# 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

2010

Open to Public Inspection

A Fo	the 20:	10 calendar year, or tax year begii	nning 01-01-2010 and ending 12-31-20	10								
	ck if appli	AMERICAN COALITION FOR CLEA	AN COAL ELECTRICITY				ication number					
_	ress chan	Doing Business As			52-17	99853						
_	ne change	:			E Telepho	ne numb	er					
_	al return	Number and street (or P O box 1152 15TH STREET NW NO 400	ıf maıl ıs not delivered to street address)	Room/suite	(202)	159-480	0					
_	minated	City or town state or country o	nd 710 + 4		<b>G</b> Gross re	ceipts \$ 45	5,328,513					
_	ended retu lication pe	WASHINGTON, DC 20005	na ZIP + 4									
Арр	псацоп ре	F Name and address of		T			<del></del>					
		STEPHEN L MILLER	principal officer	H(a) Is this	a group return for	affiliates?	Yes 🖊 No					
		1152 15TH STREET NW WASHINGTON, DC 200		H(b) Are all	affiliates inclu	ded?	☐ Yes ☐ No					
							instructions)					
Tax	-exempt	status	◀ (insert no )	H(c) Grou	ıp exemptioi	i number						
W	ebsite: Þ	► WWW CLEANCOALUSA ORG										
Forn	n of organ	nization Corporation Trust 🔽 Associ	ation Other ►	L Year of fo	rmation 1992	M State	e of legal domicile VA					
Pa	rt I	Summary		<u> </u>		·						
aovemance	A D	efly describe the organization's mis PVOCATE PUBLIC POLICIES THA CURITY	sion or most significant activities T ADVANCE ENVIRONMENTAL IMPR	OVEMENT, EC	ONOMIC P	ROSPER	ITY, & ENERGY					
בְּ	_											
		,	discontinued its operations or disposed		1	1						
AVUTUUGS Q			erning body (Part VI, line 1a)			3 4	37					
) =			rs of the governing body (Part VI, line 1 in calendar year 2010 (Part V, line 2a)		` ⊢	5	37 25					
<u> </u>		tal number of volunteers (estimate			_	6	37					
٠.	<b>7a</b> To	tal unrelated business revenue fror	n Part VIII, column (C), line 12			7a	0					
	<b>ь</b> Ne	t unrelated business taxable incom	ne from Form 990-T, line 34			7b	0					
				Prio	r Year		Current Year					
<u>o</u>		Contributions and grants (Part VIII	45,666,34 8,003,89	_	35,335,357 9,910,195							
Revenue		-	egram service revenue (Part VIII, line 2g)									
<u>ā.</u>		Other revenue (Part VIII, column (	31,35 31,67	-	42,102 19,966							
			11 (must equal Part VIII, column (A), lı	ne	F2 722 27	_	45 207 620					
			art IX, column (A), lines 1-3)		53,733,27	0	45,307,620					
			rt IX, column (A), line 4)			0	0					
. A.			oyee benefits (Part IX, column (A), lines	5-								
Expenses		10)	TV asluma (A) luna (da)		5,983,27	_	7,177,491					
क <del>≘</del>		Frotessional fundraising fees (Part I	IX, column (A), line 11e)			0	0					
Ū			(b), line 25)		41,433,28	2	38,327,774					
		. , , , , ,	must equal Part IX, column (A), line 25)		47,416,55	_	45,505,265					
	<b>19</b> F	Revenue less expenses Subtract li	ne 18 from line 12		6,316,72	5	-197,645					
5 0 2 0 2 0 3 0					g of Current 'ear		End of Year					
	20 7	Fotal assets (Part X. line 16)			11,875,09	5	15,406,171					
ner Assers or Fund Balances					2,692,07		6,420,800					
2.3	<b>22</b> N	Net assets or fund balances Subtra	act line 21 from line 20		9,183,01	6	8,985,371					
		Signature Block										
nowl			mined this return, including accompanying ete. Declaration of preparer (other than offic									
		*****			)11-11-08							
Sign Iere		Signature of officer  STEPHEN L MILLER PRESIDENT Type or print name and title		D:	ate							
	Pru	nt/Type	Preparer's signature	Date	Check if self-	PTIN						
aid	pre	eparer's name	ттерагет э экупатите	Date	employed 🕨	- LIIN						
raid Prepa	ror	m's name LARSONALLEN LLP				Firm's	s EIN 🕨					
Jse (	I Fin		S address ▶ 2900 SOUTH QUINCY ST SUITE 150  Phone no ▶ (703) S  5100									
	. [	ARLINGTON, VA 22206				1 2100						

