

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: AMERICAN NATURAL GAS ALLIANCE INC
Doing Business As: ANGA
Number and street (or P O box if mail is not delivered to street address): 701 EIGHTH ST NW NO 800
Room/suite:
City or town, state or country, and ZIP + 4: WASHINGTON, DC 20001

D Employer identification number: 26-4101108

E Telephone number: (202) 789-2642

G Gross receipts \$ 87,895,943

F Name and address of principal officer: REGINA HOPPER, 701 EIGHTH ST NW NO 800, WASHINGTON, DC 20001

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

J Website: WWW.ANGA.US/

K Form of organization: Corporation Trust Association Other

L Year of formation: 2009

M State of legal domicile: DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities: EDUCATING THE GENERAL PUBLIC AND POLICY MAKERS ABOUT NATURAL GAS AS A CLEAN, AFFORDABLE SOLUTION TO AMERICA'S ENERGY AND ENVIRONMENTAL NEEDS

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue—add lines 8 through 11...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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

Sign Here: Signature of officer: REGINA HOPPER PRESIDENT & CEO, Date: 2011-11-15

Paid Preparer Use Only: Print/Type preparer's name: SUBRINA L WOOD, Preparer's signature: SUBRINA L WOOD, Date, Check if self-employed, PTIN, Firm's name: TATE AND TRYON, Firm's address: 2021 L STREET NW SUITE 400, WASHINGTON, DC 20036, Firm's EIN, Phone no: (202) 293-2200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE PURPOSE OF THE CORPORATION IS TO PROMOTE THE NATURAL GAS INDUSTRY THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY AS A BUSINESS LEAGUE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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

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

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

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,509,783	0	86,995	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**4

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
GLOVER PARK 1025 F ST NW 9TH FLOOR WASHINGTON, DC 200041409	RESEARCH/COMMUNICATION	1,402,277
WEXLER & WALKER 1317 F ST NW SUITE 600 WASHINGTON, DC 20004	ADVOCACY-FEDERAL CONSULTANTS	1,234,907
DEWEY SQUARE PO BOX 60340 CHARLOTTE, NC 282600340	COMMUNICATION	1,190,072
IHS GLOBAL INSIGHT 24 HARTWELL AVE LEXINGTON, MA 02421	RESEARCH	761,266
WILMER HALE PO BOX 4550 BOSTON, MA 022124550	LOBBYING-FEDERAL CONSULTANTS	603,861

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**5