

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)

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN NATURAL GAS ALLIANCE INC <hr/> Doing Business As ANGA <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 701 EIGHTH ST NW NO 800 <hr/> City or town, state or country, and ZIP + 4 WASHINGTON, DC 20001	D Employer identification number 26-4101108 <hr/> E Telephone number (202) 789-2642 <hr/> G Gross receipts \$ 90,796,824
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <hr/> H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ANGA.US/		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 2009 M State of legal domicile DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities EDUCATING THE GENERAL PUBLIC AND POLICY MAKERS ABOUT NATURAL GAS AS A CLEAN, AFFORDABLE SOLUTION TO AMERICA'S ENERGY AND ENVIRONMENTAL NEEDS <hr/> <hr/> <hr/>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	87,790,000	90,495,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105,943	301,824
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,895,943	90,796,824
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,639,771	1,906,156
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,669,658	4,515,217
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	30,562,488	81,473,400
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	34,871,917	87,894,773
	19 Revenue less expenses Subtract line 18 from line 12	53,024,026	2,902,051
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	63,768,764	69,874,469
	21 Total liabilities (Part X, line 26)	3,203,975	6,380,239
	22 Net assets or fund balances Subtract line 21 from line 20	60,564,789	63,494,230

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	2012-10-15 Date
	REGINA HOPPER PRESIDENT & CEO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ SUBRINA L WOOD	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00365899
	Firm's name (or yours if self-employed), address, and ZIP + 4 TATE AND TRYON 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036			EIN ▶ 52-1855942 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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

(Code) (Expenses \$ including grants of \$) (Revenue \$)
EXTERNAL AFFAIRS, RESEARCH

4d Other program services (Describe in Schedule O)
(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 per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,843,603	0	365,581	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**11

	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GLOVER PARK 1025 F ST NW 9TH FLOOR WASHINGTON, DC 200041409	RESEARCH/ADVERTISING	2,578,982
DEWEY SQUARE PO BOX 60340 CHARLOTTE, NC 282600340	GRASSROOTS COMMUNICATIONS	1,475,506
TRIPP CONTRACTING LLC 2142 PRIEST BRIDGE COURT SUITE 4 CROFTON, MD 21114	CONSTRUCTION PROJECTS/OFFICE BUILDOUT	1,029,060
ALSTON & BIRD LLP 950 F STREET NW WASHINGTON, DC 200041404	LEGAL SERVICES	783,725
WILMER HALE PO BOX 4550 BOSTON, MA 022124550	ADVOCACY - LEGAL CONSULTANTS	780,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**27