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

Form 9	90 (2	2010)																			P	age <b>2</b>
Part	Ш					_	Serv a res			-			rt III								. IZ	
1	Briefl	y desc	rıbe tl	ne org	anıza	tion's r	nissior	<u>.</u> า	·	•												
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3	Dıd th servic	e orga es?	ınızatı	on cea	se co	nducti	ng, or	make s	signific		_					_	m • •	Г	Yes	ר No		
4	Descr Sectio	ibe th on 501	e exen .(c)(3)	npt pu and 5	rpose 501(c	achiev )(4) or	Sched vemen ganıza nses, a	ts for e tions a	and sec	tion 4	947(a	)(1) tru	ısts ar	e requ	ired to	repo					nd	
4a	(Code	:			) (E	xpenses	\$			ıncl	udıng gr	ants of s	\$			) (Re	venue \$				)	
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NATIONAL AFFAIRS AND STATE AFFAIRS SECTIONS ABOVE ACTIVITIES INCLUDED, BUT WERE NOT LIMITED TO, UTILIZING PAID MEDIA, MEDIA RELATIONS OUTREACH, DIGITAL MEDIA ENGAGEMENT, AND GRASSROOTS OUTREACH IN REGARDS TO GRASSROOTS OUTREACH, ACCCE PROVIDES EDUCATIONAL MATERIALS TO MORE THAN 200,000 MEMBERS OF THE AMERICA'S POWER ARMY LOCATED THROUGHOUT THE NATION, AND FACILITATES COMMUNICATIONS BY THESE POWER ARMY MEMBERS TO FEDERAL, STATE, AND LOCAL POLICYMAKERS RESEARCH - ACCCE COMMISSIONED RESEARCH THAT QUANTIFIED HOW THOUSANDS OF WELL-PAYING JOBS COULD BE CREATED IN 20 STATES BY INVESTMENTS IN CARBON CAPTURE AND STORAGE TECHNOLOGY ACCCE ALSO COMMISSIONED ECONOMIC ANALYSIS OF THE ENERGY COSTS PAID BY AMERICAN FAMILIES IN SEVERAL INCOME LEVELS ACCCE HELPED TO FUND "AIR QUALITY TRENDS REPORTS" THAT QUANTIFIED REDUCTIONS OF NOX AND SO2 EMISSIONS MADE BY THE UTILITY SECTOR AND SHARED THESE FINDINGS WITH REGIONAL AND STATE POLICYMAKERS ACCCE STAFF DISTRIBUTED KEY FINDINGS FROM THIS RESEARCH TO POLICYMAKERS, OPINION LEADERS, THE MEDIA, AND THE GENERAL PUBLIC

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

Part IV	Checklist	of Red	uired	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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{f 2}$	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	(2010)			Page -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
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 Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	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 Yes			
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		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other IRS	5 Filings	and Tax	<b>Compliance</b>

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check in Constants a footpoint to any question in the fact in the		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	69		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		Yes	
2a	gaming (gambling) winnings to prize winners?		165	
	Statements filed for the calendar year ending with or within the year covered by this return	25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule $O$	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accour	its		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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 any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible?	gıfts <b>6b</b>	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requifile Form 8282?	<b>7c</b>		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88 required?	99 as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fill Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. It the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	Ord <b>8</b>		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
h	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  Enter the amount of reserves on hand			
С	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm <b>99</b>	 <b>0</b> (2010

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule Ocontains a re							

Se	ction 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	1 00	Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
	ection C. Disclosure	16b		
	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection Indicate how you make these available Check all that apply  Own website Another's website Upon request			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization F
  THE ORGANIZATION
  1152 15TH STREET NW NO 400
  WASHINGTON, DC 20005

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

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

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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C <b>)</b> (che	cka			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

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

		<b>.</b>							,				
	(A) Name and Title	(B) Average hours		tion that a			II		(D) Reportable compensation	(E) Reportable compensation		(F) Estima imount of	ited fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compens from t rganizati relate organiza	he on and ed
See A	Additional Data Table												
											+		
							1						
											-		
											-		
					<u> </u>						_		
1b	Sub-Total					•	٠	Þ					
С	Total from continuation sheets						<b>F</b>						
d	Total (add lines 1b and 1c) .						•	<b>-</b>	4,597,837	C			323,470
2	Total number of individuals (incl \$100,000 in reportable compen						above	) who	received more tha	n			
										-		Yes	No
3	Did the organization list any <b>for</b> i on line 1a? <i>If</i> "Yes," complete Sch									ated employee	3		No
4	For any individual listed on line in organization and related organization and related organization.	ations greater t	han \$15	0,00	007 1	f "Y	es," co	mple	ete Schedule J for suc	:h		Vas	
5	Did any person listed on line 1a									_	4	Yes	
-	services rendered to the organiz								-		_		

