DLN: 93493316021073

Department of the Treasury

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

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 D Employer identification number B Check if applicable AMERICAN NATURAL GAS ALLIANCE INC Address change 26-4101108 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 701 EIGHTH ST NW NO 800 Terminated (202) 789-2642 Amended return City or town, state or country, and ZIP + 4 WASHINGTON, DC 20001 Application pending **G** Gross receipts \$ 77,018,953 Name and address of principal officer **H(a)** Is this a group return for MARTIN J DURBIN ✓ Yes
 ✓ No affiliates? 701 EIGHTH ST NW NO 800 WASHINGTON, DC 20001 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number 🕨 Website: ► WWW ANGA US/ L Year of formation 2009 M State of legal domicile DE Part I Summary 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 Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 30 3 Number of voting members of the governing body (Part VI, line 1a) . . 4 30 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 31 Total number of volunteers (estimate if necessary) 6 30 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 0 0 Contributions and grants (Part VIII, line 1h) . 90,495,000 76,717,500 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 301,824 301,453 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 90.796.824 77,018,953 1,906,156 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 4,716,339 14 0 0 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 4,515,217 5,950,558 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 81,473,400 73,412,289 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 87,894,773 84,079,186 19 Revenue less expenses Subtract line 18 from line 12 2,902,051 -7,060,233 Assets or d Balances **Beginning of Current End of Year** 20 69,874,469 63,058,430 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 6,380,239 6,276,792 22 Net assets or fund balances Subtract line 21 from line 20 63,494,230 56,781,638 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 2013-11-11

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Form	990 (2012)				Page :				
Par		f Program Service Aule O contains a response	Accomplishments to any question in this Part III .		·				
1	Briefly describe the or	ganızatıon's mıssıon							
		RPORATION IS TO PRO LUSIVELY AS A BUSINE	MOTE THE NATURAL GAS INDUST SS LEAGUE	RY THE CORPORATION IS	S ORGANIZED AND				
2			rogram services during the year whic		┌ 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?								
	If "Yes," describe these changes on Schedule O								
4	expenses Section 501	L(c)(3) and 501(c)(4) org	complishments for each of its three la anizations are required to report the a program service reported						
4a	(Code COMMUNICATIONS) (Expenses \$	including grants of \$) (Revenue \$)				
4b	(Code GOVERNMENT AFFAIRS) (Expenses \$	including grants of \$) (Revenue \$)				
4c	(Code POLICY AND ANALYSIS) (Expenses \$	including grants of \$) (Revenue \$)				
	(Code EXTERNAL AFFAIRS, RESEA) (Expenses \$ ARCH	including grants of \$) (Revenue \$)				

) (Revenue \$

4d

4e

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses ▶

including grants of \$

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

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unless officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimate amount of o compensat from the		other ation he
		for related organizations below dotted line)	Highest compensated employee Key employee Officei Institutional Trustee Individual trustee or director		Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		anizati relate ganiza	ed l		
1b	Sub-Total				•		•	•					
c d	Total (add lines 1b and 1c) .		ection A	` . 	٠.	٠.	•	•	3,991,934	C			408,213
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶16												
												Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S					key •	emplo • •	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organi individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year												

(A)	(B)	(C)		
Name and business address	Description of services	Compensation		
GLOVER PARK 1025 F ST NW 9TH FLOOR WASHINGTON DC 200041409	RESEARCH/ADVERTISING	2,963,161		
ALSTON & BIRD LLP 1201 WEST PEACHTREE STREET ATLANTA GA 30309	LEGAL SERVICES	1,422,140		
WILMER HALE PO BOX 4550 BOSTON MA 022124550	ADVOCACY - LEGAL CONSULTANTS	1,030,000		
DEWEY SQUARE PO BOX 60340 CHARLOTTE NC 282600340	GRASSROOTS COMMUNICATIONS	738,957		
BRYAN CAVE LLP 1155 F STREET NW SUITE 700 WASHINGTON DC 20004	LEGAL SERVICES	737,245		
2. Total number of independent contractors (including but not limited to those listed above) who received more than				

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►34