornation of who must complete this line, including covered relationships and transaction thresholds.								

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2020 AMERICAN GAS ASSOCIATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(0)		(f)	(g)	/	h)	(i)	(j)	(k)	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile		(e) Are al	i ll	(I) Share of	(9) Share of		ropor-		(J) General (
of entity	Frindry activity	(state or foreign	Legal domicile state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) r		partners sec. Share of 501(c)(3) total		end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin		
or onaly		country)	excluded from tax under	Yes No		income			No	of Schedule K-1	Yes NC		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3000013 0 12 0 14)	Yesr				Yes	NO		Yes NO	<u>'</u>	
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Schedule R (Form 990) 2020

AMERICAN GAS ASSOCIATION

 Schedule R (Form 990) 2020
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 Part VII
 Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.