### **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	<b>(C)</b> Compensation
WHITE & PARTNERS	ADVERTISTING AGENCY	16,639,046
111/5 VERMONT AVE STE 1700	ADVERTISING,& COMMUNICATIONS AGENCY	5,004,538
THE HAWTHORN GROUP LC 1199 N FAIRFAX STREET STE 1000 ALEXANDRIA, VA 22314	CONSULTING	2,972,810
900 S PAVILLON CENTER OR SHITE I	ADVERTISING,GOVERNMENT AFFAIRS, PR CONSU	2,439,179
PO BOX 730471	ADVERTISING,& COMMUNICATIONS AGENCY	672,346
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Form 99						Pa	age <b>9</b>
rait		Statement of Revenue			(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f	35,335,357	35,335,357			
Program Service Revenue		MEMBER DUES  All other program service revenue  Total. Add lines 2a-2f	900099	9,910,195 9,910,195	9,910,195		
	4 5 6a b	Investment income (including dividends, interest and other similar amounts)	(II) Personal	62,995			62,995
ů.	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)  Net gain or (loss)  Gross income from fundraising events	(II) O ther 20,893 -20,893	-20,893			-20,893
Other Revenue	b c 9a b	(not including  \$ of contributions reported on line 1c) See Part IV, line 18  a  Less direct expenses b  Net income or (loss) from fundraising events					
	b c lla b c d	Net income or (loss) from gaming activities	Business Code 900099 900099	19,839 127	127		
		Total Add lines 11a-11d		19,966 45,307,620	9,930,161	0 orm <b>990</b> (2	

	Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations must other organizations must complete column (A) but are not required to c		s (B), (C), and		-
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,574,942			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,919,150			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	169,525			
9	Other employee benefits	257,334			
10	Payroll taxes	256,540			
а	Fees for services (non-employees) Management				
ь	Legal	77,035			
c	Accounting	172,219			
d	Lobbying	12,096,741			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	225,818			
12	Advertising and promotion	,			
13	Office expenses	280,699			
14	Information technology	185,657			
15	Royalties				
16	Occupancy	424,911			
17	Travel	782,728			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·			
19	Conferences, conventions, and meetings	194,650			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,928			
23	Insurance	39,914			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	COMMUNICATIONS CAMPAIGN	22,672,095			
b	DIRECT PROGRAMS	1,139,379			
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	45,505,265			
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing . . . . . . . . . . . . . 1 10,994,457 15,137,718 2 Savings and temporary cash investments . . . . . . . 493,057 13,593 3 3 4 983 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 Notes and loans receivable, net . . . . . . . . . 8 8 Prepaid expenses and deferred charges . . . . 254,989 9 149,991 10a Land, buildings, and equipment cost or other basis Complete 319.393 10a Part VI of Schedule D 233,134 114,865 **10c** ь Less accumulated depreciation . . . . . 10b 86.259 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 17,727 15 17,627 15 16 11,875,095 16 15,406,171 Total assets. Add lines 1 through 15 (must equal line 34) . . . 2.232.436 17 2.170.825 17 Accounts payable and accrued expenses . 18 18 124.680 19 19 3.860.264 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 334.963 25 389.711 Other liabilities Complete Part X of Schedule D . . . . . 2.692,079 26 26 6.420.800 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 1.054.805 999,171 Temporarily restricted net assets . . . . . 8,128,211 7,986,200 28 28 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 9,183,016 33 8,985,371 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 11.875.095 15,406,171

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		45 3	307,62
2	Total expenses (must equal Part IX, column (A), line 25)	2		· ·	505,26
3	Revenue less expenses Subtract line 2 from line 1	3		,	, 197,64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,1	183,01
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		8,9	985,37
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			ন	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	n			
	Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

DLN: 93493314028991

## OMB No 1545-0047

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

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

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

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

	ne of the organization RICAN COALITION FOR CLEAN COAL E	ECTRICITY		52-179		tification number
art	I-A Complete if the or	ganization is exempt und	er section 501(			organization.
	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	ivities in Part IV		
	Political expenditures	,			<b>&gt;</b>	\$
	V olunteer hours					
a r'	TEB Complete if the or	ganization is exempt und	er section 501(	c)(3).		
		e tax incurred by the organization			<b>&gt;</b>	\$
		e tax incurred by organization ma			<b>.</b>	\$
	•	ection 4955 tax, did it file Form	_			⊤ Yes
а	Was a correction made?	,,	,			□ Yes □ No
 b	If "Yes," describe in Part IV					,, ,
		ganization is exempt und	er section 501(	c) except sectio	n 501	L(c)(3).
		ended by the filing organization fo	_			\$
	Enter the amount of the filing of exempt funtion activities	rganızatıon's funds contributed t	o other organizations	s for section 527	<b>.</b>	\$
	Total exempt function expendi	tures Add lines 1 and 2 Enter h	ere and on Form 112	0-POL, line 17b	<b>•</b>	¢
	Did the filing organization file I	Form 1120-POL for this year?	r (EIN) of all section	527 political organiz		
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution	Form 1120-POL for this year?	r (EIN) of all section or the amount paid fro nd directly delivered	527 political organizom the filing organiza to a separate politica	tion's f al orga	s to which the filing funds Also enter the nization, such as a
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly ai	r (EIN) of all section or the amount paid fro nd directly delivered	527 political organizom the filing organiza to a separate politica	tion's f al orga nformat from on's	to which the filing funds Also enter the nization, such as a tion in Part IV  (e) A mount of political contributions receive and promptly and directly delivered to a separate political
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly are  political action committee (PAC)	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate political is needed, provide in (d) A mount paid filing organization	tion's f al orga nformat from on's	to which the filing funds Also enter the nization, such as a tion in Part IV  (e) A mount of political contributions receive and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly are  political action committee (PAC)	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate political is needed, provide in (d) A mount paid filing organization	tion's f al orga nformat from on's	to which the filing funds Also enter the nization, such as a tion in Part IV  (e) A mount of political contributions receive and promptly and directly delivered to a separate political organization If none
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly are  political action committee (PAC)	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate political is needed, provide in (d) A mount paid filing organization	tion's f al orga nformat from on's	to which the filing funds Also enter the nization, such as a tion in Part IV  (e) A mount of political contributions receive and promptly and directly delivered to a separate political organization If none
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly are  political action committee (PAC)	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate political is needed, provide in (d) A mount paid filing organization	tion's f al orga nformat from on's	to which the filing funds Also enter the nization, such as a tion in Part IV  (e) A mount of political contributions receive and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly are  political action committee (PAC)	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate political is needed, provide in (d) A mount paid filing organization	tion's f al orga nformat from on's	to which the filing funds Also enter the nization, such as a tion in Part IV  (e) A mount of political contributions receive and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly are  political action committee (PAC)	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate political is needed, provide in (d) A mount paid filing organization	tion's f al orga nformat from on's	to which the filing funds Also enter the nization, such as a tion in Part IV  (e) A mount of political contributions receive and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file I Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification numbe  For each organization listed, ente  Ins received that were promptly are  political action committee (PAC)	r (EIN) of all section or the amount paid fro nd directly delivered ) If additional space	527 political organization the filing organization a separate political is needed, provide in (d) A mount paid filing organization	tion's f al orga nformat from on's	to which the filing funds Also enter the nization, such as a tion in Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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)).

	(election under section 501(h)).		, 1		(1.)	
		Yes	No	,	(b) Amour	nt
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)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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? If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), o	rs	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	Yes	
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	II-À,		is		
1	Dues, assessments and similar amounts from members	1			44,99	5,55
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					c = 4.
а	Current year	2a			12,09	
Ь	Carryover from last year	2b			-4,96	
С	Total	2c				4,98
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			11,24	8,88
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5			-4,11	3.90
	Supplemental Information				.,	-,

## Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314028991

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

elliai i	Revenue Service Attach to F	orm 990. ► See separate instructions.		Inspection
	e of the organization ICAN COALITION FOR CLEAN COAL ELECTRICITY		Employer identificat	ion number
_			52-1799853	
Par	Organizations Maintaining Donor A organization answered "Yes" to Form 99		inds or Accounts.	Complete if the
	organization answered Tes to Form 9.	(a) Donor advised funds	(b) Funds and ot	her accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
;	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised	┌ Yes ┌ No
;	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit	donor advisors in writing that grant funds nefit of the donor or donor advisor, or for an	y other purpose	┌ Yes
Par	Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV	, line 7.
!	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure)		ure
		-	<u> </u>	End of the Year
	Total number of conservation easements	-	2a	
	Total acreage restricted by conservation easements		2b	
_	Number of conservation easements on a certified his	` '	2c	
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d	
ļ	Number of conservation easements modified, transfethe taxable year	ation easement is located ►	_	luring
i	Does the organization have a written policy regardin enforcement of the conservation easements it holds		lling of violations, and	┌ Yes
,	Staff and volunteer hours devoted to monitoring, ins			<u> </u>
	A mount of expenses incurred in monitoring, inspecti			
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			┌ Yes
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial		
art	Organizations Maintaining Collection Complete if the organization answered		or Other Similar A	\ssets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or researc	h in furtherance of pub	
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research ir		•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, hist following amounts required to be reported under SFA			
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	

**b** Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reasur	res, or O	the	<u>r Similar A</u>	ssets	(coi	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	lowing	that are	a significa	nt us	se of its colle	ction		
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
b	Scholarly research		e	Γ	Other	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	v the	y furthe	er the or	rganızatıon	's ex	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	ΓYe	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	Y" b	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	itions oi	r other ass	ets n	not	ΓYe	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Γ		Α	mount		
c	Beginning balance							1c				
d	Additions during the year						<b> </b>	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990 Part X lin	a 212				L			Гγє	•	┌ No
	If "Yes," explain the arrangement in Part XIV		C 2 1							, .		, 110
Par			n ans	were	od "Ye	s" to F	orm 990	Pari	t IV line 10			
	Eliaoville i aliabi complete i	(a)Current Year		Prior `			Years Back		Three Years Back		our Ye	ars Back
1a	Beginning of year balance											
ь	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	d and ac	lmınıstered	l for t	the			
	organization by										es	No
	(i) unrelated organizations			•				•		a(i)	$\dashv$	
L	(ii) related organizations								· · · -	ı(ii)		
ь 4	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•						•		3b		
	t VI Investments—Land, Buildings					90 Pa	rt X line	10				
	<u> </u>	, and Equipme			) Cost o		(b)Cost or		(c) Accumula	ted		
	Description of investment				sis (inve		basis (oth		depreciatio		<b>d)</b> Bo	ok value
				1			1			1		
<b>1a</b> L	.and		•									
b E	Buildings		•									
b E		· · · · · · · · · · · · · · · · · · ·	· ·									
b E	Buildings		•				319	9,393	233	3,134		86,259
<b>b</b> E <b>c</b> L <b>d</b> E <b>e</b> (	Buildings							9,393	23:	3,134		86,259 86,259

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	( <b>b</b> )Book value		d of valuation -year market value
(including name of security) (1)Financial derivatives		Cost or end-or	- year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	1	
(a) Description of investment type	(b) Book value		d of valuation -year market value
		000000000000000000000000000000000000000	7
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	e 15. tion  5.) , line 25. (b) A mount		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	45,307,620
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	45,505,265
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-197,645
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-197,645
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	45,307,620
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		· · ·
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	45,307,620
4	A mounts 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		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	45,307,620
Part	<b>XIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial	1	45,505,265
2	statements	<u> </u>	
a	Donated services and use of facilities		
ь	Prior year adjustments	┧	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	45,505,265
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		,,
· a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	45,505,265
	t XIV Supplemental Information		1

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICAN REQUIRE MANAGEMENT OF AN ORGANIZATION TO EVALUATE INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE AN INCOME TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE
		SERVICE MANAGEMENT HAS EVALUATED THE INCOME TAX POSITIONS TAKEN BY ACCCE AND CONCLUDED THAT AS OF DECEMBER 31, 2010, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABLITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS

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DLN: 93493314028991

OMB No 1545-0047

**Schedule J** (Form 990)

Internal Revenue Service

Department of the Treasury

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of	t he	organ	izat	ion			
MERICAN	COAL	LITION	FOR	CLEAN	COAL	<b>ELECTI</b>	RICIT

**Employer identification number** 

52-1799853

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	<ul> <li>✓ Compensation committee</li> <li>✓ Written employment contract</li> <li>✓ Compensation survey or study</li> </ul>			
	Form 990 of other organizations  Approval by the board or compensation committee			
	p Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
ь	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) STEPHEN L MILLER	(I) (II)	990,382 0	600,000 0	24,753 0	20,700 0	20,107 0	1,655,942 0	(
(2) PHILIP T KLINGELHOFER	(ı) (ıı)	207,991 0	97,339 0	1,048	19,335 0	15,832 0	341,545 0	
(3) SHELBY JOE LUCAS	(1) (11)	146,997 0	42,352 0	0	10,350 0	5,432 0	205,131	
(4) PAUL BAILEY	(1) (11)	422,702 0	203,000	1,188	20,700 0	7,945 0	655,535 0	(
(5) JON WADSWORTH	(1) (11)	136,079 0	50,753 0	244	11,247 0	2,255	200,578	(
(6) BIANCA PRADE	(1) (11)	151,610 0	70,753 0	277 0	13,645 0	1,908	238,193	(
(7) LISA MILLER	(1) (11)	155,441 0	65,753 0	311 0	15,192 0	21,125 0	257,822 0	(
(8) JOHN PAUL	(ı) (ıı)	186,176 0	50,753 0	4,404 0	17,358 0	10,223	268,914 0	(
(9) ROSEMARY L WILSON	(1) (11)	183,310 0	50,753 0	2,602 0	16,832 0	6,598 0	260,095	(
(10) CHARLES R EMINGER	(1) (11)	170,346 0	69,473 0	844 0	15,954 0	16,377 0	272,994 0	(
(11) TERRY ROSS	(1) (11)	175,626 0	50,753 0	1,522 0	16,205 0	13,518	257,624 0	(
(12) MARK OURADA	(ı) (ıı)	155,915 0	125,633 0	754 0	14,364 0	10,268	306,934 0	(
( 13 )								
( 14 )								
( 15 )								
( 16 )								

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
		ACCCE PROVIDES NO REIMBURSEMENT FOR TRAVEL EXPENSES OF THE BOARD OF DIRECTORS EMPLOYEES ARE ALLOWED TO BRING ONE COMPANION TO A MEETING ANNUALLY AND THAT TRAVEL IS PAID FOR BY ACCCE IN 2010 STEPHEN GATES - \$895 50, AND JENNIFER PETERSON
		- \$640 68, THIS IS INCLUDED IN THEIR INCOME

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314028991

OMB No 1545-0047

2010

Open to Public Inspection

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization AMERICAN COALITION FOR CLEAN COAL ELECTRICITY **Employer identification number** 

52-1799853

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE ORGANIZATION'S EXECUTIVE COMMITTEE CONSISTS OF EIGHT MEMBERS WHICH ARE CALLED THE LEADERSHIP COUNCIL, AND ARE APPOINTED BY THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD WHEN MAKING RAPID GOVERNANCE OR POLICY DECISIONS WHEN IT IS NOT POSSIBLE TO HAVE A BROADER DISCUSSION WITH THE FULL BOARD OF DIRECTORS, AND TAKING SUCH OTHER ACTIONS AS MAY BE AUTHORIZED BY THE BOARD OF DIRECTORS THE LEADERSHIP COUNCIL SHALL BE COMPRISED OF BOARD MEMBERS, TO INCLUDE THE BOARD CHAIRMAN, THE VICE CHAIRMAN, THE IMMEDIATE-PAST BOARD CHAIRMAN, THE CO-CHAIRS OF THE POLICY COMMITTEE, AND THE CO-CHAIRS OF THE COMMUNICATIONS COMMITTEE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		ACCCE REVISED THE BY LAWS ON DECEMBER 31, 2010

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THERE ARE THREE CLASSES OF MEMBERS BOARD MEMBERS, WHO HAVE VOTING RIGHTS, CONTRIBUTING MEMBERS, AND ASSOCIATE MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		NEW BOARD MEMBERS AND CONTRIBUTING MEMBERS ARE APPROVED BY THE BOARD OF DIRECTORS EACH OF THE BOARD MEMBER COMPANIES SELECTS THEIR INDIVIDUAL REPRESENTATIVE TO SERVE ON THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED AND APPROVED BY MANAGEMENT OF ACCCE AND BY THE ACCCE BOARD CHAIR BEFORE FILING THE FORM 990 IS SUBMITTED TO THE ENTIRE BOARD BEFORE FILING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ACCCE DISTRIBUTES ITS CONFLICT OF INTEREST POLICY TO THE BOARD OF DIRECTORS ANNUALLY AS PART OF THE POLICY, BOARD MEMBERS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS IF ACCCE STAFF ARE MADE AWARE OF ANY SUCH CONFLICTS, THEY PREPARE A PLAN OF ACTION FOR THE BOARD'S CONSIDERATION (E.G. RECUSAL FROM PARTICIPATING IN ANY DELIBERATIONS OR DECISIONS RELEVANT TO THE DISCLOSURE) STAFF ARE SIMILARLY APPRISED OF ACCCE'S POLICY AND THE PRESIDENT IS RESPONSIBLE FOR DETERMINING APPROPRIATE RESOLUTION, WITH INPUT FROM THE BOARD CHAIR AND VICE CHAIR AS APPROPRIATE UNDER ACCCE'S BY LAWS FORM 990, PG 6, LINE 13 THE ORGANIZATION INSTITUTED A WHISTLEBLOWER POLICY EFFECTIVE IN 2010

	Return ference	Explanation
PA F	RT VI, CTION B, IE 15	COMPENSATION FOR PRESIDENT AND CEO AND SENIOR VICE PRESIDENTS THE COMPENSATION COMMITTEE WILL USE THESE GUIDELINES ANNUALLY FOR REVIEW AND APPROVAL OF COMPENSATION FOR ACCCE'S PRESIDENT AND CEO AND IN PROVIDING COUNSEL TO ACCCE'S PRESIDENT AND CEO ABOUT AN APPROPRIATE RANGE OF COMPENSATION FOR SENIOR VICE PRESIDENTS 1) APPROVAL PRIOR TO COMPENSATION PAYMENT ANY CHANGES IN COMPENSATION OR AWARD OF BONUS COMPENSATION DETERMINED UNDER THE AUSPICES OF THE COMPENSATION COMMITTEE MUST BE APPROVED BY THE COMPENSATION COMMITTEE IN ADVANCE OF ANY SUCH PAYMENT BEING MADE 2) COMPARABILITY DATA WHEN THE COMPENSATION COMMITTEE IS CONSIDERING COMPENSATION TO ACCCE'S PRESIDENT AND CEO OR IS PROVIDING COUNSEL TO ACCCE'S PRESIDENT AND CEO ABOUT THE APPROPRIATE RANGE OF COMPENSATION FOR SENIOR VICE PRESIDENTS, IT MUST RELY ON COMPARABILITY DATA THAT DEMONSTRATE THE FAIR MARKET VALUE OF THE COMPENSATION IN QUESTION FOR EXAMPLE, WHEN DEVELOPING OR EVALUATING COMPENSATION PACKAGES, THE COMPENSATION COMMITTEE MUST SECURE OR REVIEW DATA THAT DOCUMENTS COMPENSATION LEVELS FOR SIMILARLY QUALIFIED INDIVIDUALS IN LIKE POSITIONS AT LIKE ORGANIZATIONS THIS DATA MAY INCLUDE THE FOLLOWING A EXPERT COMPENSATION STUDIES BY INDEPENDENT FIRMS, B WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS, C DOCUMENTED INFORMATION ABOUT SIMILAR POSITIONS AT BOTH NONPROFIT AND FOR-PROFIT ORGANIZATIONS, AND D INFORMATION OBTAINED FROM THE RS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS 3) CONCURRENT DOCUMENTATION THE COMPENSATION COMMITTEE MUST DOCUMENT, WITHIN 30 DAYS OF THE COMPENSATION COMMITTEE'S DETERMINATION, HOW IT REACHED ITS DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED WRITTEN OR ELECTRONIC RECORDS OF THE COMPENSATION COMMITTEE (SUCH COMPENSATION DECISIONS WERE MADE, B THE MEMBERS OF THE COMPENSATION COMMITTEE WHO WERE PRESENT DURING THE DEBATE ON THE COMPENSATION THAT WAS ULTIMATELY APPROVED AND THOSE WHO VOTED IN THIS REGARD, C THE COMPENSATION THAT WAS ULTIMATELY APPROVED AND THE DATA WERE OBTAINED, AND D ANY ACTIONS TAKEN WITH RESPECT T

Identifier	Return Reference	Return Reference Explanation						
	FORM 990, PART VI, SECTION C, LINE 19	ACCCE DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC						

Identifier	Return Reference	Explanation
COMMITTEE FOR THE ANNUAL AUDIT	FORM 990, PART XII, LINE 2C	THE ACCCE FINANCE COMMITTEE IS RESPONSIBLE FOR GOVERNING THE ANNUAL AUDIT

# Software ID: Software Version:

**EIN:** 52-1799853

Name: AMERICAN COALITION FOR CLEAN COAL ELECTRICITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	Posi t	tion ( hat a	(che	)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			from the organization and related organizations
ANTHONY JAHERN DIRECTOR	1 00	х						0	0	0
GERARD M ANDERSON DIRECTOR	1 00	Х						0	0	0
KEN ANDERSON DIRECTOR	1 00	Х						0	0	0
GREGORY H BOYCE DIRECTOR	1 00	Х						0	0	0
FRANK CALANDRA JR DIRECTOR	1 00	Х						0	0	0
NICK CARTER DIRECTOR	1 00	Х						0	0	0
JOSEPH W CRAFT III DIRECTOR	1 00	Х						0	0	0
KEVIN CRUTCHFIELD DIRECTOR	1 00	Х						0	0	0
CHRISTOPHER CURFMAN DIRECTOR	1 00	Х						0	0	0
PETER DEQUATTRO DIRECTOR	1 00	Х						0	0	0
GARRY N DRUMMOND DIRECTOR	1 00	Х						0	0	0
MARK DUDZINSKI DIRECTOR	1 00	Х						0	0	0
PAUL EVANSON DIRECTOR	1 00	Х						0	0	0
THOMAS FANNING DIRECTOR	1 00	Х						0	0	0
DAVID FIORELLI DIRECTOR	1 00	Х						0	0	0
RONALD HARPER DIRECTOR	1 00	Х						0	0	0
J BRETT HARVEY DIRECTOR	1 00	Х						0	0	0
BENNETT HATFIELD DIRECTOR	1 00	Х						0	0	0
JOEL KAPLAN DIRECTOR	1 00	Х						0	0	0
STEVEN F LEER DIRECTOR	1 00	Х						0	0	0
STEPHEN LITTLE DIRECTOR	1 00	Х						0	0	0
DAVID MENGEBIER DIRECTOR	1 00	Х						0	0	0
CHARLES MOORMAN DIRECTOR	1 00	Х						0	0	0
MICHAEL G MORRIS DIRECTOR	1 00	Х						0	0	0
ROBERT E MURRAY DIRECTOR	1 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	<del></del>							/D)	/E)	/E\
(A) Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DUANE RICHARDS DIRECTOR	1 00	Х						0	0	0
CLAY ROBBINS DIRECTOR	1 00	Х						0	0	C
BRYAN RONCK DIRECTOR	1 00	Х						0	0	C
MATTHEW K ROSE DIRECTOR	1 00	Х						0	0	C
DAVID SINCLAIR DIRECTOR	1 00	Х						0	0	C
MICHAEL SUTHERLIN DIRECTOR	1 00	Х						0	0	0
WILLIAM S TATE DIRECTOR	1 00	Х						0	0	0
GARY VOIGT DIRECTOR	1 00	Х						0	0	C
THOMAS VOSS DIRECTOR	1 00	Х						0	0	0
MICHAEL WARD DIRECTOR	1 00	Х						0	0	0
L EARL WATKINS JR DIRECTOR	1 00	Х						0	0	0
JAMES YOUNG DIRECTOR	1 00	Х						0	0	0
STEPHEN L MILLER PRESIDENT AND CEO	50 00			х				1,615,135	0	40,807
PHILIP T KLINGELHOFER SECRETARY-TREASURER	50 00			х				306,378	0	35,167
SHELBY JOE LUCAS SENIOR VP - COMMUNICATIONS	50 00				х			189,349	0	15,782
PAUL BAILEY SVP - NATIONAL AFFAIRS	50 00				х			626,890	0	28,645
JON WADSWORTH VP - COMMUNICATIONS	50 00				х			187,076	0	13,502
BIANCA PRADE VP - COMMUNICATIONS	50 00				х			222,640	0	15,553
LISA MILLER VP - COMMUNICATIONS	50 00				х			221,505	0	36,317
JOHN PAUL VP - NORTH REGION	50 00					х		241,333	0	27,581
ROSEMARY L WILSON VP - POLICY	50 00					х		236,665	0	23,430
CHARLES R EMINGER VP - SOUTH REGION	50 00					Х		240,663	0	32,331
TERRY ROSS VP - WEST REGION	50 00					х		227,901	0	29,723
MARK OURADA VP - OUTREACH	50 00					х		282,302	0	24,632